STATE OF MICHIGAN

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Children's Foster Care Policy Manuals

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STATE OF MICHIGAN

DEPARTMENT OF HEALTH & HUMAN SERVICES

OVERVIEW

Program Orientation

The purpose of foster care is to provide a temporary safe and stable environment for children while services are being completed to reunify children and families. Permanency planning, service provisions, and effective case management are key to eliminating the trauma of separation from parents and family while in temporary foster care. Foster care must be viewed as a short-term solution to an emergency situation and permanency planning must continue throughout the child's placement in care.

The foster care program for children provides placement and supervision of children who have been abused and/or neglected and cannot remain in their family home because they would be at risk of further harm. Services must be focused on resolving the problems which necessitated removal.

Selection of a placement for a child outside of the child's own home must be dictated by safety, the needs of the child, and the child's best interests including the child’s need for permanency. This placement, depending on an individual child's needs, is to:

- Promote a safe return home.
- When reunification is not possible, promote permanency for the child. When families cannot be reunified, children must be prepared for safe, appropriate permanent placements. A placement is considered permanent if it is intended to last until the child reaches adulthood.

Philosophy Statement

Children have a right to a stable home environment that provides for their safety, nurtures their development, and promotes a sense of belonging.

Foster care must be viewed as a temporary solution to an emergency situation. Foster care provides protection of the child from abuse or neglect, as identified during the protective services process, where temporary removal from the parent's home is ordered by the court.

Removal of children from their parent or legal guardian occurs only when the parent or legal guardian is absent, or unable or unwilling to provide adequate care. Efforts to reunify must begin immediately after removal. Permanent arrangements must be initiated when reunification efforts are unsuccessful or when such efforts would place the child at risk.

Relative care is a key to substantially reducing the trauma related to the of removal from parents and family while in temporary foster care. A child's relative network must be the preferred out-of-home placement for both temporary and permanent circumstances; see FOM 722-03, Placement Selection and Standards.

The selection of the relative/unrelated caregiver or foster care provider should involve family decision-making, where possible and appropriate, and includes a thorough assessment of the family's potential to provide for the child with consideration given to the input of the parent.

An appropriate permanent placement for all children in a family is the primary goal of foster care. A solution focused approach must be used with parents and significant others involved to resolve the issues which led to out-of-home care.

Foster care must be directed toward assisting and supporting parents in their role as caregivers. If reunification after temporary placement cannot be achieved, foster care must be directed to establish permanence outside of the family home, with preference for placement within the child's relative network.

The child's family home is always the preferred permanent placement. Child neglect is rarely intentional. Parents can be provided with support and services to be able to care for their children appropriately.

DEFINITIONS

Case Service Plan

Case service plans are used to document case planning and service provision to children in foster care and their families. Casework service **requires** the engagement of the family in development of the case service plan. This engagement must include an open conversation between all parents/guardians and the specialist; see FOM 722-08, Case Service Plans- Overview, Types, and Timeframes.

Legal Father

A man married to the mother at any time from a child's conception to the child's birth, unless a court has determined, after notice and a hearing, the child was conceived or born during the marriage, but is not the issue of the marriage, a man who legally adopts the child, a man who by order of filiation or by judgment of paternity is judicially determined to be the father of the child, a man judicially determined to have parental rights, and a man whose paternity is established by the completion and filing of an acknowledgment of parentage.

Unrelated Caregiver

An unlicensed individual, not related to the child by blood, marriage, or adoption who do not meet the relative definition in FOM 722-03B, Relative Engagement and Placement, meets the criteria for an unrelated caregiver service type and living arrangement. Putative parents are included in this service type.

Foster Care

Children are placed in the care of an individual, who resides with the child and who has been licensed or approved by the State/Tribal agency to be a foster parent. The Michigan Department of Health and Human Services (MDHHS) has placement and care responsibility of the child(ren), and the agency has deemed the individual capable of adhering to the following:

- Reasonable and prudent parent standards.
- Providing 24-hour substitute care for children placed away from their parents or other caretakers.
- Providing care for not more than five children in the home including the foster family or relative caregiver's biological and adopted children.

This includes, but is not limited to, placements supervised by a private child placing agency under contract with MDHHS, placements supervised by tribal governments through an agreement with MDHHS, placements in foster family homes, relative's homes, group homes, emergency shelters, child caring institutions (CCI), and pre-adoptive placements. A child is in foster care regardless of whether the foster care facility is licensed, and payments are being made for the care of the child, whether adoption assistance payments are being made prior to the

finalization of an adoption, or whether there is federal matching of any payments.

Non-Parent Adult

A person who is 18 years of age or older and who, regardless of the person's residence, meets all the following criteria in relation to a child:

- Has substantial and regular contact with the child.
- Has a close personal relationship with the child's parent or with a person responsible for the child's health or welfare.
- Is not the child's parent or otherwise related to the child by blood or affinity to the third degree.

This may include, for purposes of case planning, a boyfriend or girlfriend. A non-parent adult is a person responsible for the child's health or welfare.

Placement Episode

A placement episode begins when a child is removed from their home to an out-of-home living arrangement or when a case is opened with the living arrangement coded as out-of-home.

Primary Caretaker

The adult living in the household who assumes the most responsibility for childcare. When two adult caretakers are present **and** there is doubt about which one assumes the most childcare responsibility, the adult legally responsible for the children must be selected. If this rule does not resolve the question, the legally responsible adult perpetrator must be selected. Only **one** primary caretaker can be selected.

Relatives

As defined in MCL 712A.13a, a relative is defined as an individual who is at least 18 years of age and related to the child within the fifth degree by blood, marriage, or adoption, including the spouse of an individual related to the child within the fifth degree, even after the marriage has ended by death or divorce, the parent who shares custody of a half-sibling, and the parent of a man whom the court has found probable cause to believe is the putative father if there is no man with legally established rights to the child. A relative may

also be an individual who is at least 18 years of age and not related to a child within the fifth degree by blood, marriage, or adoption but who has a strong positive emotional tie or role in the child's life or the child's parent's life if the child is an infant, as determined by the department or, if the child is an Indian child, as determined solely by the Indian child's tribe.

Secondary Caretaker

The adult who has routine responsibility for childcare but less responsibility than the primary caretaker. A non-parent adult may be a secondary caretaker even though they have minimal responsibility for care of the child(ren).

Supervising Agency

The child placing agency (CPA) supervising the family foster care placement of a child. This may be either the local MDHHS office, the private child placing agency under contract with MDHHS, or tribal social services agency to provide foster care services.

OUTCOMES FOR CHILDREN

MDHHS is committed to improving results for children and families involved in the child welfare system, including:

- Reducing the number and rate of children removed from their families.
- Increasing the number and rate of children entering foster care who are placed in their own neighborhoods or communities.
- Reducing the number of children placed in institutional and group home care and shifting resources from group and institutional care to relative care, family foster care, and family centered services.
- Decreasing the length of stay for children in out-of-home placement.
- Increasing the number and rate of children reunified with their families.
- Decreasing the number and rate of children re-entering out-of-home placement.

- Reducing the number of foster care replacements for children in care.
- Increasing the number and rate of siblings placed together.
- Reducing any disparities associated with race/ethnicity, gender, or age in each of these outcomes.

POLICY CONTACT

Questions about this policy item should be emailed to the Child Welfare Policy (Child-Welfare-Policy@michigan.gov) mailbox.

LEGAL AUTHORITY

Federal

Public Law 96-272

The Adoption Assistance and Child Welfare Act of 1980, [42 USC 670 et. seq.] amends the Social Security Act and provides the federal legal base for placement services to children. The intent of this law is to strengthen permanency planning for children within each of the states.

Public Law 95-608, ICWA

Provides the federal requirements regarding removal and placement of Indian children in foster or adoptive homes and allows the child's tribe to intervene in the case. The intent of Congress under ICWA was to protect the best interests of Indian children and families and to promote the stability and security of Indian tribes and cultures [25 USC 1902]. See Indian Child Welfare Act in NAA 100.

Public Law 109-248, Adam Walsh Child Protection and Safety Act of 2006

Expands the national sex offender registry by integrating the information from state sex offender registry systems and ensuring that law enforcement has access to the same information nationwide. There are several child welfare provisions which increase criminal background check procedures concerning prospective foster and adoptive parents.

Specifically, the law requires states to have procedures in place to conduct criminal background checks including fingerprint-based checks through a National Crime Information Database of prospective foster and adoptive parents before the placement of a child.

States must check any child abuse and neglect registry in each state in which prospective foster and adoptive parents and any other adults living in the home have resided in the preceding five years and to respond to child abuse and neglect registry check requests made by other states.

The law requires states to have safeguards in place to prevent the unauthorized disclosure of information in any child abuse and neglect registry maintained by the state and to prohibit the state from sharing the information obtained from a registry for purposes of background checks of foster and adoptive parents for any other purpose.

State Laws

Michigan Compiled Laws

Social Welfare Act, MCL 400.1 et seq.

The Social Welfare Act provides that the department investigate, when requested by the court, matters pertaining to dependent, neglected and delinquent children and wayward minors, under the jurisdiction of the probate court and provide supervision and foster care as provided by court order.

Juvenile Code, MCL 712A.1 et seq.

The Juvenile Code requires that each child under the jurisdiction of the court must receive care, guidance, and control, preferably in their own home, conducive to the child's welfare... and that, if a child is removed from the control of their parents, the child must be placed in care as nearly as possible equivalent to the care which should have been given to the child by their parent.

Child Care Organization Licensing Act, MCL 722.101 et seq.

The Child Care Organization Licensing Act provides protection of children placed out of their own home through the establishment of standards of care for child placement agencies, institutions, and family foster homes as well as provision of penalties for noncompliance with promulgated administrative rules.

Child Protection Law, MCL 722.621 et seq.

The Child Protection Law requires the reporting of child abuse and neglect by certain persons permits the reporting of child abuse and neglect by all persons; and provides for the protection of children who are abused or neglected.

Foster Care Review Board, MCL 722.130 et seq.

Permanently established the State Foster Care Review Board (FCRB) in the State Court Administrative Office (SCAO) and requires it to create local foster care review boards. The FCRB must review the foster care system and make recommendations concerning the foster care system to appropriate groups and agencies. The local review boards review the initial placement plan and subsequent progress report of children placed into foster care. Written findings and recommendations regarding the care, maintenance, supervision, and the plan for permanence for the child in foster care are submitted to the childcare organization and Family Division of the Circuit Court within 30 days of the review.

Michigan Indian Family Preservation Act (MIFPA) MCL 712B.1 et seq.

The state counterpart to ICWA. MIFPA provides additional protections to Indian families and a requirement to provide notice to and collaborate with an Indian child's tribe.

2007 PA 218

Amends 1973 PA 116, Child Care Organizations Act (MCL 722.111 et seq.).

MCL 712A.19a

The court must conduct permanency planning hearings periodically to review the status of the child and the progress being made toward the child’s return home, or to show why the child should not be placed in the permanent custody of the court.

MCL 712A.13b

Requires the agency to notify the court and the child’s LGAL (lawyer-guardian ad litem) when a foster child changes placement. Providing notice of the change in placement could alert the court and LGAL to potential problems, especially if a child frequently

changes placements. The law allows the agency to send the notice to the court electronically.

MCL 712A.19

Allows MDHHS to implement concurrent planning. Concurrent planning is a process of working towards family reunification, while at the same time establishing an alternative permanency plan in case the child cannot be returned home safely.

OVERVIEW

When a court orders a child to be removed from their home, collaboration between Children's Protective Services (CPS) and foster care staff must occur to ensure continuity of care for the child and family and to minimize the potential negative impacts of removal.

DEFINITIONS

Foster care is defined as care provided to a juvenile in a foster family home, foster family group home, or child caring institution (CCI) licensed or approved under MCL 722.111 to 722.128, or care provided to a juvenile in a relative's home under a court order.

Non-offending parent is defined as an unadjudicated parent for whom there is not a preponderance of evidence of abuse or neglect.

Electronic case management system is a system that supports a workflow, management collaboration, storage of images and content, decision formulation, and processing of electronic files or cases.

MiCSES is the Michigan Child Support Enforcement System.

COURT ORDERED PLACEMENTS

A written court order from the Family Division of Circuit Court must exist that makes the Michigan Department of Health and Human Services (MDHHS) responsible for the child's placement, care, and supervision, unless the child is in a voluntary placement; see Voluntary Foster Care Placement of Children in this item.

The department assumes legal, financial, and service responsibility at the point when it accepts a child for placement and care. Each local MDHHS office has been delegated the responsibility and authority to accept such children.

The court is responsible for providing complete and accurate documents to the local office staff, including:

- Original or true copy of the petition.
- Original or true copy of the order placing the child with the MDHHS.

MDHHS and/or private child placing agency (CPA) staff **must have the required court material in their possession, physically or electronically,** and review this material for accuracy and completeness prior to assuming responsibility for the child. All court material must be date-stamped upon receipt. The acceptance date is the date the court signs the order. For additional court order requirements; see FOM 902, Funding Determinations and Title IV-E Eligibility.

State Ward Commitment Orders

Commitment orders for state wards must include all the following:

1. The words “committed to the Department of Health and Human Services,” or words with the same meaning.
2. A reference to the public act under which the department is accepting the youth, such as Act 220 or Act 296.
3. A statement identifying the director of MDHHS as the special guardian to receive any governmental benefits due to the child.

Removal Record

When a child is removed and placed in the care and custody of MDHHS, a removal record must be added within the electronic case management system. The removal record must be completed within 30 days of the child’s removal from a parent, guardian, adoptive home, or Indian custodian. Case specific knowledge will be needed. The removal record can be completed by an MDHHS case manager. A private agency case manager cannot complete a removal record. For step-by-step instructions on how to enter a removal record, see the electronic case management system's help to record a child's removal.

VOLUNTARY FOSTER CARE PLACEMENT OF CHILDREN

MDHHS accepts voluntary foster care placement of children in limited situations for no longer than 180 days. Acceptable situations for voluntary foster care placement of minors include parental absence due to:

- Hospitalization.
- Incarceration.
- Residential treatment.

Voluntary foster care is not appropriate and may not be used as an alternative or substitute for court-ordered foster care placement when the child needs out-of-home care for protection.

Voluntary foster care must not exceed 180 days, except when the placement involves a minor parent and the youth's children; see BEM 201, Minor Parents.

Compliance with all CPA licensing rules is required during the period of time the child remains in voluntary care.

Note: If MDHHS has certified the child as eligible for adoption medical subsidy and temporary out-of-home placement is necessary due to the child's certified medical condition, see AAM 640, Post Placement - Use of the Adoption/Guardianship Medical Subsidy Program.

Parent/Guardian Request

The parent/legal guardian must use the DHS-3813, Request for Assistance/Voluntary Foster Care, to request voluntary foster care placements. This agreement provides for the emergency and routine medical care of the child and states the child will be returned to the parent/legal guardian upon request. One of the following must sign the application:

- Both parents/guardians, if both have legal rights to the child, regardless of physical custody.
- One legal parent/guardian, if the parent/guardian is the sole legal parent.
- One legal parent/guardian if the other cannot be located; see FOM 722-06G, Efforts to Identify and Locate Absent/Putative Parents.

American Indian/Alaskan Native Children

Voluntary foster care may not be used when an Indian child is domiciled or residing on an Indian reservation or trust land. The family must be referred to tribal services.

For additional questions related to voluntary foster care placement of Indian children, contact the MDHHS Native American Affairs Office.

CASE RESPONSIBILITY AND PROGRAM TYPE

CPS Responsibility for Placement and Supervision

Prior to removal of a child from the home, the provision of services to an abused or neglected child and the parents are the responsibility of CPS. Additionally, CPS must retain case management responsibility under the following circumstances:

Out-of-Home Placement Lasting Seven or Fewer Days

In certain circumstances, the court may remove a child with the expectation the child's out-of-home placement will be seven calendar days or less. In these situations, CPS must retain case management responsibility.

Additionally, CPS must resume case management responsibility if CPS transfers a case to foster care and the court orders a child to be returned home or placed with a non-offending parent within seven days of the removal date.

Note: In these situations, a foster care program type must be temporarily opened to determine the funding source and make payments for the child's care.

Exception: In the event CPS retained case management responsibility due to the expectation the court would return the child home within seven calendar days of removal, but the child continued in out-of-home care longer than seven days, CPS must transfer the case to foster care on the eighth day. Completion of the

Initial Service Plan (ISP), due within 30 days of the child's initial removal, is the responsibility of foster care; see FOM 722-08, Case Service Plans - Overview, Types, and Timeframes.

Immediate Placement with the Non-Offending Parent

When a non-offending parent **immediately** assumes care and custody of the child as the result of a CPS investigation, with or without court jurisdiction, CPS maintains case responsibility; see PSM 715-4, CPS Coordination with Foster Care and PSM 715-2, Court Intervention And Placement of Children.

Exception: If the child has a sibling, who concurrently enters foster care then case management is transferred to foster care; see Placement with a Non-Offending Parent and Siblings in Foster Care, in this item.

Relative Placements without Court Jurisdiction

Supervision of a child voluntarily placed with relatives **without** court jurisdiction is the responsibility of CPS.

Foster Care Responsibility for Placement and Supervision

Provision of services to an abused and/or neglected child is the responsibility of foster care staff when all the following criteria are met:

- The court orders removal of the child from the home.
- The court orders placement of the child with MDHHS for care and supervision.
- The court expects the placement with MDHHS will last longer than seven calendar days.
- MDHHS places the child in a non-parental, out-of-home setting that provides 24-hour substitute care; see FOM 901-7, Service Types and Living Arrangements.

  Note: This includes placements supervised by a private CPA.

Placement with Respondent/Adjudicated Parent and Siblings in Foster Care

When at least one child in a sibling group is placed in foster care and at least one child in the sibling group remains at home with the respondent/adjudicated parent, case management for the family, including the child who remains in the home with the parent, is transferred to foster care. **Children who continue to reside in the home are not considered to be in foster care.** Services and case planning must be provided to the child who remains at home, regardless of court wardship, however participation by the child is voluntary when the court does not have jurisdiction of that child.

Placement with a Non-Offending Parent and Siblings in Foster Care with Court Jurisdiction

If the court takes jurisdiction of and removes a sibling group and at least one child is placed in foster care and at least one child is **immediately** (within 7 calendar days of removal) placed or continues placement with a non-offending parent, the entire case is transferred to foster care for case management. However, **the child residing with the non-offending parent is not considered to be in foster care.** The foster care case manager is responsible for supervising and providing case management services to the child placed with the non-offending parent.

The non-offending parent is not to be included as an assessment household. The non-offending parent's individual participation is voluntary, but the non-offending parent may be required to participate in case/treatment planning for the child.

The case manager is responsible for determining if a custody order exists and whether it contains specific orders or concerns. If the non-offending parent does not have full legal and physical custody of the child, then the case manager must provide the parent with the DHS-1450, How to Change A Custody or Parenting Time Court Order, and assist the parent in changing the custody/parenting time order.

Once the child is in the full care, custody, and control of the non-offending parent, then the case manager **may** make a recommendation to the court via a JC 36m, Request to Terminate Court Jurisdiction, to terminate jurisdiction of that child, if it is determined continued oversight is no longer necessary to protect the child’s well-being and safety.

Placement with a Non-Offending Parent, Siblings in Foster Care, and Court Dismisses Jurisdiction

If the court takes jurisdiction of and removes a sibling group and at least one child in the sibling group is placed in foster care, while at least one child in the sibling group is placed with a non-offending parent, **and** the court dismisses jurisdiction of the child placed with the non-offending parent, then the foster care case for that child must be closed.

Relative Placements with Court Jurisdiction

Supervision of a temporary, state, or permanent court ward placed in a relative's home **after a court-ordered removal** is the responsibility of foster care; see FOM 722-03B, Relative Engagement and Placement.

COORDINATION BETWEEN PROGRAMS

It is vital that coordination occurs between CPS and MDHHS/private CPA foster care and licensing staff. CPS must begin collaborative contact with foster care as soon as a decision is made to place a child in an out-of-home placement that is expected to last more than seven calendar days. Collaborative contact may include, but is not limited to, providing notification of court proceedings, family team meetings (FTM)/team decision making (TDM) meeting, and/or medical appointments.

The local MDHHS office and private CPAs must work together to ensure there are adequate procedures for making appropriate placements in emergencies. All placement selection criteria must be evaluated when making placement decisions; see FOM 722-03, Placement Selection and Standards, with priority given to relative caregivers; see FOM 722-03B, Relative Engagement and Placement.

Case Assignment in the Electronic Case Management System

Foster care assumes case management responsibility upon removal. Therefore, a child in foster care must have a primary foster care supervisor and primary foster care case manager

assigned to the child's ongoing case in the electronic case management system **immediately upon removal**. For removals occurring after normal business hours, case assignment must be completed in the electronic case management system by the next business day.

If the electronic case management system case assignment(s) do not occur on the same day as the removal date, written notification of the pending case assignment must be provided to the primary foster care supervisor and/or the primary foster care case manager immediately upon removal**.** Additionally**,** the electronic case management system case assignment date must be updated to reflect the date the notice of pending case assignment was sent.

Exception: For private CPA, the case assignment date must reflect the effective date of the signed DHS-3600, Case Referral and Acceptance Individual Service Agreement. If there is a gap between the removal date and the effective date of the DHS-3600 an MDHHS foster care case manager must be assigned to the case during that time.

Transfer to Foster Care Checklist

CPS must complete the Transfer to Foster Care Checklist in the electronic case management system and upload the following documents within five business days of the removal date:

- Copy of the petition.
- Court order placing child in out-of-home placement.
- Copy of DHS-3762, Medical Authorization Card.
- A current photograph of the child, taken within the past 12 months.
- DHS-3, Sibling Placement Evaluation, if applicable.
- DHS-120, American Indian/Alaska Native Child Case Notification, if applicable.
- MDHHS-5598, American Indian/Alaska Native Child Ancestry Verification, if applicable.

- Approved MDHHS-5770, Relative Placement Safety Screen, if the child was placed with a relative upon removal. **The MDHHS-5770 must be completed in the electronic case management system.**
- DHS-729, Confidential Notice to Friend of the Court of Children's Protective Services Disposition and Family Court Action.
- DHS-990, Relative Notification Letter, attachments, if returned prior to case transfer.
- DHS-987, Relative Documentation.
- DHS-1105, Family Team Meeting Report, if the FTM occurred prior to case transfer.
- DHS-1555-CS, Authorization to Release Confidential Information.
- Documentation of Fidelity Information Services (FIS)/Emergency Services (ES) notification of removal.
- Any other reports, as applicable, not contained in the electronic case management system (for example, psychological evaluation, medical reports, school reports, etc.).

The CPS case manager must upload the DHS-154, Children's Protective Services Investigation Report, and DHS-152, Updated Service Plan, if applicable, into the electronic case management record as soon as possible upon approval so this information is available to the foster care case manager.

The foster care supervisor must review the case information received from CPS. The CPS supervisor and foster care supervisor are peer members. If there is a question of transfer information being substandard, the section manager can intercede without disrupting the transfer process or the implementation of services to that child and/or family.

Family Team Meeting or Case Conference

The best practice to facilitating case transfer is to hold a FTM with the family, CPS, foster care staff, and tribe, if applicable, within five

business days of a child's removal; see FOM 722-06B, Family Team Meeting. If holding a full FTM is not possible, then a case conference is required between CPS and foster care staff, within five business days of the child's removal. The primary CPS case manager and supervisor, the primary foster care case manager and supervisor, and other staff, as appropriate, must attend the case conference.

The following topics must be addressed during the FTM/case conference:

- CPS activity.
- Recommended objectives and treatment services for the parent(s)/legal guardian(s) and child, including:
  - Services currently provided to the parent(s)/legal guardian(s).
  - Immediate physical, medical, mental health, or educational needs of the child.
- Responsibility for the first parenting time **or** a summary of parenting time that has already occurred.
- Known trauma history of the child and family, including the child's response to removal and placement.
- School placement of children – discussion to ensure that the children can remain in their school of origin whenever possible and to ensure staff coordinate with the school district foster care liaison. Refer to FOM 723, Education Services for requirements related to education best interest determinations, and the establishment and payment of transportation.
- Safety concerns, including:
  - Case manager contact with the parent/legal guardian and child.
  - Parent/child contact and level of supervision recommended.
  - Placement considerations, including the child's behavioral needs and level of supervision required in the placement.

- Discussion around Indian children and ICWA/MIFPA requirements, if applicable.

Parenting Time

A child removed from the parents' custody is required to have an initial face-to-face visit with the parents within seven calendar days of the removal date.

The supervising agency must provide parenting time unless:

- The court suspends parenting time.
- An approved exception exists; see FOM 722-06I, Maintaining Connections: Parenting Time, Sibling Visitations, and Contact.

CPS must arrange the first parenting time after removal and may be responsible for supervising the first parenting time if supervision is required. Foster care may arrange and supervise the first parenting time if the primary CPS and foster care supervisors assigned to the case agree upon and document the transfer of responsibility. Foster care is responsible for arranging all subsequent parenting time; see FOM 722-06I, Maintaining Connections: Parenting Time, Sibling Visitations, and Contact for initial and ongoing parenting time requirements.

CPS is not responsible for arranging the first parenting time if:

- The parent is unable to be located within five calendar days of the removal; see FOM 722-08, Case Service Plans - Overview, Types, and Timeframes for the definition of cannot locate/unavailable.

- The parent's identity is unknown or the parent has not established legal parentage within five calendar days of the removal; see FOM 722-06G, Efforts to Identify and Locate Absent/Putative Parent(s).

- An exception is in place within five calendar days of the removal; see FOM 722-06I, Maintaining Connections: Parenting Time, Sibling Visitations, and Contact for exceptions.

Face-to-Face Requirements

Within five business days of the removal date, every child with a foster care program type must have face-to-face contact with the

primary foster care case manager assigned to the child's case. This contact must include a private meeting between the child and the case manager.

For all face-to-face contact requirements and the definition of private meeting, see FOM 722-06H, Case Contacts.

Verification of Citizenship or Immigration Status

Case managers must obtain and record information regarding a child's background, including the child's place of birth, in order to acquire the child's birth certificate for the case record. If the child was not born in the United States, the case manager must ask the parent to provide documentation to verify United States citizenship or qualified non-citizen status; see FOM 902, Funding Determinations and Title IV-E Eligibility and BEM 225, Citizenship/Non-Citizen Status for information on the documents required to verify citizenship or immigration status. **Case managers must request this information in a non-threatening, non-judgmental, non-discriminatory way.**

Note: The parent's citizenship or immigration status is not used to determine the child's citizenship or immigration status.

Case managers must copy both sides of all verification document(s) and scan and upload the documents into the electronic case management system.

For children and/or families who are not United States citizens or qualified non-citizens, see FOM 722-6K, Services for Families Who Are Not U.S. Citizens.

REFERRALS TO CHILD SUPPORT

Foster care cases are automatically referred to child support if a child does not reside in the same home as the parent(s). Child support referrals are made nightly through the electronic case management system/MiCSES interface. The types of foster care cases listed below are excluded from the referral:

- Cases in which the parental rights have been terminated unless the court orders for child support obligation to continue following termination of parental rights.

- Cases in which a temporary ward is placed with an unlicensed relative.

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox at Child-Welfare-Policy@michigan.gov.

LEGAL AUTHORITY

Federal

Social Security Act, 42 USC 671(a)(17)

Social Security Act, 42 USC 671(a)(27)

45 CFR 1356.21(k)

45 CFR 1356.21(g)(4)

State

Probate Code, 1939 PA 288, as amended, MCL 712A.13a

Probate Code, 1939 PA 288, as amended, MCL 712A.14

Probate Code, 1939 PA 288, as amended, MCL 712A.18f

Probate Code, 1939 PA 288, as amended, MCL 712A.20

Probate Code, 1939 PA 288, as amended, MCL 710.29

Michigan Children's Institute, 1935 PA 220, as amended, MCL 400.203

The Social Welfare Act, 1939 PA 280, MCL 400.115b(5)

Support and Parenting Time Enforcement Act, 1982 PA 295, MCL 552.605d(3)

ADMINISTRATIVE RULES FOR CHILD PLACING AGENCIES

Policies and Procedures

1973 PA 116, Child Care Organization Licensing Act, as amended, provides for the protection of children through the licensing and regulation of child care organizations and for the establishment of standards for child care in the form of administrative rules; see FOM 721 for legal citations.

The following policies reflect and implement selected administrative rules for child placing agencies. These are not administrative rules but DHS policies designed to ensure compliance with rules.

Religion

Services from child placing agencies are available to all children, regardless of the religious orientation of the child or parent. The agency must not require a child to attend church services or to follow specific religious training. The agency will attempt to fulfill parental wishes whenever possible, while taking into consideration the child's feelings and desires. If there is disagreement between the parents and child, parental wishes prevail.

Foster parents/caregivers are expected to take into consideration the child's religious preference, especially when the child has established a pattern of religious belief and practice. Foster parents/caregivers assume the responsibility for providing opportunities for religious education and attendance at religious services in accordance with the religious preference of the child and/or parent(s).

Children may not be refused the right to attend the church denomination of their choice, unless there are specific safety concerns. A decision that the child may not attend a specific religious denomination service must be approved by the county director or designee. Children may not be required to attend the church preferred by the foster parent/caregiver.

Child placing agencies may not impose their religious beliefs on children in their care. Child placing agencies must also ensure the foster parents/caregivers do not impose their beliefs or practices on the children in their home. (Rule 400.12407)

Mail

All children in the care of a child placing agency are permitted to send and receive mail. The child's letters shall not be read by others, except where there is clear and convincing evidence to justify such action. If there is justification for opening a letter, the child shall be present when the letter is opened. The caseworker must be available to the child when mail with potentially distressing content is presented. (Rule 400.12408)

Exception: Packages are exempt from the prohibition against inspection.

Personal Possessions/ Allowances

A child has the right to have his/her personal possessions during placement in foster care and when leaving foster care. The payment for family foster care includes an allowance portion for the child placed there. See FOM 903-03, Payment For Foster Family Care, for detailed information on the intended handling of and use of the allowance. (Rule 400.12410)

Placement of Siblings

Siblings are entitled to be placed together when in foster care outside their own family. If this proves impossible, the reasons are to be recorded in the DHS-65, Initial Service Plan (ISP), and/or subsequent DHS-66, Updated Service Plan(s) (USP), as appropriate. Written second line supervisory approval is required for a placement which separates or maintains separation of siblings; see FOM 722-03, Placement of Sibling Groups. (Rule 400.12404)

When lack of available bedroom space is the reason that the siblings are separated in foster care, see FOM 922-1, Foster Family Home Development, to determine the availability of a licensing variance.

When separated, the relationship between siblings must be maintained by a detailed plan of visits, phone calls, and letters. Visits must occur monthly. If a child has been placed for adoption and his/her siblings remain in care, the adoptive parents should be encouraged to continue contact with the child’s siblings. The visitation plan is to be recorded in the applicable service plan and

the DHS-67, Parent-Agency Treatment Plan and Service Agreement.

Placement Preparation

Placement preparation must be consistent with all of the following:

- The child's age.
- The child's individual needs.
- The circumstances necessitating placement.
- Any special problems presented.

The responsibility for documenting the necessity for a child's initial placement or replacement in foster care will rest with either the CPS worker or foster care worker, depending on who makes the placement. CPS will be providing documentation in the Transfer to Foster Care Information Summary, for the first placement; see FOM 722-01. Documentation of the preparation for a child's return home will typically be provided by the foster care worker. In some instances, CPS may also have this responsibility. Documentation of this information is to be included in required narrative reports, as appropriate. The SWSS FAJ-generated DHS-90, Placement Outline is used to document placement preparation. A notation of too young is not sufficient. Placement preparation is also preparing the foster parent/caregiver to meet the child's needs; therefore when a child is too young to explain the move, placement preparation activities can include but are not limited to informing the foster parent/caregiver of the child's:

- Sleeping schedule.
- Formula and feeding schedule.
- Medical needs.

See FOM 722-01, Children's Protective Services - Foster Care Transfer Summary Information, and FOM 722-03, Placement/Replacement. (Rule 400.12404)

Behavior Management

Child placing agencies must have a behavior management policy that identifies appropriate and specific methods of behavior management. The methods of behavior management must be positive and consistent, based on each foster child's needs, stage of devel-

opment and behavior. They must promote self-control, self-esteem and independence. (Rule 400.12406)

The following types of punishment are prohibited:

- Physical force, excessive restraint, or any kind of punishment inflicted on the body, including spanking.
- Confinement in an area such as a closet or locked room.
- Withholding necessary food, clothing, rest, toilet use or entrance to the foster home.
- Mental or emotional cruelty.
- Verbal abuse, threats or derogatory remarks about the child or his/her family. Examples include but are not limited to the following:
  - Academic progress.
  - Behavior(s).
  - Appearance.
- Denial of necessary educational, medical, counseling or social work services.
- Withholding of parental or sibling visitations.

A foster parent/caregiver may use reasonable restraint to prevent a foster child from harming himself or herself, other persons or property or to allow the child to gain control of himself or herself.

Child placing agencies are to work with foster parents/caregivers and provide training to them which will encourage consistent and non-physical discipline practices for both foster and birth children. However, any local discipline policy developed to satisfy child-placing agency administrative rules is to address discipline practices for foster children only. Local policy is not to be implemented which prohibits the foster parent/caregiver's use of reasonable physical discipline for either birth or adopted children.

Discipline and child-handling techniques are to be recorded in the Parent-Agency Treatment Plan and Service Agreement, under Foster Parent/Relative/Unrelated Caregiver Activities; see FOM 722-08C. The techniques must be child-specific and are to be consistent with the child placing agency's behavior management policy.

Education

No later than five school days after placement of a child in foster care, the child placing agency or the foster parent/caregiver with agency approval, must enroll each child of school age into a school program. (Rule 400.12409)

The child placing agency must notify the school administration, in writing, the name of the person who is supervising the child's foster care case and who is responsible for the care of the child, using the DHS-714, School Enrollment Notification letter.

The DHS-713, Request for Report Card letter, is used to request a copy of the child's report card from the school. Both of these letters are generated from the SWSS FAJ Education module. The DHS-3185, Placement/Education Record, is also generated from SWSS FAJ. See FOM 722-11, Surrogate Parent for Educational Services, for information on special education services.

School programs, whether public or private, must be accredited. If a child is allowed to attend a private school, the school's philosophy must not be contrary to the child's or the family's beliefs, customs, culture, values and practices. Parental permission is required for a temporary court ward to attend private school.

Medical/Dental Care

The child placing agency must ensure that each child:

- Has a physical examination within 30 calendar days after initial foster care placement.
- Receives a physical examination every 14 months.
- Has current immunizations.
- Has a dental examination within 90 calendar days after placement unless the child has had an exam within six months prior to placement or is less than four years of age and annually thereafter, unless greater frequency is indicated. (Rule 400.12413)

Immunizations are considered routine medical care. If the child's parent prohibits immunizations based on religious grounds, obtain a signed statement from the parent that specifies the prohibitions. A

foster parent/caregiver may not prohibit immunizations of foster children based on religious grounds.

Documentation that all requirements have been met must be contained in the medical records section of the child's foster care case record on the DHS-1662, Youth Health Record, and the DHS-1664, Youth Health Record, Yearly Dental; see FOM 722-06, Medical Passports.

The DHS-221, Medical Passport, must be provided to the foster parents/caregivers, and to the legal parents if the child is a temporary court ward; see FOM 722-04, Information to be Provided to Foster Parent(s)/Relative/Unrelated Caregivers Prior to Placement.

Unusual Incident Reporting

Immediately the foster parent/caregiver must notify the child placing agency of the following incidents:

- A foster child is missing from a foster home; the foster parent/caregiver must notify the child placing agency immediately after the child is missing; see FOM 722-03, AWOL.
- Any serious illness or injury requiring hospitalization of a child in foster care. The child placing agency must also report the incident to the legal parent, or to the MCI superintendent for MCI wards.
- A foster child’s involvement with law enforcement authorities.
- Any attempted removal or removal of a foster child from the foster home by any person who is not authorized by the child placing agency. (Rule 400.12415)

Child/Ward Death

The death of a temporary/permanent ward must be reported immediately to all of the following (Rule 400.12415):

- The DHS monitoring worker, if applicable.
- The legal parent, guardian, or next of kin.
- The MCI superintendent for MCI wards.
- The Bureau of Children and Adult Licensing.
- The Child Welfare Contract Compliance Unit, if applicable.

Within one business day, the primary foster care worker must send a copy of the DHS-649, Child Fatality Notification, to the court that had jurisdiction over the child.

Note: Notification to parents whose rights were terminated is not required. The ward's family should be notified and offered the opportunity to participate in the funeral arrangements, if appropriate.

See SRM 172, Child/Ward Death Alert Procedures and Time Frames, for complete instructions.

Refer to FOM 903-10, Funeral Payments, for information regarding funeral arrangements and burial payments for an MCI ward.

Other

A child placing agency must also have written policies that address the following:

- Clothing policy. (Rule 400.12411)
- Foster home emergency provisions policy. (Rule 400.12412)
- Substitute care policy. (Rule 400.12414)
- Hazardous materials policy. (Rule 400.12416)

Additional Rules

All child placing agency (CPA) rules can be found at:

http://www.state.mi.us/orr/emi/admincode.asp?Admin-Code=Single&Admin_Num=40012101&Dpt=HS&RngHigh=

CPA rule interpretations are also available at:

http://www.michigan.gov/documents/dhs/CPA_Rule_Interpretations._175210_7.pdf

OVERVIEW

DHS prohibits the use of corporal punishment as a means of disciplining a foster child, in all out-of-home foster care placements which includes licensed foster homes, unlicensed caregiver homes, and child caring institutions. DHS allows the use of seclusion in compliance with applicable licensing rules for child care institutions. This policy defines corporal punishment and seclusion/isolation, and specifies reporting requirements.

Psychotropic medication must not be used as a method of discipline or restraint for any child. Psychotropic medications are not to be used in lieu of or as a substitute for identified psychosocial or behavioral interventions and supports required to meet a child's mental health needs; see FOM 802-1, Psychotropic Medication in Foster Care.

DHS prohibits the use of any treatment modality where the regulation, control, and discipline of problem behaviors is carried out by youth/residents rather than adults/staff members.

DHS prohibits any form of peer-on-peer restraint; see definition below.

DEFINITIONS

Corporal punishment is hitting, paddling, shaking, slapping, spanking, or any other use of physical force as a means of behavior management.

(Reference: R. 400.9101, subsection c)

Seclusion/Isolation is the involuntary placement of a minor child in a room alone, where the minor child is prevented from exiting by any means, including the physical presence of a staff person if the sole purpose of that staff person's presence is to prevent the minor child from exiting the room. Seclusion does not include the use of a sleeping room during regular sleeping hours to ensure security precautions appropriate to the condition and circumstances of a minor child placed in the child caring institution as a result of an order of the family division of circuit court under section 2(a) and (b) of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.2, if the minor child's individual case treatment plan indicates that the security precautions would be in the minor child's best interest.

(Reference: PA 116, MCL 722.112b)

Minor child includes a person who is less than 18 years of age or a person who is a resident in a child caring institution, foster family home, or foster family group home, who is at least 18 but less than 21 years of age, and who meets the requirements of the young adult voluntary foster care act.

(Reference: PA 116, MCL 722.111o)

Peer-on-peer restraint is the application of physical force by one or more youth that reduces or restricts the ability of an individual to move his arms, legs, or head freely.

REPORTING REQUIREMENTS

Child Caring Institutions

Corporal Punishment

The Bureau of Children and Adult Licensing (BCAL) must report to the Division of Continuous Quality Improvement (DCQI), confirmed rule noncompliance regarding the use of corporal punishment that:

1. Involves a foster child.
2. Occurs in a child caring institution.

BCAL must make the report within 24 hours (or the next business day) of the confirmation of noncompliance, using the Corporal Punishment, Seclusion, or Restraint Notification Form, in the Juvenile Justice On Line Technology (JJOLT) System.

Seclusion/Isolation

All child caring institutions must report the use of seclusion/isolation to the DCQI within 24 hours (or the next business day) of the use of seclusion/isolation. The child caring institution must report incidences of seclusion/restraint using the Corporal Punishment, Seclusion, or Restraint Notification Form, in the JJOLT System.

Child Placing Agencies – Corporal Punishment

Licensed Foster Homes

A Child Placing Agency (Public and Private) must submit a BCAL-259, Special Investigation Report, to BCAL when a confirmed rule noncompliance regarding the use of corporal punishment occurs in

a foster home certified for licensure by the child placing agency; see Licensing rules for Child Placing Agencies – R.400.12316.

As an interim process, upon receipt of the BCAL-259, BCAL must report to the DCQI confirmed rule noncompliance regarding the use of corporal punishment. BCAL must make the report within 10 business days of receiving the BCAL-259, using the Corporal Punishment, Seclusion, or Restraint Notification Form, in the JJOLT System.

Upon implementation of MiSACWIS, child placing agencies must directly report confirmed rule noncompliances regarding the use of corporal punishment. The child placing agency must make the report within 24 hours or the next business day of the confirmed occurrence, using the Corporal Punishment, Seclusion, or Restraint Notification Form, in the JJOLT System.

Unlicensed Caregivers

Upon implementation of MiSACWIS, child placing agencies must report confirmed rule noncompliances regarding the use of corporal punishment. The child placing agency must make the report within 24 hours or the next business day of the confirmed occurrence, using the Corporal Punishment, Seclusion, or Restraint Notification Form, in the JJOLT System.

EVALUATION PROTOCOL

Each time a Corporal Punishment, Seclusion, or Restraint Notification Form, is completed, an email notification is automatically sent to DCQI, BCAL, and the DHS foster care worker with case management or monitoring responsibility for the child involved in the incident. The email notification will include the Corporal Punishment, Seclusion or Restraint Notification Form, as an attachment.

Each Corporal Punishment, Seclusion and Restraint Notification Form, as well as the monthly summary reports must be reviewed by DCQI and BCAL. DCQI must review the reports and identify trends which may require further review of the child placing agency by BCAL. When deemed necessary, BCAL must review individual cases.

BCAL must review a sample of applicable cases during their routine on-site reviews.

Note: Reporting to the DCQI does not replace reporting requirements as established in the Child Protection Law (PA 238) or applicable licensing rules (Licensing Rules for Child Placing Agencies, Licensing Rules for Child Caring Institutions).

PURPOSE

The Michigan Department of Health and Human Services (MDHHS) requires that a child be free from restraint or seclusion of any form imposed as a means of coercion, discipline, convenience or retaliation by staff and that restraint or seclusion must only be used in limited situations as allowable in the emergency rules.

MDHHS strives to prevent and eliminate the use of physical restraints in all settings. Child Caring Institutions (CCI) should decrease and ultimately eliminate restraints and seclusions and increase their trauma responsive practices. Each CCI must develop family care and treatment policies and procedures for implementation of this policy item. These policies and procedures must be made available to all children, their families, and referring agencies.

The purpose of this item is to provide clear guidelines for the limited use of restraints and seclusion as dictated in state and federal laws and regulations as well as the emergency rule. This policy seeks to improve safety and the wellbeing of children in CCIs, and accurately track incidents involving restraints or seclusion.

DEFINITIONS

Chemical Restraint

A drug that meets all of the following criteria, MCL 722.112b(1)(b):

- Is administered to manage a child's behavior in a way that reduces the safety risk to the child or others.
- Has the temporary effect of restricting the child's freedom of movement.
- Is not a standard treatment for the child's medical or psychiatric condition.

Debrief

A discussion of the incident following a restraint or seclusion. The discussion includes details of the pre-incident circumstances, the intervention method(s) employed and the outcome.

Less Restrictive Intervention

Professional strategies which are intended to recognize the early signs of impending dangerous behaviors, to identify and ameliorate the cause(s) of such behaviors and to utilize de-escalation techniques to minimize the consequences of a child's potentially harmful behavior.

Mechanical Restraint

A device attached or adjacent to the child's body that the child cannot easily remove and restricts freedom of movement or normal access of the child's body. Mechanical (material) restraint does not include the use of a protective or adaptive device, or a device primarily intended to provide anatomical support.

Personal Restraint

Per MCL 722.112b(1)(h), the use of physical force without the use of a device, for the purpose of restraining the free movement of the child's body. Personal restraint does not include:

- Briefly holding the child without undue force in order to calm or comfort the child.
- Holding a child's hand, wrist, shoulder or arm to safely escort the child from one area to another.
- The use of a protective or adaptive device or a device primarily intended to provide anatomical support.

Protective Device

A mechanical device or physical barrier to prevent the child from causing serious self-injury associated with documented and frequent incidents of the behavior. A protective device incorporated into the child's treatment plan is not to be considered a mechanical restraint. MCL 722.112b(1)(g).

Seclusion

The temporary placement of a child in a room, alone, where egress is prevented by any means and may only be used if essential to prevent the child from physically harming others.

Trauma Responsive

Children receiving services in a CCI may have experienced complex trauma, which can significantly harm individual and familial development. The following are examples of approaches for a CCI to be trauma responsive:

- Referring or providing clinical trauma assessments as necessary.
- Collaborating with mental health providers to link children to evidence-based and supported trauma services.
- Developing resiliency-based case plans and recognizing the necessity of building workforce resiliency both at the individual staff and organizational levels.

STANDARDS

Implementation of Restraint or Seclusion

- A child will not be restrained or secluded except in the circumstances set forth in this policy.
- Restraints may only be used after less restrictive techniques have been exhausted and the restraint is still necessary to prevent serious injury to the child, self-injury, injury to others, or as a precaution against escape where the child may be at risk of injury to self or others.
- Restraint or seclusion of a child must be performed in a manner that is safe, appropriate, and proportionate to the severity of the child's behavior, chronological and developmental size, age, gender, physical condition, medical condition, psychiatric condition, and personal history, including any history of trauma, and done in a manner consistent with the child's treatment plan.
- Restraint or seclusion must be performed in a manner that takes into consideration the relative size, physical strength and condition, age and gender of the individual applying the restraint in relation to the child.
- Restraint or seclusion must not be used for punishment, discipline, or retaliation.

- Restraint or seclusion must only be applied for the minimum time necessary to accomplish the purpose for its use.
- Approval of the CCI administrator or their designee must be obtained before any use of material or mechanical restraints.
- Another staff member must be in close enough proximity to intervene immediately in case of emergency or to protect the safety of the child.

Prohibited Restraints or Seclusions

The following are not permitted under any circumstances:

- Prone restraints or other restraints that may constrict a child's breathing.
- All restraints on pregnant children, including a child in labor, delivery, and post-partum recovery, unless credible, reasonable grounds exist to believe the child presents an immediate and serious threat of hurting self, staff, or others and cannot be minimized through any other method. The prohibited restraints include:
  - Mechanical restraints.
  - Abdominal restraints.
  - Leg and ankle restraints.
  - Wrist restraints behind the back.
  - Four-point restraints.
- Chemical restraints. Child Care Organizations, 1973 PA 116, as amended, MCL 722.112b.
- Mechanical (material) restraints. Child Care Organizations, 1973 PA 116, as amended, MCL 722.112b(1)(g).
- The use of a restraint chair.
- The use of noxious substances.
- The use of instruments causing temporary incapacitation.

Restraint Debriefings

Debriefing following restraint is required to engage with staff, children, and family to support the child and identify approaches to prevent future restraint. The goals of debriefing are:

- To reverse, or minimize, the negative effects of the use of restraint:
  - Evaluate the physical and emotional impact on all involved individuals.
  - Identify need for and provide counseling or support to the child and staff involved for any trauma that may have resulted or emerged from the event.
  - To develop appropriate coping skills.
- To prevent the future use of restraint and seclusion.
  - Assist the child and staff in identifying what led to the incident and what could have been done differently.
  - Determine if all alternatives to restraint were considered.
- To address organizational problems, issues or processes and make appropriate changes.
  - Determine what CCI barriers may exist to avoid the use of restraint in the future.
  - Recommend changes to the CCI philosophies, procedures, environment and standards of care, treatment approaches, staff education and training.
- To assist the treatment team to determine how to more effectively assist the child and staff in understanding what precipitated the event.
- To develop interventions designed to avoid future need for restraint.

The following debriefings are required with key participants following any use of restraint:

- Debriefing of the restraint among the staff involved and supervisors immediately following the restraint, and documentation of the conversation must include:
  - Examination of preventive strategies that could have been used to avoid the restraint.
  - Review of any changes in the child's physical or emotional wellbeing that may require follow up.

- Debriefing with the child restrained must occur and documentation must include the following details:
  - The child's call with their parent(s) or caregiver(s) that occurred after the restraint which must be consistent with the child's treatment plan.
  - The child's perspective of preventive strategies that could have been used to help support the child to avoid behavior or help the child de-escalate.
  - Time and date the debriefing occurred with the staff and child.

Note: Children receiving services in a CCI must have frequent contact with their families and other supportive adults, including daily if appropriate.

Facility Review

Facility reviews assist with determining if restraint could have been avoided, or if there is a pattern of use within the facility. The following facility reviews must occur to assess restraint use:

- Comprehensive review of the incident within 24 hours following the restraint. The review may need to occur multiple times over multiple days to support the child involved or the child who witnessed the restraint. Family should be invited to assist.
- Biannual review, at minimum, of aggregation of incident reports involving restraint by the CCI director or designee.

Incident Reporting

All restraint incidents must be documented, and proper notifications made. Incident reports must document the following:

- Reason for the restraint.
- Type of restraint used and duration.
- Names and roles of all staff involved.
- Description of all less restrictive interventions used prior to the restraint.
- Date, time, and length of time of the restraint.

- Participants involved in the restraints.
- The age, race, and gender of the restrained child.
- Details including time and date of staff and supervisor debriefing and of staff debriefing with the child.

Each incident report must be submitted in writing to MDHHS within 24 hours and to the parent or legal guardian within 12 hours (not business hours) for all restraints.

Note: If the child is a Michigan Children's Institute (MCI) ward, the MCI office must be notified within 12 hours (not business hours) for all restraints.

Process for CCI's without MiSACWIS Access

If the CCI does not have MiSACWIS access, the MDHHS-5985, Incident Report, must be completed. All information outlined in the *Incident Reporting* section of this item must be included. Agencies should follow these steps for reporting and review:

- Enter all information on the word document.
- Submit to supervisor for review and signature.
- Generate and send the parent notification letter.
- Email the MDHHS-5985 and parent notification letter to DCWL the same day as the restraint.
- Maintain a copy of the email for tracking purposes.

Caseworker Requirements After Notification

After the caseworker receives notification of the incident from MiSACWIS their responsibilities are to:

- Communicate with the child as soon as possible following the worker’s awareness of the incident, but no later than two business days after being notified.
- Request and review the child's treatment plan to assist in the elimination of future restraints.
- Communicate with the agency to verify what preventative steps will be taken to reduce the use of and eliminate restraints.

- Participate in the agency's debriefing for each child restrained; unless not feasible.

See section, *Child in Out-of-Home Placement* in FOM 722-06H, Case Contacts for information regarding a caseworkers responsibility for monthly contacts when a child is placed in a CCI.

A copy of the supervising agency's grievance policy must be provided to the child, parent, or caregiver, with the DHS-5307, Rights and Responsibilities for Children and Youth in Foster Care, at initial discussion and annually thereafter. See FOM 722-06J, Rights of Children in Foster Care.

Staff Training Requirements

Individuals providing staff training to CCIs must be qualified as evidenced by education, training, and experience in techniques used to address child's behaviors.

Prior to any CCI staff member applying a restraint on a child in an allowable situation the CCI staff member must have received training in child restraints.

Treatment Plan Requirements

All residential programs must develop individualized child treatment plans that include an activity schedule, within the program and with pro-social peers in the community – preferably in their home communities, which incorporates the following:

- Educational.
- Arts recreation.
- Groups and individual skill building opportunities.

LEGAL AUTHORITY

State

Child Care Organizations, 1973 PA 116, as amended, MCL 722.112b(1)(c) & (d).

Provides definition for emergency safety intervention and emergency safety situation.

Child Care Organizations, 1973 PA 116, as amended, MCL 722.112b(1)(f)- (i).

Provides the definition for licensed practitioner, mechanical restraint, personal restraint and protective device.

Child Care Organizations, 1973 PA 116, as amended, MCL 722.112e(1).

Requires facility to release a child from personal restraint when the circumstance that justified the use of personal restraint no longer exists.

Child Care Organizations, 1973 PA 116, as amended, MCL 722.112e(4) & (5).

Requires facility staff to document the use of a personal restraint in the child's case file, when to complete the documentation and what to include in the documentation. Also requires facility staff trained in the use of personal restraint to continually assess and monitor the physical and psychological well-being of the child and safe use of personal restraint throughout the duration of its implementation.

Child Care Organizations, 1973 PA 116, as amended, MCL 722.112e(9).

Provides notification requirements when a child has been in a restraint.

Foster Care and Adoption Services Act, 1994 PA 203, as amended, MCL 722.958b(3)(h).

Requires residential staff to complete an incident report when a child has been restrained.

Licensing Rule

Child Caring Institutions Rules, Mich Admin Code, R 400.4159.

Provides requirements on establishing policy and procedure around child restraint, distribution of the policy and procedure and documentation.

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

OVERVIEW

To support the safety, permanency, and well-being of a child in foster care, placement decisions must take into consideration the following four principles:

- Ensuring the child's safety.
- Minimizing the trauma experienced by the child and family during the placement process.
- Maintaining continuity by placing the child with relatives and in their community whenever possible.
- Placing the child in the most family-like setting that will meet the child's needs, reducing the likelihood of future placement changes.

All factors outlined in this policy item must be evaluated to ensure the selected placement is safe and, in the child's best interest. Depending on the circumstances in each case and the specific needs of each child, certain factors should be given more weight than others. In no case is any one factor to be given sole consideration.

NON-DISCRIMINATION IN FOSTER CARE AND ADOPTION PLACEMENTS

Except for American Indian/Alaska Native (AI/AN) children, case managers may not routinely consider race, national origin, and ethnicity in making placement decisions; see NAA 200, Identification of an Indian Child. Any consideration of these factors must be done on an individualized basis and only when circumstances indicate their consideration is warranted; see SRM 403, Non-discrimination in Foster Care and Adoption Placements.

American Indian/Alaska Native Children

Case managers must follow NAA 215, Placement/Replacement Priorities for Indian Children, for children who are identified as AI/AN or when there is reason to believe the child is AI/AN. Documentation of each placement of an AI/AN child has must be

maintained in the case service plan to show the efforts to comply with placement priorities.

PARENT INVOLVEMENT

Whenever possible and appropriate, parents should be included in the following placement discussions and decisions:

- The parents and the case manager **must** discuss all possible options, such as placement with relatives, licensing of a friend or relative to serve as a caregiver, or other known options. If foster care with a licensed home is selected, the parents should be made aware of available homes and should help select the one that best meets the child's needs.

- When selecting the best available placement for a child, the case manager must discuss all placement selection criteria with the parents. The parent's opinion and recommendations regarding the importance of each criterion should be given considerable weight, but the final decision remains with the department.

- Once a preference by the case manager and parents is established, the case manager must attempt to facilitate that placement. If necessary, an emergency or temporary placement for up to 30-calendar days may be used while a long-term placement is explored or arranged.

- At the time of placement or placement change or during the applicable family team meeting (FTM), and regularly throughout the duration of the placement, the case manager should facilitate contact between the parents and caregivers to orient the caregivers to the specific needs and characteristics of the child.

    - Information about medications, allergies, cultural practices, food preferences, temperament, sleep schedules, special or personal toys, books or clothing that will aid in a smooth transition, and other specifics about the child should be shared with the caregivers.

    - In the best interest of the child, the case manager should encourage the caregivers to meet with the parents to facilitate an ongoing exchange of information about the child.

- To the extent possible and appropriate, the caregivers and parents should have phone access to each other and should consult with each other about routine care, milestones, major decisions, and any concerns that arise.

PLACEMENT SELECTION CRITERIA

The following factors must be considered when making a placement or placement change:

- The child's physical, emotional, and safety needs.
- The least restrictive, most family-like setting.
- Placement with relative.
- Placement with siblings.
- The child's expressed preferences.
- Proximity to the child's family.
- The child's and family's religious preference.
- The continuity of relationships.
- The case plan which includes the goal of permanence.
- Appropriateness of the child's current educational setting and proximity to the school in which the child is enrolled at the time of removal.
- Availability of placement resources for the purpose of timely placement.

Needs of Child

When making a placement decision the child's needs are of the greatest importance. Placement selection must be based on the:

- Physical, emotional, and safety needs of the child.
- Accessibility and availability of services needed for the child.
- Appropriateness of the child's current educational setting and the proximity to the school the child is enrolled in at the time of removal.

Least-Restrictive Setting

Placement must be made in the least-restrictive, most family-like setting consistent with the best interests and special needs of the child.

The non-offending parent must be assessed for placement before considering an out-of-home placement; see FOM 722-01, Entry into Foster Care.

If reunification is the permanency goal then a return home must be assessed as the first option anytime a placement change is considered; see FOM 722-03D, Placement Change.

Relatives

If out-of-home placement is required, **preference must be given to placement with relatives or siblings**; see FOM 722-03B, Relative Engagement and Placement.

Note: For placement preference, a relative is defined as an individual who is at least 18 years of age and related to the child within the fifth degree by blood, marriage, or adoption, including the spouse of an individual related to the child within the fifth degree, even after the marriage has ended by death or divorce, the parent who shares custody of a half-sibling, and the parent of a man whom the court has found probable cause to believe is the putative father if there is no man with legally established rights to the child. A relative may also be an individual who is a least 18 years of age and not related to a child within the fifth degree by blood, marriage, or adoption but who has a strong positive emotional tie to or role in the child's life or the child's parent's life if the child is an infant, as determined by the department or, if the child is an Indian child, as determined solely by the Indian child's tribe. As described under MCL 712A.13a.

Placement preference must be given to an adult related to the child within the fifth degree by blood, marriage, or adoption provided the relative meets all relevant state child protection standards. The department can override this decision with good cause.

Good cause means the following:

- A request by one or both of the child's parents to deviate from this preference.

- The child's request, if the child is of sufficient age and capacity to understand the decision that is being made.
- The presence of a sibling attachment that can be maintained through a particular placement.
- The child's physical, mental, or emotional needs, such as specialized treatment services that may be unavailable in the community where families who meet the placement preferences live.
- The distance between the child's home and the proposed family placement would frustrate the reunification goal or otherwise impede permanency.

Sibling Groups

Siblings are defined as children who have one or more parents in common. The relationship can be biological or through adoption, and includes siblings as defined by the Indian child's tribal code or custom. A sibling relationship continues after termination of parental rights. All siblings in **out-of-home placement** must be placed together, unless:

- One of the siblings has exceptional needs that can be met only in a specialized program or facility.
- Such placement is harmful to one or more of the siblings.
- The size of the sibling group makes one placement impractical, despite diligent efforts to place the siblings within the same home.

The DHS-3, Sibling Placement Evaluation, is required if a new child is born into a home where one or more siblings are currently in foster care and the new child will remain in the home. The DHS-3, Sibling Placement Evaluation, must be approved by the CPS supervisor, foster care supervisor, and the second line supervisor. The DHS-3, Sibling Placement Evaluation, must document how the children remaining in the home are safe and the plan of services for the family to maintain safety of the children in the home.

The case manager must document the reasons siblings cannot be placed together in the applicable service plan. Written second line supervisory approval is required for a placement which separates or maintains separation of siblings.

A placement exception request (PER) is required for each placement which separates or maintains separation of siblings; see FOM 722-03E, Placement Exception Requests and Approvals.

For information on foster home license capacity or rule variance; see FOM 922, Foster Family Recruitment, Support and Development.

Ongoing Efforts to Place Siblings Together

Case managers must make ongoing efforts to place siblings together unless the placement would be contrary to the safety or well-being of any of the siblings. Efforts to place siblings together must continue until case closure. A reassessment of the sibling split placement is required each quarter and must include the efforts and progress made to place all siblings together. The reassessment must be documented in the electronic case record in the case service plan under supporting information.

Note: Termination of parental rights does not dissolve a child's relationship to their siblings. Efforts to place siblings who are in out-of-home care together must continue as described above after termination of parental rights.

Sibling Placement after Adoption

Although not required, best practice suggests efforts be made to identify biological siblings who may have been adopted by reviewing prior case records and documenting information about biological siblings in the child's foster care case file. Placement and visitation are not required but are encouraged when the adoptive parent is interested in placement or visitation; see SRM 131, Confidentiality.

Stepsibling Placement

Efforts should be made, but are not required, to place stepsiblings together. A sibling split PER is not required when stepsiblings are placed apart.

Child's Preference

The case manager must discuss and document the placement preferences of the child when age appropriate. Consideration must be given to the child's preference. If the child is not consulted, the case manager must document the reason within the case service plan.

Proximity to the Child's Family

Children must not be placed outside of a 75-mile radius of the home from which the child entered custody, unless one of the following exceptional circumstances arise:

- The child's needs are so exceptional that they cannot be met by a family or facility within a 75-mile radius.
- The child requires a placement change and the child's permanency goal is reunification with the child's parents who at that time reside outside of the 75-mile radius.
- The child is to be placed with a relative or sibling outside of the 75-mile radius.
- The child is to be placed in a pre-adoptive or adoptive home outside of the 75-mile radius.

If the child is placed outside the 75-mile radius, the supervisor must approve the placement; see FOM 722-03E, Placement Exception Requests and Approvals.

The Child's and Family's Religious Preferences

The case manager must consider parental wishes and the child's feelings and desires whenever possible in selecting a placement which affords the child an opportunity for expression of the child's religious, spiritual, and cultural beliefs and practices.

Continuity of Relationships

The case manager must consider a placement which preserves and maintains relationships with the relative network, prior service providers, friends, teachers, or other significant relationships.

Permanency Plan

The case manager must consider the placement's ability to support the child's permanency plan and concurrent plan, if applicable; see FOM 722-07, Permanency Planning- Overview. Every placement should be chosen with the long-term plan for the child in mind.

Minimum Number of Placements

The placement selection should minimize the number of placements for the child. Whenever possible, the initial placement should become the ongoing placement for the child with the potential for permanency if needed.

Child's Previous Placement History

Placement history, including informal and formal placements, should be considered when selecting an ongoing placement. The relationship with the previous caregivers should be considered. Prior placements may indicate a need for prompt action to achieve permanence, a need for more or less structure, the child's inability to relate to parental figures, an ability or willingness to relate to specific caregivers, or other important considerations. These conditions may provide important information when evaluating the ability of a placement to meet the needs of the child and support timely permanence.

Appropriateness of the Educational Setting

Children entering foster care or changing foster care placements must continue their education in the school district of origin whenever possible and if in the child's best interest. The case manager must consider proximity of the placement to the child's school when placing or changing a child's placement; see FOM 723, Educational Services.

Availability of Placement Resources for Purposes of Timely Placement

The case manager must consider which available placement is safe, best meets the child's needs, and is in the child's best interest.

CURRENT CIRCUMSTANCES OF POTENTIAL PLACEMENT

Once a potential placement is identified, the case manager must assess the family's ability to meet the needs of the specific child and any extra demands of an additional child in the home. Case managers must consider the factors described below and document that the factors were considered.

If any factors exist that may impact the caregiver's ability to meet the child's needs, the case manager must include a narrative justification in the placement section of the case service plan that explains why the placement is in the child's best interest despite any identified factors. The narrative must include any needs identified by or for the caregivers and the agency's plan for addressing those needs.

Number, Ages, and Needs of Children

Case managers must consider the ability of the caregivers to provide quality care and an appropriate level of supervision given the number, ages, and needs of the children living in the home and any children being considered for placement in the home.

Caregiver Support Systems

The case manager must consider the caregiver's support system, such as family, friends, or community supports, and their ability to assist during times of need. The case manager must assess the caregiver's participation in trainings, support groups, or mentoring programs that will assist the caregiver in meeting the specific needs of the child considered for placement.

Parenting Difficulties

The case manager must consider any identified parenting concerns or difficulties the caregivers may have recently experienced with other children in the home, including truancy or delinquency issues, mental or physical health concerns, or behavioral problems. If there have been parenting concerns in the past, the case manager must also consider the previously demonstrated ability to resolve and manage the situation. If there are ongoing parental stressors in the

home, the case manager must consider the potential impact of placing an additional child in the home prior to making the placement.

Significant Changes or Stressors

The case manager must consider significant changes, stressors, or personal or financial difficulties recently experienced by the caregivers that may affect the capacity to care for the child being considered for placement.

Complaints

Prior to placement, case managers must review the electronic case record or consult with Children's Protective Services (CPS) and foster home licensing staff to determine if any complaints have been received on the potential caregiver's home. If complaints have been received, the case manager must assess whether the circumstances of the complaint raise any concerns about the ability of the caregivers to care for the child being considered for placement.

Health and Age

The case manager must consider the age and health status of the caregivers when determining their ability to provide permanency for the child and meet the child's current and ongoing needs.

The health and age of the prospective caregivers should be given heightened consideration if:

- The prospective caregiver is under the age of 21.
- The youngest child to be placed is less than 10 years of age and there is more than 50 years age difference between the child and the youngest prospective caregiver.

PLACEMENT LIMITATIONS

Case managers must not routinely make placements that will result in any of the following situations:

- More than three foster children placed in the home.

- More than five total children residing in the home, including the caregiver's children.
- More than three children under the age of three residing in the home.
- Placement of a child more than 75 miles from the home from which the child entered custody; see *Proximity to the Child's Family* in this item.
- Siblings placed apart; see *Sibling Groups* in this item.
- Any child in foster care identified as at high risk for perpetrating physical violence or sexual assault against other children being placed with other children in foster care not so determined; see *Placement of a Child Identified with High-Risk Behaviors* in this item.
- Placement in an emergency shelter care program for more than 30 days; see *Placement in Emergency Shelter Care Programs* in this item.
- Placement in an emergency shelter care program more than once in a 12-month period; see *Placement in Emergency Shelter Care Programs* in this item.
- Placement in a jail, correctional, or detention facility; see *Placement in Jail, Correctional, or Detention Facilities* in this item.
- Placement in a home with an adjudicated juvenile sex offender; see *Placement in a Home with a Child Adjudicated for a Sex Offense* in this item.

Exceptions to these limitations may be made on an individual basis when extenuating circumstances exist **and** it is determined to be in the best interest of the child; see FOM 722-03E, Placement Exception Requests and Approvals**.**

Prohibited Placements

Secure Juvenile Justice Facilities

Children must not be placed in a secure juvenile justice child caring institute (CCI) without a conviction for a non-status offense crime.

Felony Convictions

Children must not be placed within the home if any household member or non-parent adult has a **felony** conviction for any of the following crimes:

- Child abuse or neglect.
- Spousal abuse.
- Crime against children, including pornography.
- Crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery.
- Physical assault, battery, or drug-related offense within the last five years.

If the criminal history check reveals any member of the household has a criminal conviction, case managers must follow the guidelines in SRM 700, Law Enforcement Information Network (LEIN).

PLACEMENT PREPARATION

Preparation for placement will vary with each child and must be adapted to their age, development, experience, individual needs, personality, and circumstances necessitating placement, as well as any issues presented by the prospect of placement.

The case manager must prepare the child for placement by discussing the following using developmentally appropriate language:

- Reasons for placement.
- Visitation plan with parents and siblings, if applicable.
- Expected length of placement.
- Expectations about maintaining ties to significant others.
- Child's feelings, fears, and questions.
- Clothing, pictures, toys, or other items the child would like to take.

- When available, a description of the placement and caregivers, which may include photographs.
- Any other questions or concerns raised by the child.

Note: If the placement is not planned, the case manager must discuss the above with the child at the time of placement or as close to placement as possible.

When a child is too young to discuss placement, the case manager must prepare the caregivers to meet the child's needs. Placement preparation activities may include, but are not limited to, informing the caregivers of the child's:

- Sleeping schedule.
- Formula and feeding schedule.
- Medical needs.
- Emotional needs.

See *Infants and Young Children*, in this item, for special considerations when placing this population.

Electronic Case Management Documentation

The case manager must document placement preparation in the electronic case record in the Placement Details section and Placement Change hyperlink.

DOCUMENTATION

For out-of-home placements, the following documentation requirements apply.

Provided to the Caregiver

Any time an out-of-home placement is made, the following documents must be provided to the caregivers at or before the time of placement:

- Medical information.
  - DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment Card; see FOM 801-04, Consent for Health Treatment and Care.

- DHS-Pub-268, Guidelines for Foster Parents and Relatives Caregivers for Health Care and Behavioral/Mental Health Services.
- Medicaid card or MA number; see FOM 803, Medicaid - Foster Care.
- Medicaid Health Plan (MHP) card, if applicable; see FOM 801-06, Medicaid Health Plan Services.
- DHS-221, Medical Passport; see FOM 801-03, Medical Passport, for exceptions to the standard of promptness (SOP).

  Note: The receipt of the medical passport must be documented in the electronic case record by uploading the signed and dated signature page into the child's Health Profile.

- Education information, including all of the child's available student records, such as report cards or Individualized Education Plans (IEPs); see FOM 723, Educational Services, for exceptions to the SOP.
- DHS-3307, Placement Outline and Information Record.

  Note: For emergency placements, the DHS-3307, Placement Outline and Information Record, may be provided within seven-calendar days of placement.

Provided to the Unlicensed Relative Caregiver

When placement is made with unlicensed relative caregivers, the caregivers must also receive the:

- DHS-Pub-843, Foster Care Provider Payment Handbook.
- DHS-Pub-114, Relative Caregiving: What You Need to Know, case managers must document that this was given to the caregivers in the social work contacts in the electronic case management system; see FOM 722-03B, Relative Engagement and Placement.

Provided to the Child

Within 30-calendar day of removal, the case manager must review and explain the DHS-5307, Rights and Responsibilities for Children and Youth in Foster Care, and the agency's grievance policy with the child, the caregivers, and the child's parents; see FOM 722-06J, Rights of Children in Foster Care.

Completed by the Case Manager

The DHS-3377, Clothing Inventory Checklist, must be completed within 30-calendar days of the child's placement or placement change; see FOM 903-09, Case Service Payments.

If the child changes schools at the time of placement or replacement, the case manager must request the child's records using the DHS-942, School Notification and Education Records Release; see FOM 723, Educational Services.

FOSTER CARE PLACEMENT DECISION NOTICE

The supervising agency must make a placement decision and document the reason for the decision on the DHS-31, Foster Care Placement Decision Notice, within 90 days of the child's removal.

If the supervising agency places a child with a relative and approves the placement on the DHS-3130A, Relative Placement Home Study, during the first 90-days the child is in care, then this is the placement decision that must be recorded on the DHS-31, Foster Care Placement Decision Notice; see FOM 722-03B, Relative Engagement and Placement.

The case manager must provide the DHS-31, Foster Care Placement Decision Notice, to the:

- Child's attorney, guardian, and lawyer-guardian ad litem (L-GAL), as applicable.
- Prosecutor, MDHHS attorney, and supervising agency attorney, as applicable.
- Legal parents.

- Attorneys for the child's parents.
- Relatives who expressed an interest in caring for the child.
- Court Appointed Special Advocate (CASA).
- Tribal government representative.
- Child, if developmentally and age appropriate.

Note: If there is a safety concern, the case manager may redact the child's current placement address.

Requests for Specific Reasons for Placement Decisions

Any of the above, within five business days, may request in writing the evidence used to support the placement decision on the DHS-31, Foster Care Placement Decision Notice. The case manager must explain the reason for the placement decision in writing within 10 business days of receiving the request. A person listed above may ask the child's L-GAL to review the decision to determine if it is in the child's best interest.

If the L-GAL determines the placement decision is not in the child's best interest, the L-GAL must petition the court within 14 business days of the case manager's decision. The court must commence a review hearing on the record within seven business days after receiving the petition.

PLACEMENT OF SPECIAL POPULATIONS

Infants and Young Children

When removal from a parent's home is being considered for an infant or young child, the supervising agency must ensure developmentally appropriate parent-child contact, family continuity, stability in placement, and timely permanency. FTMs must be utilized to gather information and discuss an infant's development, family connections and transition planning; see FOM 722-06B, Family Team Meeting. When out-of-home placement is necessary, an infant's distress will be lessened if the new environment can be

made consistent with the old one. The transition to a new caregiver's home should be facilitated by providing a child with familiar objects from the removal home, such as:

- Blanket.
- Sheets.
- Stuffed animal.
- Pacifier.

These objects will provide a young child with a sense of continuity and will help to minimize the trauma experienced during the transition.

Older Youth

For information on placement of older youth, independent living preparation and placement, and placement in an adult foster care facility, see FOM 722-03C, Older Youth: Preparation, Placement, and Discharge.

Placement of a Child Identified with High-Risk Behaviors

Any child in foster care determined by a clinical assessment to be *high risk* for acting out physical violence or sexual assault against other children **cannot be placed** in a foster family home with other children without an appropriate assessment concerning the safety of all children in the placement. The case manager must consider a child's history of physical violence and sexual assault when making placement decisions.

High Risk Behavior Referral and Treatment

The case manager must refer a child with a history of physically or sexually assaultive behaviors for an assessment with a licensed clinician for mental health services within five business days of any incidents of physically or sexually assaultive behavior. For children receiving Medicaid, refer to the local Community Mental Health (CMH) or MHP behavioral health providers.

The case manager must use information from the assessment to assist in making placement decisions and referral for treatment. Information from the MDHHS-5719, Trauma Screening Checklist (Ages 0-5), or MDHHS-5720, Trauma Screening Checklist (Ages 6-18), should also be considered; see FOM 802, Mental Health,

Behavioral and Developmental Needs of Children Under the Supervision of MDHHS.

Initial Placement

When initially placing a child at high risk for perpetrating physical violence or sexual assault, the case manager must assess the child's risk to other children in the home. A child in foster care who demonstrates high risk behaviors may be considered for placement with other children. Prior to placement, the case manager must assess potential safety concerns for any child within the placement. The case manager must assess the following factors for each child in the placement:

- The chronological, social, and developmental age.
- History of victimization and victimizing others.
- Mental and physical capacity.
- The ability of the caregivers to provide the necessary supervision to prevent the child from harming self or others.

Placement Change

If a child in foster care is determined to be at high risk for perpetrating physical violence or sexual assault after initial placement, the case manager must take into consideration the above factors to help determine whether the child can safely stay in their current placement.

Sibling Placements

Child safety must be the first consideration when making placement decisions. If a child has a history of being physically or sexually assaultive toward their siblings, that is a potential reason for separating siblings in placement.

Consideration may be given to placing siblings together, if the child does not pose a direct risk to their siblings, or to reuniting siblings once the child's behavior stabilizes and appropriate safety plans can be put in place; see FOM 722-03E, Placement Exception Requests and Approvals.

Safety Planning

When a child with high-risk behaviors is placed with other children, the case manager must develop a safety plan with the caregivers prior to or at the time of placement to ensure the safety of all children in the home. The case manager must provide the

caregivers with a written copy of the safety plan. The case manager must document the safety plan in the case service plan. This plan must include details about the behaviors of concern and what protecting interventions will be put into place. Safety plans must be unique to the child and the placement.

Note: Protecting interventions are not meant to replace or be used in lieu of a caregiver's supervision and vigilance.

Documentation

The case manager must document the child's risk status in the electronic case management system in the following locations:

- The appropriate section of the Child Assessment of Needs and Strengths (CANS); see FOM 722-09, Child Assessment of Needs and Strengths (CANS).
- The Health Needs and Diagnoses tab in the child's electronic case record in the Health Profile.

Monitoring High Risk Status

If consideration is being given to changing the child's risk status and placement restrictions, the child's therapist or other mental health professional must be consulted, and they must determine the child's behavior has stabilized and does not present further risk to other children in the home.

Placement in a Home with a Child Adjudicated for a Sex Offense

Children must not be placed within the home if a juvenile adjudicated as a sex offender lives in the home. Case managers must inquire, prior to any placement, if a juvenile adjudicated for any sex offenses lives in the home.

When a child in foster care lives in a home where a juvenile is adjudicated as a sex offender **after the child's placement, the following activities must occur:**

- A professional assessment completed by a master's level or higher clinician. The assessment must evaluate the likelihood of reoccurrence of sexual offense and the safety of children in the home.

- Evaluation of the best interest of the child placed in the home, as it pertains to placement. Consideration must be given to the following:

  - Increased adult supervision.
  - Age of the child, the adjudicated juvenile, and the victim.
  - Child's relationship with placement family.
  - Child's length of time within the home.
  - The severity of the offense by the adjudicated juvenile.
  - Length of time since the most recent sexual offense.

- Ensuring items that could potentially be used as weapons are locked up or out of reach.

- A written safety plan developed with the clinician, the caregivers, and case manager.

- Support or approval of the plan for the child to remain in the home obtained from the court, legal parents or guardians, L-GAL, and the foster care supervisor. The safety plan must be signed by the clinician, caregivers, legal parents or guardians, case manager, and supervisor and uploaded to the electronic case management system. A copy of the safety plan must be given to the caregivers.

The case manager must complete a high-risk PER; see FOM 722-03E, Placement Exception Requests and Approvals.

PLACEMENT WITH A PARENT

A parental home placement includes a child placed with any of the following:

- Custodial parent.
- Non-custodial parent.
- Adoptive parent, after the adoption is finalized.
- Legal parents.
- Out-of-state parental home.
- Biological parents whose parental rights were previously terminated.

If a child is placed with relative caregivers or court-ordered unrelated caregivers and the child's parent resides in the home, this is **not** considered a parental home placement unless the court orders the child reunified with the parent.

Note: Once a child is placed out-of-home a signed court order is needed prior to the child being placed in a parental home placement.

Parental Placement of an MCI Ward

In exceptional circumstances the Michigan Children's Institute (MCI) superintendent may authorize placement of an MCI ward with parents whose parental rights to the child were previously terminated.

The case manager must consult with the MCI superintendent when considering re-establishing a relationship between an MCI ward and the child's former legal parents.

An MCI ward's case manager may submit a request for placement with the ward's former legal parents if the permanency goals of adoption, guardianship, and permanent placement with a fit and willing relative have been ruled out.

Placement with the former legal parents is prohibited if:

- The former legal parent's rights were terminated due to one of the aggravated circumstances listed in MCL 722.638(1)(a) or MCL 712A.19a(2)(b), including:
  - Abandonment of a young child.
  - Criminal sexual conduct involving penetration, attempted penetration, or assault with intent to penetrate committed against the child or a sibling.
  - Battering, torture or other severe physical abuse of the child or a sibling.
  - Loss or serious impairment of an organ or limb of the child or a sibling.
  - Life-threatening injury of the child or a sibling.
  - Murder or attempted murder of a sibling.
  - Voluntary manslaughter of a sibling.

- Aiding and abetting, conspiring to commit, soliciting murder or voluntary manslaughter of the child or a sibling.

- The former legal parent has been convicted of an offense against a minor as defined in Public Law 109-248, the Adam Walsh Child Protection and Safety Act of 2006, including:

  - An offense, unless committed by a parent or guardian, involving kidnapping.

  - An offense, unless committed by a parent or guardian, involving false imprisonment.

  - Solicitation to engage in sexual conduct.

  - Use in a sexual performance.

  - Solicitation to practice prostitution.

  - Video voyeurism as described in 18 USC 1801.

  - Possession, production, or distribution of child pornography.

  - Criminal sexual conduct involving a minor, or the use of the Internet to facilitate or attempt such conduct.

  - Any conduct that by its nature is a sex offense against a minor.

Requests for restoration of physical custody must be made on the DHS-594, Parental Placement of MCI Ward Request, which must be submitted to the address below along with the required supporting documentation:

Michigan Children's Institute
235 S. Grand Ave, Suite 514
Lansing, MI 48909
FAX: 517-335-6177

Release of Information for Supporting Documentation

Documents authored by MDHHS, or on behalf of MDHHS by a placement agency foster care (PAFC) provider, CCI, or prosecutor that may be provided to MCI after proper redaction without a signed release include:

- Foster care case service plans.
- Family assessments of needs and strengths (FANS).
- Reunification assessments.
- CPS investigation reports.
- Petitions.

See SRM 131, Confidentiality, for redaction requirements.

MCI Superintendent Review and Decision

The MCI superintendent will review the DHS-594, Parental Placement of MCI Ward Request, and supporting documentation. If the MCI superintendent concludes placement with the former legal parents is in the child's best interest, the MCI superintendent will send written approval to the requesting case manager. The case manager may then place the child with the former legal parents. The case manager must comply with replacement procedures in FOM 722-03D, Placement Change, when placing the child with the former legal parents. Agency responsibility for supervision continues until dismissal of court jurisdiction.

If the request is denied, the MCI superintendent will send a written denial to the requesting case manager.

Documentation in the Electronic Case Management System

If the MCI superintendent approves placement with the former legal parents, when the placement is entered into the electronic case management system, the case manager must select *parental home* as the service type and *parental rights terminated* as the living arrangement.

Youth may be eligible for an independent living allowance when placed with the former legal parents. If the youth is approved for an independent living stipend while placed with the former legal parents, the case manager must select *independent living* as the service type and *independent living allowance* as the service description when entering the youth's placement.

COURT-ORDERED PLACEMENTS WITH UNRELATED CAREGIVERS

The supervising agency must not place a child with an unrelated caregiver unless the unrelated caregiver is licensed, or the court orders the placement. The court may order placement under the

Juvenile Code (MCL 712A.13a[5]) which allows court wards to be placed with a legal custodian in an unlicensed placement.

Note: An unrelated caregiver does not meet the definition of relative.

With MDHHS Recommendation

The following conditions must be met for placement with an unrelated caregiver when the placement is recommended by MDHHS:

- Completion of the MDHHS-5770, Relative Placement Safety Screen, and DHS-3130A, Relative Placement Home Study, prior to making the placement recommendation; see FOM 722-03B, Relative Engagement and Placement.
    - The DHS-3130A, Relative Placement Home Study, must be renewed annually.
- The MDHHS county director or local office designee must review and approve the MDHHS-5770, Relative Placement Safety Screen, and DHS-3130A, Relative Placement Home Study, prior to the placement recommendation.
- The court must approve the placement and issue an order finding the “conditions of custody at the placement and with the individual with whom the child is placed are adequate to safeguard the child from the risk of harm to the child’s life, physical health, or mental well-being.”
- The case manager must refer the family for licensing within one business day of the child's court-ordered placement.

Without or Against MDHHS Recommendation

If the court orders the placement without or against MDHHS' recommendation, the following conditions must be met:

- The court must approve the placement and issue an order finding the “conditions of custody at the placement and with the individual with whom the child is placed are adequate to safeguard the child from the risk of harm to the child’s life, physical health, or mental well-being.”

- Completion and approval of the MDHHS-5770, Relative Placement Safety Screen, and DHS-3130A, Relative Placement Home Study, within 30 days of placement; see FOM 722-03B, Relative Engagement and Placement.
  - The MDHHS-5770, Relative Placement Safety Screen, and DHS-3130A, Relative Placement Home Study, must be reviewed and approved by the county director or local office designee.
  - The DHS-3130A, Relative Placement Home Study, must be renewed annually; see FOM 722-03B, Relative Engagement and Placement.

  Note: Approval of the MDHHS-5770, Relative Placement Safety Screen, or the DHS-3130A, Relative Placement Home Study, does not denote approval of the placement; it documents approval of the placement recommendation.
- If the caregiver chooses to become licensed, the case manager must refer the family for licensing within one business day of the caregiver's request.

RESIDENTIAL AND EMERGENCY SHELTER CARE PROGRAMS

Federal guidelines require that children in out-of-home care be placed in the least-restrictive, most family-like setting. Residential and emergency shelter care programs must be used only for children with specialized mental or behavioral health needs and only for as long as clinically necessary.

Placement in a Residential Care Program

Placement in a residential care program may be considered after **all** the following criteria have been met:

- The child’s needs cannot be met in a less-restrictive placement.
- The program provides programming and services that meet the child's specific needs.

- All community resources have been exhausted.
- The program is the least restrictive placement to meet the child's needs.

Prior to placement in a residential care program, the case manager must:

- Conduct an FTM to determine:
  - The child's treatment needs.
  - Whether alternate support services and safety plans can be implemented to maintain the child in the community.
- Receive final approval on a residential PER; see FOM 722-03E, Placement Exception Requests and Approvals.

Placement in Emergency Shelter Care Programs

Emergency shelter care programs are used for children who are unable to be placed in a more permanent placement due to at least one of the following reasons:

- The child has significant behaviors or other mental health needs at removal that require a comprehensive assessment to assist with determining an appropriate placement.
- The child has an identified placement, but the placement is not immediately available.
- The child has a documented severe need on the Mental Health and Well-Being domain of the CANS within the past 90 days and requires a comprehensive assessment to determine appropriate placement.
- The child has repeated placement instability and a thorough assessment is needed to make a stable placement.

Children must not be placed in an emergency shelter care program for more than 30-calendar days or more than once in a 12-month period unless circumstances exist that allow for an exception; see FOM 722-03E, Placement Exception Requests and Approvals.

Children Under Ten Years of Age

The Children's Services Administration (CSA) executive director must approve placement of children less than 10 years of age in an emergency shelter care program or residential care program; see FOM 722-03E, Placement Exception Requests and Approvals.

Children Under Thirteen Years of Age

The Business Service Center (BSC) director must approve placement of a child at least 10 years of age but under the age of 13 in a residential care program; see FOM 722-03E, Placement Exception Requests and Approvals.

Inpatient Psychiatric Hospitalization

Requests for Emergency Admission

The parent, legal guardian, or *person in loco parentis* of a child in foster care may request emergency admission of the child to a psychiatric hospital if there is reason to believe:

- The child is a minor requiring treatment as defined in MCL 330.1498b, **and**
- The minor presents a serious danger to self or others.

A court order is not required.

Note: *Person in loco parentis* includes the department or its designee, which may be a PAFC provider, CCI, foster parent, or caregiver.

The request must be made to a hospital or preadmission screening unit of the Community Mental Health Services Program (CMHSP) in the county where the child lives.

If it is determined that emergency admission is not necessary, a child may still be admitted to a psychiatric hospital as described below.

Requests for General Admission

A child in foster care may be admitted to a psychiatric hospital in the following circumstances:

- For MCI wards, the department requests hospitalization.
- For temporary court wards, the department may request hospitalization of the ward if the department is specifically empowered to do so by a court order.

Suitable for Hospitalization

The hospital or CMHSP admissions unit must determine whether the child is suitable for hospitalization as defined in MCL 330.1498c:

- The child is a minor requiring treatment in a hospital as defined in MCL 330.1498b:
    - A minor with a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life.
    - A minor having a severe or persistent emotional condition characterized by seriously impaired personality development, individual adjustment, social adjustment, or emotional growth, which is demonstrated in behavior symptomatic of that impairment.
- The child needs hospitalization and is expected to benefit from hospitalization.
- An appropriate, less restrictive alternative to hospitalization is not available.

A child must not be determined to be a minor requiring treatment solely based on the following conditions:

- Epilepsy.
- Developmental disability.
- Brief periods of intoxication caused by substances such as alcohol or drugs or by dependence upon or addiction to those substances.

- Juvenile offenses, including school truancy, home truancy, or incorrigibility.
- Sexual activity or trafficking history.
- Sexual orientation, gender identity, or gender expression.
- Religious activity or beliefs.
- Political activity or beliefs.
- Immigration status.

The placement of any child in Medicaid-funded psychiatric facilities requires a certification of need for the inpatient psychiatric services. Either the local CMHSP, for elective admissions, or the psychiatric hospital, for emergency and urgent admissions, will complete the certification if Medicaid reimbursement is expected.

Placement in Jail, Correctional, or Detention Facilities

Abuse or neglect wards or MCI (Act 220 and Act 296) wards must not be placed in secure detention or jail unless:

- A delinquency complaint or petition has been filed and the judge has issued an order for detention.
- An adult criminal charge has been issued and youth has been detained in jail.

Upon receiving information that a child in foster care has been detained and placed into a jail or detention facility, the case manager must take the following action:

- If a child in foster care is placed in jail or a detention center **without** a delinquency charge and signed court order or adult criminal charge, the case manager will move the child to a foster care placement immediately but within no more than within five-calendar days, unless the court orders otherwise over the case manager’s objection.
- If a child in foster care is placed in jail or a detention center **with** a delinquency charge or adult criminal charge and the court disposition is an order to return the child to foster care, the case manager will move the child to a foster care

placement immediately but within no more than five-calendar days, unless the court orders otherwise over the case manager's objection.

All activity and contacts must be documented in the case service plan.

UNUSUAL INCIDENT REPORTING

Immediately the foster parent or caregiver must notify the child placing agency (CPA) of the following incidents:

- A child is missing from a foster home; the foster parent or caregiver must notify the CPA immediately after the child is missing; see FOM 722-03A, Absent Without Legal Permission (AWOLP).
- Any serious illness or injury requiring hospitalization of a child in foster care. The CPA must also report the incident to the legal parent, or to the MCI superintendent for MCI wards.
- A child's involvement with law enforcement authorities.
- Any attempted removal or removal of a foster child from the foster home by any person who is not authorized by the CPA.

RESOURCES

- DHS-Pub-268, Guidelines for Foster Parents and Relatives Caregivers for Health Care and Behavioral/Mental Health Services.
- DHS-3307, Placement Outline and Information Record.
- DHS-Pub-843, Foster Care Provider Payment Handbook.
- DHS-Pub-114, Relative Caregiving: What You Need to Know.
- DHS-5307, Rights and Responsibilities for Children and Youth in Foster Care.
- DHS-3377, Clothing Inventory Checklist.
- DHS-942, School Notification and Education Records Release.
- DHS-31, Foster Care Placement Decision Notice.

- DHS-3130A, Relative Placement Home Study.
- MDHHS-5719, Trauma Screening Checklist (Ages 0-5).
- MDHHS-5720, Trauma Screening Checklist (Ages 6-18).
- DHS-594, Parental Placement of MCI Ward Request.
- DHS-1555-CS, Authorization to Release Confidential Information.
- MDHHS-5770, Relative Placement Safety Screen.
- FOM 722-08A, Ongoing Case Service Plans.
- FOM 722-08B, Permanent Ward Service Plan (PWSP).
- FOM 722-08C, Young Adult Voluntary Foster Care (YAVFC) Service Plan.

LEGAL AUTHORITY

Federal Laws

Fostering Connections to Success and Increasing Adoptions Act of 2008, 42 USC 620 et seq.

Emphasizes preservation of sibling bonds by requiring the state to make reasonable efforts to place siblings in the same placement.

Adam Walsh Child Protection and Safety Act of 2006, 34 USC 20911 et seq.

Requires background checks before approval of any foster or adoptive placement and to check National Crime Information Databases and state child abuse registries. Defines specified offenses against minors.

Juvenile Justice and Delinquency Prevention Act of 1974, 42 USC 5601 et seq., as amended.

Prohibits placement of children in a secure juvenile justice detention or correctional facility without a conviction for a non-status offense.

State Laws

Probate Code, 1939 PA 288, MCL 712A.13a

Definitions; sibling.

Probate Code, 1939 PA 288, MCL 712A.13b

Change in foster care placement.

Foster Care and Adoption Services Act, 1994 PA 203, as amended, MCL 722.954a

Placement of child in supervising agency's care; determination of placement with relative; notification; special consideration and preference to child's relative; documentation of decision; review hearing.

Public Health Code, 1978 PA 368, MCL 333.5131(5)(g)

Provides an exception to the strict rules of confidentiality required for persons with HIV, AIDS, or other serious communicable disease.

Michigan Children's Institute, 1935 PA 220, as amended, MCL 400.207

Provides the MCI superintendent the authority to restore parental custody to the biological parent of an MCI ward if the parent has established a suitable home and is capable and willing to support the child.

Mental Health Code, 1974 PA 258, as amended, MCL 330.1498 et seq.

Allows for hospitalization of minors under certain conditions, including by request of MDHHS. Defines minor requiring treatment and suitable for hospitalization.

Modified Implementation, Sustainability, and Exit Plan, Dwayne B. v. Whitmer, No. 2:06-cv-13548.

4.13 Placement Standards and Limitations, Policy (Commitment 13).

4.29 Placement in a Jail, Correctional Facility, or Detention (Commitment 44).

6.5 Placement Standard (Commitment 43).

6.6 Separation of Siblings (Commitment 46).

6.7 Maximum Children in a Foster Home (Commitment 48).

6.8 Emergency or Temporary Facilities, Length of Stay (Commitment 49).

6.9 Emergency or Temporary Facilities, Repeated Placement (Commitment 50).

Licensing Rule

Mich Admin Code, R 400.12404

Placement.

Mich Admin Code, R 400.12417

Foster parent information.

POLICY CONTACT

Direct questions about this policy to the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

OVERVIEW

Absent Without Legal Permission (AWOLP) is when a child/youth who is placed with the Michigan Department of Health and Human Services (MDHHS) for care and supervision is absent from an approved placement without legal permission. Reporting AWOLP to law enforcement and other agencies is required.

For delinquent child/youth; see JJM 722-03A, Absent Without Legal Permission (AWOLP) & Escape.

Youth participating in Young Adult Voluntary Foster Care (YAVFC) who, without permission, fail to return to their paid provider, are considered AWOLP; see FOM 722-16, Young Adult Voluntary Foster Care.

NOTIFICATION AND DILIGENT SEARCH EFFORTS

Immediately

Foster parents, relative/unrelated caregivers, parents, and/or residential facility staff must **immediately and no less than 24 hours** notify law enforcement agencies, state police, local police, or the sheriff's department, **and** the supervising agency when a child/youth under their care fails to return at the expected time or leaves a home without permission.

Note: The supervising agency must establish procedures to implement this policy during non-working hours. The assigned case manager must be notified on the next business day.

Upon notification, the supervising agency must **immediately** file a missing person report with the local law enforcement agency, classifying the child/youth as missing and endangered.

Upon notification, private child placing agency providers must **immediately** notify the MDHHS monitoring case manager of the child's/youth's absence and within one business day must document the notification in the social work contacts in the electronic case record.

Within 24 hours

Within 24 hours of the supervising agency receiving information of the child's/youth's absence, the supervising agency must notify:

- The court of jurisdiction.
- The parents, if appropriate.
- Lawyer-guardian ad litem (LGAL).
- The National Center for Missing and Exploited Children (NCMEC). The phone number for the NCMEC's 24-hour call center is 1-800-THE-LOST (1-800-843-5678).
    - A photo must not be shared with NCMEC at initial contact. See *Child/Youth Locator* in this policy item for further information on publishing of photographs.
- Complete the DHS-3198A, Unauthorized Leave Report to Court/Law Enforcement and shall include where reasonably possible, the following:
    - A photo of the missing or abducted child/youth.
    - A description of the child's/youth's physical features, such as height, weight, sex, ethnicity, race, hair color, and eye color.
    - Endangerment information, such as the child's/youth's pregnancy status, prescription medications, suicidal tendencies, vulnerability to being sex trafficked, and other health or risk factors.
- Send a copy of the DHS-3198A and most recent photo of the child/youth, if possible, to the court.
- Provide a copy of the DHS-3198A and must recent photo of the child/youth, if possible, to the local law enforcement agency to ensure the child is entered on the Law Enforcement Information Network (LEIN) as missing and endangered by email, fax, or hand delivery.

Upload a copy of the DHS-3198A and most recent photo of the child/youth to the electronic case record.

Within One Business Day

Supervising Agency

The supervising agency must take the following actions within one business day of being notified of the child's/youth's absence:

- Update the electronic case record with an AWOLP placement.
- Update the child's/youth's height, weight, sex, ethnicity, hair color, eye color, and any other physical features, such as tattoos, in the electronic case record.
- Document action taken to locate the child/youth in the electronic case record.
- Complete the DHS-710, Clearance to Publish Children AWOLP on MDHHS Web and NCMEC Web, obtain required signatures, and forward to the Child Locator Centralized Unit; see *Criteria to Place a Child/Youth on the Child Locator Website*, in this policy.
- Document the child's/youth's AWOLP status was reported to the NCMEC as a AWOLP contact in the social work contacts in the electronic case record.

Private Child Placing Agency Case Managers

The private child placing agency case manager must take the following actions within one business day of the child's/youth's absence:

- Inform the MDHHS monitoring case manager that a copy of the DHS-3198A and a current photo of the child/youth has been uploaded to the electronic case record.

MDHHS Case Managers and Monitoring Case Managers

The MDHHS case managers and monitoring case managers must take the following actions within one business day of being notified of the child's/youth's absence:

- Confirm the child/youth has been classified as missing and endangered on LEIN.

Note: MDHHS monitoring case managers have one business day from the date of notification that the DHS-3198A has been uploaded to confirm the child/youth has been entered on LEIN.

- Obtain the National Instant Criminal (NIC) number from the law enforcement agency where the missing child/youth was reported missing. The NIC number is assigned by the National Crime Information Center (NCIC) to all records and is verification the missing child/youth was entered into NCIC.

  Note: If local law enforcement refuses to place a child/youth on LEIN, the case manager must document in the electronic case record and forward the information to the Child Locator Centralized Unit.

- Document all contacts in the electronic case record.

Diligent Search Efforts

Within Two Business Days

As soon as possible, but within two business days of being notified of the child's/youth's absence, the supervising agency must commence a diligent search for the child/youth. Required actions include:

- Review all available information in the electronic case record for information on the potential location of child/youth. For example, family members, unrelated caregivers, friends, known associates, churches, or a neighborhood center.

- Contact the school the child/youth last attended to verify the child/youth is not in attendance and determine if there are friends and/or teachers who may have information.

- Contact the local school district office(s) to determine if the child has enrolled in a new school.

- Complete an internet and social networking sites search for the child/youth, the child's/youth's parents, known relatives, and acquaintances, if applicable.

- Document results of all contacts in the electronic case record.

- Forward any new contacts or results to the court and law enforcement.

MDHHS Case Managers Only

Complete automated systems checks, for example, BRIDGES and Secretary of State, for the child/youth and known family members.

MDHHS Monitoring Case Manager Responsibilities

As soon as possible, but within two business days of notification of the child's/youth's absence, the MDHHS monitoring case manager or designee must commence a diligent search for the child/youth by completing the following actions:

- Complete automated systems checks, for example, BRIDGES and Secretary of State, to search for the child/youth or known family members.
- Review any additional MDHHS electronic case records to identify information on the potential location of child/youth; for example, family members, unrelated caregivers, friends, known associates, churches, and/or a neighborhood center. Forward any latest information to the court, law enforcement, and the supervising agency.

Diligent Search Checklist

Case managers may use the DHS-991, Diligent Search Checklist, as a guide for the search. If the DHS-991 is used, the case manager must upload the completed form to the electronic case record.

Ongoing Diligent Search

At a minimum, the assigned case manager and, if applicable, the MDHHS monitoring case manager must complete a diligent search every calendar month until the child/youth is located. The assigned case manager must document all efforts to locate a child/youth and any child/youth-initiated contacts in the case service plan. Monthly diligent search efforts must include the following:

- Contact with law enforcement.
- Contact with NCMEC.

The case manager must continue to notify law enforcement of any latest information to aid in their efforts to locate the child/youth.

CHILD/YOUTH LOCATOR CENTRALIZED UNIT

The Child Locator Centralized Unit will:

- Receive an email notification generated by the electronic case management system the child/youth is missing and/or exploited.
- Review the electronic case record for completeness.
- Notify local office via reply email of determination or need for additional information.
- Determine if the child's/youth's information will be placed on the Child Locator Website.

Criteria to Place a Child/Youth on the Child Locator Website

In order to place a child's/youth's information on the Child Locator Website, the assigned case manager must complete the DHS-710 and obtain the required signatures. The chart below summarizes the required signatures by legal status:

Legal Status	Authorized to Consent to Publication
1974 PA 150 - Delinquent	Legal parent/guardian If a legal parent is unable to be located or unwilling to sign, the court of jurisdiction must be petitioned for authority to publish identifying information.
Permanent Court Ward	Court of jurisdiction.
State Ward	Michigan Children's Institute (MCI) Superintendent.
Temporary Court Ward/ Delinquent Court Ward 400.55(h)	Legal parent/guardian If a legal parent is unable to be located or unwilling to sign, the court of jurisdiction must be petitioned for authority to publish identifying information.

Once completed, the form must be forwarded to the Child Locator Centralized Unit at the following address:

Older Youth and Education Program Office
235 S. Grand Ave., Suite 514
Lansing, MI 48909
Email: MDHHS-ChildLocatorUnit@michigan.gov

To determine where reasonably possible, the child locator analyst, in conjunction with the supervising agency will utilize the DHS-710 and DHS-3198A to assess the child's/youth's photograph being shared with NCMEC and to assess the child's/youth's placement on the child locator website. Not all children/youth who AWOLP will be placed on the Child Locator Website. In general, the following children/youth will not be placed on the website:

- Child/youth aged 18 years and older.
- Child/youth aged 17 and the placement is known but not approved, such as a biological parent or unapproved relative.

- Child/youth with an open juvenile justice case.

Note: Circumstances may allow exceptions. The case manager and supervisor would request an exception to the Child Locator Unit.

WHEN A CHILD/YOUTH IS LOCATED

As soon as possible, but no later than one business day after locating the child/youth, the supervising agency must take the following actions:

- Notify the NCMEC that the child/youth has been located.
- Notify local law enforcement that the child/youth has been located.

Note: The case manager must provide information pertaining the child's/youth recovery and circumstances related to the recovery.

As soon as possible, but no later than five business days after locating the child/youth, the supervising agency must meet with the child/youth to determine the following:

- The primary factors that contributed to the child/youth running away.
- The ways in which the child's/youth's placement should respond to those factors.
- The child's/youth's activities while missing and/or exploited, including if the child/youth was a victim of sex trafficking.

Return from AWOLP Conversation Guide

Case managers may utilize the DHS-5333, Conversation Guide on Return from AWOLP, during the discussion with the child/youth.

If it is suspected that the child/youth was a victim of human trafficking, the case manager must immediately contact Centralized Intake at 1-855-444-3911, for a complete investigation; see SRM 300, Human Trafficking of Children.

Documentation

This conversation must be documented in the social work contacts in the electronic case record with the purpose categorized as

Interview w/(child/youth) on Return from AWOLP. Specific details of the conversation should be documented in the *Additional Narrative* section of the social work contact.

Child/Youth Returning to Placement on the Same Day

When a child/youth is located or returns to placement the same day the child/youth went AWOLP, placement in the electronic case record is not updated. For these situations, the incident should be documented as a social work contact, including the conversation that is required with the child/youth on their return from AWOLP.

In the event the case manager already entered AWOLP placement in the electronic case record, the supervisor must change the placement status to Created in Error.

LEGAL BASE

Federal

Suzanne Lyall Campus Safety Act, P.L.101-647

Requires law enforcement to notify the National Crime Information Center (NCIC) any time a person under age 21 is reported missing.

The Adam Walsh Child Protection and Safety Act of 2006, P.L. 109-248

Prohibits a state law enforcement agency from removing a missing person from its law enforcement data system or the National Crime Information Center computer database based solely on the age of such person.

The Preventing Sex Trafficking and Strengthening Families Act, P.L. 113-183, 42 USC 671(a)(35)(A)(i-iv)

States must develop and implement plans to expeditiously locate any child missing from foster care; determine the primary factors that contribute to the child's running away or being absent from foster care; determine the child's experiences while absent from foster care, including screening whether the child was a victim of sex trafficking. The supervising agency must report within 24 hours

of receiving information on missing or abducted children to the law enforcement authorities and the National Center for Missing and Exploited Children.

Trafficking Victims' Protection Act, P.L. 110-457

A sex trafficking victim is defined as an individual subject to the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purposes of a commercial sex act or who is a victim of a severe form of trafficking in persons in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform the act is under 18 years old.

POLICY CONTACT

Questions about this policy item may be directed to the Child Locator Mailbox (MDHHS-ChildLocatorUnit@michigan.gov).

OVERVIEW

If a child must be removed from their home, preference must be given to placement with a relative. In addition to placement preference, when a child is removed from their home, federal and state laws allow for relatives to participate in the case and have contact with the child. Case managers must identify and provide notice to all adult relatives that a related child is in foster care. Ongoing efforts to identify, locate, and engage relatives is an expected part of case planning and permanency.

Note: For an Indian child, extended family members, as defined by the law or custom of the Indian child's tribe, may be included as relatives for placement purposes; see NAA 215, Placement/Replacement Priorities for Indian Child(ren).

SCOPE

The policy requirements described in this item apply to children's protective services, juvenile justice, foster care Michigan Department of Health and Human Services (MDHHS) and private child placing agency case managers) and licensing (MDHHS and private child placing agency certification workers). Multiple program types may overlap during the lifetime of a case; therefore, it is recommended the case manager with primary case management responsibility at the time the policy directive is required is responsible for completing the task unless otherwise specified or agreed upon by assigned program staff.

Within this policy, there are items that require director approval. Approval from the county director, designated child welfare director, or private agency child welfare director is required for all counties with the exception of Wayne County. In Wayne County, the district manager can approve in place of the county director.

DEFINITION OF RELATIVE

"Relative" means an individual who is at least 18 years of age and is any of the following:

1. Related to the child within the fifth degree by blood, marriage, or adoption, as grandparent, great-grandparent, great-great-grandparent, aunt or uncle, great-aunt or great-uncle, great-great-aunt or great-great-uncle, sibling, stepsibling, nephew or niece, first cousin or first cousin once removed, and the spouse

of any of the above, even after the marriage has ended by death or divorce.

Note: Step relationships for the relationship types listed above are included as relatives for placement purposes.

2. A stepparent, ex-stepparent, or the parent who shares custody of a half-sibling is considered a relative for the purpose of placement.

3. The parent of a man whom the court has found probable cause to believe is the putative father if there is no man with legally established rights to the child. A placement with the parent of a putative father is not to be construed as a finding of paternity or to confer legal standing on the putative father. MCL 712A.13a(1)(j).

4. Not related to a child within the fifth degree by blood, marriage, or adoption but who has a strong positive emotional tie or role in the child's life or the child's parents' life if the child is an infant, as determined by the department or, if the child is an Indian child, as determined solely by the Indian child's tribe. As used in this section, "Indian child" and "Indian child's tribe" mean those terms as defined in section 3 of chapter XIIB; see NAA 215, Placement/Replacement Priorities for Indian Child(ren).

Note: Placements made with an unrelated caregiver cannot be changed to a relative placement while the child is in their home.

- A putative or presumed father is not considered a relative and would be considered an *Unrelated Caregiver*; see FOM 722-03 Placement Selection and Standards. The identification of a putative or presumed father goes beyond a strong positive emotional tie. Due diligence is required to establish an individual as the legal father.

DILIGENT SEARCH AND NOTIFICATION PROCESS

The relative search **must begin prior to the child's removal** from the home and **continues** until legal permanency for the child is achieved or case closure for a youth with a permanency goal of

another planned permanent living arrangement (APPLA). Case managers must pursue the identification and notification of relatives and document the initial and ongoing efforts in the investigation report and **each** case service plan.

Note: Adherence to deadlines and documentation requirements are crucial to fully implementing the preference for relative foster care placement in effect during the 90 days following removal of a child from parental custody; see FOM 722-03 Placement Selection and Standards.

Relative Search Forms

DHS-991, Diligent Search Checklist, must be used to ensure comprehensive search efforts.

DHS-987, Relative Documentation, is a mandatory form used to document the name, address, telephone number, results of American Indian heritage inquiry, and relationship of every relative identified**.** Case managers must document all relative search contacts on the DHS-987, Relative Documentation.

Note: Children's protective services (CPS) case managers must upload the DHS-987, Relative Documentation, into the electronic case record prior to case transfer.

DHS-990, Relative Notification Letter, must be sent to all relatives upon identification. The DHS-990 includes a Relative Response and Relative Information attachment. The Relative Response portion allows the relative to indicate whether they would like to be considered for placement and/or support for the child. The Relative Information attachment allows the relative to provide the contact information of other relatives who may have an interest in becoming a resource for the child. The case manager must contact any new relative that is identified, within five business days from receipt of this form (or any other form of contact).

Documentation

Upon receipt or completion, all relative search forms must be uploaded to the *Document* hyperlink under *Case Overview* in the electronic case record.

RELATIVE APPROVAL

All relatives, who are unlicensed at the time of placement, must be approved. Initial approval occurs with the completion of the MDHHS-5770 Relative Approval & Placement Safety Screen. Final approval is achieved when the relative(s) fingerprint results are obtained, the case manager completes the fingerprint assessment, and the assessment is approved by the supervisor. The date final approval begins is when the fingerprint assessment is approved in the electronic case management system.

Note: If a relative caregiver is licensed at the time of placement but closes their license while a related child is in their care, they must become approved to maintain placement.

American Indian/ Alaskan Native Children

For caregivers of American Indian/Alaskan Native children as defined by the Indian Child Welfare Act (ICWA), the fingerprinting requirements needed for final approval are optional; see NAA 200, Identification of an Indian Child and NAA 215, Placement Priorities for Indian Children.

Note: For tribal foster care homes to be eligible for Title IV-E funding, all caregivers must be licensed or approved with required fingerprinting documentation submitted on the MDHHS-5612 Verification of Tribal Foster Home Safety Requirements; See NAA 305 Foster Home Licensing Requirements.

RELATIVE PLACEMENTS

When children are placed in out-of-home care, preference must be given to placement with a relative. Relative preference should be followed unless there is good cause; see *Relative Placement Preference* in this item for more information. Safety assessments, safety planning (when appropriate), and background checks must occur for all unlicensed homes prior to placement. Case managers must discuss the items listed below with the prospective relative caregiver to help determine if the relative is willing and able to meet the child's needs.

- Case service plan for the child and parents.
- Permanency goal and concurrent permanency goal.
- Needs of the child.
- Safety plan (when appropriate).
- Financial benefits; see FOM 722-12, Financial Supports.
- Expectations and process of foster home licensure.
- Liability protection under the Reasonable and Prudent Parent Standard; see FOM 722-11, Prudent Parental Standard and Delegation of Parental Consent.
- Available support and resources; see DHS-Pub-114, Relative Caregiving: What You Need to Know, in this item.
- DHS-Pub-843, Foster Care Provider Handbook.

Case managers must complete a MDHHS-5770, Relative Approval & Placement Safety Screen for **all** adult relatives who express an interest in placement, within five business days of the relative's written or verbal request for placement consideration. Verbal requests must be documented in a social work contact.

Relative Placement Preference

When multiple relatives have been identified for placement, preference shall be given to an adult related to the child within the fifth degree by blood, marriage, or adoption provided they meet all relevant state child protection standards. Placement with a relative not related by blood, marriage, or adoption can be made if "good cause" is shown. "Good cause" means any of the following:

- A request by 1 or both of the child's parents to deviate from this preference.
- The child's request, if the child is of sufficient age and capacity to understand the decision that is being made.
- The presence of a sibling attachment that can be maintained through a particular placement.
- The child's physical, mental, or emotional needs, such as specialized treatment services that may be unavailable in the community where families who meet the placement preferences live.

- The distance between the child's home and the proposed family placement would frustrate the reunification goal or otherwise impede permanency.

Note: *Relative Placement Preference* does not apply to an Indian child as placement decisions are determined solely by the Indian child's tribe. "Indian child" and "Indian child's tribe" mean those terms as defined in section 3 of chapter XIIB; see NAA 215, Placement/Replacement Priorities for Indian Child(ren).

Relative Placements

An emergency relative placement is defined as an initial placement made by CPS, or a subsequent placement made by a supervising agency when a child has experienced an unplanned placement disruption **or** is placed in an unrelated home on an emergency basis and there is an **immediate** need for a placement resource.

Emergency relative placements are made based on the results of the MDHHS-5770 Relative Approval & Placement Safety Screen. The MDHHS-5770 **must be completed prior to an emergency placement;** see *Relative Placement Safety Screen* in this item for more information.

Prohibited Emergency Placements

Emergency placement is **prohibited** if:

- A caregiver or an adult household member has a **felony conviction** for any of the following:
  - Child abuse/neglect.
  - Spousal abuse.
  - A crime against a child or children including pornography.
  - A crime involving violence, including rape, sexual assault, or homicide.
  - Physical assault or battery in the last five years.
  - A drug-related offense in the last five years.

- A caregiver or any adult member of the household has been adjudicated or convicted of a sexual offense **and** is required to register as a sex offender.

- A caregiver or an adult household member is listed as a perpetrator of abuse or neglect on Central Registry.

Emergency Placement Denials

Relatives who meet all the requirements on the MDHHS-5770 except for Central Registry history are **not** disqualified from placement consideration. Placement may be made upon Central Registry removal, amendment, or expunction and director approval of the DHS-3130A Relative Placement Home Study; see *Central Registry Removal, Amendment, or Expunction,* and *Relative Placement Home Study*, in this item for more detail.

The DHS-3130A may be completed prior to a child's initial placement by CPS to ensure placement resources are available.

If CPS denies placement with a relative caregiver and the child is placed in an unrelated/licensed foster home, then the foster care case manager must review the denied MDHHS-5770 with their supervisor to determine if placement would be appropriate upon further assessment via the DHS-3130A. The result of this review must be documented in the initial case service plan.

If further assessment is warranted, the DHS-3130A must be completed within 45 calendar days of removal. **If the placement recommendation on the DHS-3130A is approved, the child must be placed with the relative.** All placement change criteria must be followed; see FOM 722-03D, Placement Change.

Subsequent or Planned Placements

If the relative meets the requirements on the MDHHS-5770, then they must be fully assessed on the DHS-3130A **prior to placement;** see *Relative Placement Home Study* in this item, for timeframes for completion.

Relative Placement Priority

Priority must always be given to placing children with siblings and/or with relatives; see FOM 722-03, Placement Selection and Standards**.** When a child is placed with a licensed/unrelated caregiver and an appropriate relative is available for placement, then consideration must be given to whether a placement change to the relative's home would be in the child's best interest. Case managers must review **all** placement selection criteria to make this determination. If placement with the relative is determined to be in the child's best interest, then the case manager must follow all placement change policy outlined in FOM 722-03D, Placement Change.

Multiple Relatives Interested in Placement

If multiple relatives express an interest in placement, case managers are encouraged to hold a family team meeting (FTM) with the immediate family and all interested relatives to allow the group to determine who would be best suited for placement and to explore different ways in which the other members can provide support and remain actively involved.

If the group can come to a consensus, then only the agreed upon relative needs to be assessed on the MDHHS-5770 and the DHS-3130A. If the group is unable to come to a consensus and multiple relatives continue to request placement, then **all** interested relatives must be assessed on the MDHHS-5770 and, if approved, must also be assessed on the DHS-3130A.

Maintaining Contact when Placement is not an Option

Relatives who are not considered for placement are encouraged to maintain contact in other ways, which include but are not limited to:

- Supervising parenting time.
- Transporting the child to appointments, visitation, etc.
- Attending school programs, athletic events, etc.
- Visits, phone calls, and letters.

- Providing childcare or respite.

Out-of-State Relative Home Study Requests

If an out-of-state relative requests placement consideration, then the case manager **must** request a home study to be completed through Interstate Compact on the Placement of Children(ICPC); see ICM 130, Interstate Foster Care Procedures.

The case manager must document the date the out-of-state home study was requested and any follow-up contacts in the case service plan until the home study is received.

If placement is denied by the agency with case management but approved or denied by the ICPC receiving state then a DHS-31, Foster Care Placement Decision Notice, must be provided to the relative, with a copy of the out-of-state assessment **within five business days of the denial**. Case managers must complete a social work contact in the electronic case record documenting the DHS-31, Foster Care Placement Decision Notice, and out of state assessment were provided to the relative.

CLEARANCES

Identity

The identity of the prospective caregivers must be verified. Any document or collateral contact that reasonably establishes the caregiver's identity must be accepted. Examples of acceptable verification of identity include, but are not limited to:

- Driver’s license.
- U.S. Passport.
- State-issued identification.
- School-issued identification.
- Birth certificate/record.
- Identification for health benefits.
- Voter registration card.
- Wage stub.

Collateral Contacts

If documentary evidence is not readily available, use a collateral contact to verify identity. A collateral contact is a direct contact with

a person, organization, or agency to verify information from the client.

Adult Household Member Definition

Any relative or non-relative age 18 or over who regularly lives, shares common areas, and sleeps in a home. An individual who is living, sharing common areas, and sleeping in a home temporarily for more than two consecutive weeks is considered a household member.

Note: A tenant with a separate entrance, who would have to leave their home to enter the caregivers' home or someone living in a mobile home on the property are not considered household members.

CPS Investigations

Prior CPS history must be reviewed for all prospective caregivers prior to placement. The assessment is completed on the MDHHS-5770 and the DHS-3130A and includes the following information:

- The length of time since last investigation and any services that were provided to rectify the problem(s).
- If services were provided, determination as to whether the individual(s) benefitted and completed services successfully.
- Any risk factors that may impact the safety of the child and describe the protective interventions that are needed or currently in place.

Director approval is required when a placement is made with a prospective caregiver who was confirmed as a perpetrator on a prior CPS investigation; see *Relative Approval & Placement Safety Screen* or *Relative Placement Home Study* in this policy for details.

If a current relative caregiver is investigated by CPS, a DHS-3130A addendum must be completed when the investigation concludes. Director approval is required if the caregiver is confirmed as a perpetrator in the CPS investigation.

The addendum must be completed by the case manager and approved by the supervisor within 14 calendar days of the date the investigation concludes.

Central Registry

All relative caregivers and adult household members must have a Central Registry check completed prior to placement. The date and result of each Central Registry check and out-of-state child abuse/neglect check (if applicable) must be documented on the MDHHS-5770 and the DHS-3130A.

A relative caregiver or adult household member identified as a perpetrator on Central Registry is not disqualified from placement consideration. Children may be placed with the relative listed on Central Registry after director approval of the DHS-3130A **and** the expunction of the caregiver/adult household member's Central Registry history.

Case managers must include the following supporting information in the DHS-3130A:

- Reason for substantiation.
- Length of time since the substantiation.
- Services that were provided to rectify the problem(s).
- If services were provided, assess whether the individual completed and benefited from the services.
- Describe the circumstances that have changed since the substantiation.
- Address any risk factors that may impact the safety of the child and describe what protective interventions are currently in place.

Parent(s) Residing in Relative Home

When a parent on Central Registry resides or will reside in the relative home a recommendation may be made to approve placement. Approval from the county director, designated child welfare director, or private agency child welfare director is required to approve the MDHHS-5770 and the DHS-3130A.

A safety plan must be developed with the relative to identify and address any safety concerns. Safety plans must be documented on the MDHHS-5770 and the DHS-3130A.

Note: Completion of a DHS-3130A is not required if the caregiver has an approved and valid DHS-3130A completed prior to the parent on central registry residing in the home. In those instances, only a MDHHS-5770 is required. This would be considered the MDHHS-5770 safety screen type of *New Household Member*.

Criminal History

All relative caregivers and adult household members must have a state criminal history background check completed prior to placement. All criminal history information must be verified. Verification is accomplished by corroborating the information obtained from the state criminal history background check with credible public sources, including Internet Criminal History Access Tool (ICHAT), Michigan Public Sex Offender Registry (MPSOR), the U.S. Department of Justice National Sex Offender Public Website (NSOPW), and police or court records/personnel. The date and results of all criminal history background checks must be documented on the MDHHS-5770 and the DHS-3130A. Documentation guidelines are outlined in SRM 700, Law Enforcement Information Network (LEIN).

Note: Only verified results from public sources should be documented in the MDHHS-5770 and the DHS-3130A.

Prohibited Felony Convictions

Placement is prohibited if anyone residing in the home has a **felony** conviction for one of the following crimes:

- Child abuse/neglect.
- Spousal abuse.
- Crime against children (including pornography).
- Crime involving violence, including rape, sexual assault, or homicide but not including other physical assault or battery.
- Physical assault, battery, or drug related felony offense within the last five years.

Note: Expunged crimes are not included in the evaluation of criminal histories. For five-year placement prohibited felony convictions, the five years begins on the date the crime was committed.

Good Moral Character Convictions

A caregiver or an adult household member with a conviction listed in the CWL Pub 673, Good Moral Character, excluding the prohibited felony convictions listed above, is not disqualified from placement consideration.

If a caregiver or an adult household member has been convicted of a good moral character offense, a review and assessment of the conviction(s) must be completed prior to placement. The assessment is completed on the MDHHS-5770 and the DHS-3130A and includes the following information:

- The explanation for the conviction and length of time since the offense.
- Any services provided to rectify the problem.
- If services were provided, whether the individual completed and benefitted from the service.
- Any risk factors that may impact the safety of the child and describe the protective interventions that are needed or currently in place.

If placement occurs, the assessment of the conviction(s) must support the basis for the placement and describe how the child is safe in the relative's home. Director approval is required when a placement is made with a prospective caregiver who has a good moral character conviction; see *Relative Approval & Placement Safety Screen* or *Relative Placement Home Study* in this policy for details.

Note: Emergency placement can be made based on the results of the MDHHS-5770 with director approval.

Registered Sex Offender

All caregivers and adult household members must have their name **and** address searched on the Michigan Public Sex Offender Registry (MPSOR) prior to placement.

Note: Minor household members are not required to be checked on the MPSOR; however, this information may be obtained through family self-report or through the address search.

Placement is prohibited if an adult residing in the home has been adjudicated or convicted of a sexual offense **and** is required to register as a sex offender.

If a minor household member has been adjudicated or convicted of a sexual offense **and** is required to register as a sex offender, a review and assessment of the conviction(s) must be completed prior to placement. The assessment is completed on the DHS-3130A and includes the following information:

- The explanation for the conviction and length of time since the offense.
- Any treatment provided to address the offense and whether the youth completed and benefitted from the treatment.
- Any risk factors that may impact the safety of the child and describe the protective interventions that are needed or currently in place and the caregiver's ability to provide protective interventions.

If placement occurs, the assessment of the conviction(s) must support the basis for the placement and describe how the child is safe in the relative's home. Director approval is required when a placement is made into a home with a minor household member who has been adjudicated or convicted of a sexual offense and is required to register as a sex offender.

Out-of-State Child Abuse Neglect Registry and Criminal History Background Checks

Any caregiver or adult household member who has resided outside of the State of Michigan's jurisdiction, for example, another state, country, territory, or tribal jurisdiction, within the last five years must have a child abuse/neglect registry check and a criminal history background check from all previous places of residence during those five years.

Out-of-state clearances must be requested no later than 72-hours after an emergency placement and prior to a planned placement. The out-of-state requests and responses must be documented on the MDHHS-5770 and DHS-3130A and any correspondence

received pertaining to the request must be uploaded into the electronic case record.

Note: Results received after the approval of the MDHHS-5770 must be documented in the DHS-3130A initial assessment or addendum within 14 calendar days.

The Michigan Department of Licensing and Regulatory Affairs has created a guide, How to Obtain Clearances from Other States Employees and Volunteers that may be used to assist in obtaining clearances from other states.

Responsibility for Completion

Initial placements occurring after hours: CPS case managers must request CPS history, Central Registry history, and criminal history background checks through their local county resources or contact centralized intake at 855-444-3911 and request completion of a CPS history, Central Registry, and criminal history background check for all members of the household.

Initial placements occurring during normal business hours and subsequent placements for cases supervised by MDHHS: Local offices are responsible for CPS history, Central Registry history, and criminal history background checks.

Subsequent placements for cases supervised by a private child placing agency: Private child placing agency (PAFC) case managers must request CPS history, Central Registry history, and criminal history background checks for all caregivers and household members from the MDHHS POS monitor. Requests must be made immediately for emergency placements and at least 14 calendar days before the Safety Screen/Home Study due date for planned placements. PAFC case managers must check ICHAT, MPSOR, and NSOPW and evaluate the information that is available to them prior to making an emergency placement. The POS monitor must share all verified criminal history, CPS investigation history, and Central Registry history with the private child placing agency case manager; see FOM 914, MDHHS Responsibilities For PAFC Managed Cases .

Expiration Date

If the date of placement is more than 30 calendar days after the date the clearances were completed, then new clearances must be completed.

Documentation

Clearances are documented within the applicable MDHHS-5770 or DHS-3130A. MPSOR, I-CHAT, and Central Registry verification documents must be uploaded to the corresponding *Home Evaluation* hyperlink under *Provider Summary* in the electronic case management record. Verification documents should include the date the clearance was checked.

Note: Memos and emails do not serve as MPSOR, I-CHAT, and Central Registry verification.

UNLICENSED PLACEMENT LIMITATIONS AND EXCEPTION REQUESTS

For information on unlicensed placement limitations and exception requests, see FOM 722-03E Placement Exception Requests and Approvals.

RELATIVE APPROVAL & PLACEMENT SAFETY SCREEN

The MDHHS-5770 Relative Approval & Placement Safety Screen, is used to examine basic qualifications of a prospective caregiver and to identify immediate safety concerns in the caregiver's home. The MDHHS-5770 must be completed and approved prior to, but no more than 30 calendar days before a child's placement. All MDHHS-5770s must be completed in the electronic case management record. **All adult relatives who express an interest in placement must be screened using the MDHHS-5770.**

Note: The home visit must be completed no more than 30 calendar days before the child's placement to be compliant.

If a safety concern is identified but does not prohibit placement, then the case manager must establish a safety plan with the relative. Safety plans must be documented on the MDHHS-5770.

Fingerprint Acknowledgement

Relative caregivers must sign and date the MDHHS-5770 as an acknowledgement that Michigan State Police (MSP) and Federal Bureau of Investigation (FBI) records will be reviewed pertaining to information regarding criminal convictions under authority of Adam Walsh Child Protection and Safety Act of 2006.

Responsibility for Completion

CPS or a designated case manager is required to complete and approve the MDHHS-5770 for initial placements.

The supervising agency is required to complete and approve the MDHHS-5770 for subsequent placements.

All MDHHS-5770s must be completed and approved in the electronic case management system.

Supervisor Approval

The MDHHS-5770 must be reviewed and approved by a supervisor **prior** to placing a child with an unlicensed relative.

Director Approval

Approval from the county director, designated child welfare director, or private child placing agency director is required prior to an emergency placement with:

- A caregiver who was confirmed as a perpetrator on a prior CPS investigation.
- A caregiver or adult household member who has a conviction of a good moral character offense.
- A caregiver who has a minor household member who has been adjudicated or convicted of a sexual offense **and** is required to register as a sex offender.

- A caregiver when a parent on Central Registry resides in the relative home.

Verbal Approval

Verbal approval may be obtained from a supervisor and, if applicable, the county director/designated child welfare director, or private child placing agency director, for emergency placements. Verbal approval must be documented in the MDHHS-5770.

Verbal approval is **not appropriate** for subsequent planned placements.

Electronic Case Management System Approval

Emergency Placements

Supervisors are required to electronically approve the MDHHS-5770, no later than one business day following an emergency placement. CPS must not transfer the case to foster care before obtaining supervisor approval on the MDHHS-5770.

Planned Placements

For planned placements, supervisors must approve the MDHHS-5770 within five business days from the date the MDHHS-5770 is routed for review.

Distribution

A copy of the MDHHS-5770 must be given to the relative caregiver who is the subject of the safety screen.

Denied Placement Recommendation

Relatives who meet all the requirements on the MDHHS-5770 except for Central Registry are **not** disqualified from placement consideration**.** Placement may be made upon completion and approval of the DHS-3130A; see *Clearances* in this item.

If the placement recommendation on the MDHHS-5770 is denied, then a DHS-31, Foster Care Placement Decision Notice, must be provided to the relative with a copy of the Safety Screen, **within five business days of the denial**. Case managers must complete

a social work contact in the electronic case record documenting that the DHS-31, Foster Care Placement Decision Notice, and MDHHS-5770 were provided to the relative.

RELATIVE PLACEMENT HOME STUDY

The DHS-3130A**,** Relative Placement Home Study, is a comprehensive home assessment that considers multiple domains in a prospective caregiver's life. The DHS-3130A allows case managers to identify strengths and barriers that may impact a child's placement. The DHS-3130A must be completed within the timeframes described below:

- **For emergency placements**, within 30 calendar days of the child's placement in the relative home.
- **For planned placement changes**, prior to placement in the relative home, but within 30 calendar days of the written request.
- **For requests received when the child is placed with a relative**, within 90 calendar days of the written request; see *Multiple Relatives Interested in Placement* in this item.

Note: This extended timeframe is only to be used when there is not an immediate need for a placement change, e.g., when the child is in a stable placement with another relative.

Relative Placement Safety Screen Review and Validation

Case managers must begin the DHS-3130A by reviewing the MDHHS-5770. This review consists of validating all clearances completed on all caregivers and household members and evaluating and resolving any identified concerns.

The results of the MDHHS-5770 review must be documented on the DHS-3130A.

Responsibility for Completion

Placement decisions are the responsibility of the foster care program; therefore, the supervising agency is responsible for completing and approving the DHS-3130A. DHS-3130A's completed by an alternate unit within the supervising agency must be reviewed by the primary foster care case manager and the foster care supervisor. The review must be documented in the social work contacts.

Obtaining Required Information

Case managers must attempt to obtain the required information for each segment of the home study by asking questions of the prospective caregiver(s) and other information sources. Case managers cannot rely solely on the caregiver's self-report. All members of the household, including children, must be interviewed. The case manager's observations must be included as part of the final recommendation.

Electronic Case Management System Documentation

The DHS-3130A must be completed in electronic case management record and the date of each face-to-face contact must be documented in the social work contacts.

Completion Date

The date the home study was completed is listed on the first page of the DHS-3130A as Date Home Study Completed. The completion date is the date the case manager routes the DHS-3130A to the foster care supervisor for review in the electronic case management record.

Supervisor Approval

Emergency Placement

A supervisor is required to review and approve the DHS-3130A in electronic case management system within 14 calendar days after the date the home study was completed.

Subsequent or Planned Placement

A supervisor is required to review and approve the DHS-3130A in MiSACWIS within 14 calendar days after the date the home study was completed but **prior** to the placement.

Note: For subsequent or planned placements, the DHS-3130A is required to be routed by the case manager and approved by the supervisor prior to the placement. This means if the case manager routes to their supervisor less than 14 days before the child changes placement the supervisor will not have a full 14 days to approve.

Director Approval

Approval from the county director, designated child welfare director, or private child placing agency director is required when placing a child in a home when:

- A caregiver was confirmed as a perpetrator on a prior CPS investigation.
- A caregiver or adult household member has a conviction of a good moral character offense.
- A caregiver or an adult household member is listed as a perpetrator on Central Registry.
- A caregiver has a minor household member who has been adjudicated or convicted of a sexual offense **and** is required to register as a sex offender.
- A parent on Central Registry resides in the relative home.

Director approval must be obtained in the electronic case management record within 14 calendar days after the date the home study was completed.

Approved Placement Recommendation

If the placement recommendation on the DHS-3130A is approved, the child must be placed with the relative. All placement change criteria must be followed; see FOM 722-03D, Placement Change.

Denied Placement Recommendation

If the placement recommendation on the DHS-3130A is denied and the child is currently placed in the relative home, then the child is required to change placements, unless the court orders the placement against MDHHS' recommendation. If the child is required to change placements, the foster care case manager **must** follow the placement change policy outlined in FOM 722-03, Placement Selection and Standards **and** the caregiver **must** be provided the DHS-30, Foster Parent/Caregiver Notification of Move.

If the placement recommendation on the DHS-3130A is denied **before** the child is placed in the caregiver's home, then a DHS-31, Foster Care Placement Decision Notice, must be provided to the relative, with a copy of the DHS-3130A **within five business days of the denial**. Case managers must complete a social work contact in the electronic case record documenting that the DHS-31, Foster Care Placement Decision Notice, and DHS-3130A were provided to the relative.

Distribution and Redaction

A copy of the home study must be given to the court and to the relative caregivers who are the subject of the home study. Social Security numbers and other protected information must be redacted from all written reports; see SRM 131, Confidentiality.

Annual Review

The DHS-3130A, **including all clearances,** must be completed by the case manager annually (within 365 days of the previous DHS-3130A completion date) for unlicensed caregivers.

Clearances must be completed no more than 30 calendar days before the completion date. The supervisor must review and approve the DHS-3130A within 14 calendar days after the date it

was completed. **An approved DHS-3130A is valid for 365 days and will expire 365 days from the completion date.**

Note: The day after the case manager routes to the supervisor is considered day 1.

Director approval is required when completing an annual assessment with a caregiver who has a good moral character conviction; see *Relative Placement Home Study* in this policy item.

Changes in a DHS-3130A Approved Caregiver's Household

An approved DHS-3130A is valid for 365 days. The DHS-3130A will expire 365 days after the date it was completed, a new DHS-3130A **is not required** when:

- A new child in foster care is placed in the caregiver's home during the year.
- A child in foster care is placed with the caregiver and subsequently changes placement (for example, returns home) but returns to the caregiver's home during the year.
- A new household member or additional relative caregiver is added during the year.
- The caregiver moves to a new residence during the year.

For these situations, case managers must reassess the placement using the MDHHS-5770. The MDHHS-5770, **including all non-fingerprint clearances,** must be reviewed and approved prior to, but no more than 30 calendar days before placement of a new foster child in the home, a child returns to this home after another placement, or when a new household member is added. If the caregiver moves to a new residence during the year the MDHHS-5770 must be completed as soon as possible within 30 calendar days of the move to ensure safety criteria continue to be met.

Exception: When a child enters one of the temporary break situations listed below and returns to the caregiver's home within 30 calendar days, then completion of a DHS-3130A, MDHHS-5770, or the Fingerprint Assessment is **not** required; see FOM 722-03D, Placement Change.

- Absent without legal permission (AWOLP).
- Detention.
- Jail.
- Medical hospitalization.
- Psychiatric hospitalization.

Behavior Management

Each child will have an individualized behavior management plan, and corporal punishment is prohibited for children in foster care. Corporal punishment means hitting, paddling, shaking, slapping, spanking, or any other use of physical force as a means of behavior management. Caregivers may use reasonable restraint to prevent a child from harming themselves, other persons, or to prevent serious property damage.

Discipline and child-handling techniques are to be recorded in the *Parent-Agency Treatment Plan and Service Agreement, under Foster Parent/Relative/Unrelated Caregiver Activities*; see FOM 722-08D Treatment Plans.

If an unlicensed or approved caregiver is confirmed to have used corporal punishment on a child in foster care the case manager must reassess the placement by completing a DHS-3130A addendum. The case manager must complete the *Behavior Management Assessment* and document the caregiver's agreement to follow the behavior management plan and refrain from using corporal punishment. This includes having the caregiver describe behaviors that require intervention and how they will intervene/handle these behaviors.

The addendum must be completed by the case manager and supervisor approved within 14 calendar days of the date corporal punishment is confirmed.

FINGERPRINTS

All relative caregivers must be fingerprinted within 30 days of placement. In a two-caregiver household, both caregivers must be fingerprinted.

If a new caregiver is added to an already approved home, they are required to obtain fingerprints within 30 days of the case manager being notified of the change. The relative approval continues during the additional caregiver review process. A new MDHHS-5770 must

be completed and signed; see Relative Approval & Placement Safety Screen, Fingerprint Acknowledgement in this policy item. A new Fingerprint Assessment must also be completed; see *Fingerprint Assessment* in this item.

Process

The fingerprinting process for relative caregivers is outlined below:

1. Each relative caregiver in the home must sign and date the MDHHS-5770 Relative Approval & Placement Safety Screen acknowledging fingerprints.

2. The assigned case manager must provide the relative caregiver with an RI-030 that has Section I Authorizing Information filled out. The following relative caregiver specific information is required in this section:

   - Fingerprint reason code: AWA
   - The requestor/agency ID: 93991P
   - Agency name: List the assigned agency name.
   - Individual ID: Leave blank.

3. Each relative caregiver in the home must complete, sign, and date the RI-030 Live Scan Fingerprint Background Check Request. The MDHHS-5770 must be signed and dated prior to or on the same day as the relative caregiver signing and dating the RI-030 Live Scan Fingerprint Request.

Note: The MDHHS-5770 and the RI-030 must be signed and dated prior to or on the same day as the fingerprint appointment.

4. Following the completion of the MDHHS-5770 and RI-030, an appointment for fingerprinting is scheduled by the case manager or the relative caregiver through the fingerprint vendor contracted with the State of Michigan. The relative caregiver will receive a registration number following enrollment online or by phone.

Note: When scheduling a fingerprint appointment, the correct reason code must be used, and the same code used for the appointment must be indicated on the RI-030.

5. The relative must take their registration number and the RI-030 to the appointment for the completion of their fingerprints. Once the fingerprint process at the vendor location has been completed, they will receive a receipt which includes a TCN#, which is a unique identifier for the fingerprint. The TCN# is written on the RI-030 by the vendor.

6. Once fingerprints are obtained the relative must provide the completed RI-030 to the case manager.

7. The assigned case manager must email the following **for each relative caregiver** to DCWL at MDHHS-Relative-DCWL@michigan.gov for processing:

   - MDHHS-5770 completed report.
   - MDHHS-5770 Signature page(s). The signature page must include each relative caregiver's signature and must be dated.
   - The completed RI-030.

Note: DCWL will accept PDF versions of these forms. All information submitted must be legible and include the full document.

8. The assigned case manager will receive an email notification letting them know the results have been uploaded to the Electronic Case Management System.

9. After the results have been uploaded, the assigned case manager will need to complete the Fingerprint Assessment found in the provider record in the electronic case management system. See *Fingerprint Assessment* in this policy item.

Note: The Fingerprint Assessment must not be completed until all relative caregivers in the home have completed the fingerprint process and the results are received.

Fingerprint Expiration

Fingerprints are valid for the duration of the relative placement. One fingerprint result is good for the entire placement episode and additional fingerprints are not required during this timeframe even if

another relative child is placed into the home. If the child enters a temporary break situation a new Fingerprint Assessment is not required; see *Changes in An Approved Caregiver's Household* in this policy item.

For previously approved relatives, who do not currently have a relative placement, additional timeframes are included below:

- Fingerprints are valid for 180 days from the Fingerprint Assessment approval date.
    - If the Fingerprint Assessment is approved and the child(ren) is not placed into the home, a new set of fingerprints would not be required if the Fingerprint Assessment was approved within the previous 180 days of the child's placement date.
    - If a new relative placement is made into a previously approved home, a new set of fingerprints is not required if the fingerprint assessment was approved within the previous 180 days.

Note: Anytime a child is placed into a relative home, regardless of approval or fingerprint status, a new MDHHS- 5770 would be required within 30 days prior to the child's placement as directed in policy.

Timeframe Exception

Staff should assist the relative in scheduling and obtaining fingerprints within the required timeframe. If the relative caregiver(s) is unable to be fingerprinted within the required timeframe an exception request must be submitted and approved.

Exception requests are submitted in the form of a memo and must include the following:

- Relative caregiver name, names of child(ren) placed into the home, and date of placement.
- The reason why fingerprints were not completed within 30 days of placement and why additional time is requested.

Each exception is valid for up to 14 calendar days from the Director approval date. Director approval is captured in the form of email approval, or a signature and date included on the memo.

The approved memo along with any director approval documentation must be uploaded to the *Document* hyperlink under *Case Overview* in the electronic case record.

The relative caregiver(s) must be fingerprinted within 30 days of the placement, or an approved exception request must be in place.

Relative Not Complying with Fingerprinting

If the relative caregiver(s) is not complying with the fingerprinting requirement and has not obtained fingerprints within 30 days of placement or within any approved extended timeframe, a Fingerprint Assessment and a DHS-3130A addendum with denial recommendations are required. *See Fingerprint Assessment; Denied Placement Recommendation* in this policy item for details. The child will be required to change placements unless the court orders the placement against MDHHS' recommendation.

If the child is required to change placements, the case manager must follow the placement change policy outlined in FOM 722-03 Placement Selection and Standards and the caregiver must be provided the DHS-30, Foster Parent Notification of Move.

Note: In a two-caregiver home, both caregivers must complete required fingerprints within 30 days of placement or within any approved extended timeframe.

FINGERPRINT ASSESSMENT

The Fingerprint Assessment is used to review each relative caregiver's fingerprint results and to provide final approval. The assessment must be completed and approved for each relative caregiver within 14 calendar days of the fingerprint completion notification. The assessment is found within the Electronic Case Management System in the provider record.

Responsibility for Completion

Placement decisions are the responsibility of the foster care program; therefore, the supervising agency is responsible for completing and approving the Fingerprint Assessment. Fingerprint Assessment's completed by an alternate unit within the supervising agency must be discussed with the primary foster care case manager and the foster care supervisor. This discussion must be documented in the social work contacts.

Criminal History

If criminal history is identified through the fingerprint results that were not previously assessed in the MDHHS-5770 and/or the DHS-3130A, it must be assessed in the Fingerprint Assessment. If the caregiver has a conviction listed in the CWL Pub 673, Good Moral Character, excluding the prohibited felony convictions, Director approval is required to maintain placement.

Denied Placement Recommendation

If a relative caregiver is not complying with fingerprint requirements or a criminal history is identified through the fingerprint results, that was not previously assessed in the MDHHS-5770 and/or the DHS-3130A, and a placement prohibited offense is identified, or if the supervising agency is no longer recommending the caregiver(s) for placement, the Fingerprint Assessment should be denied. A DHS-3130A addendum must also be completed, updating the placement recommendation. *See Relative Placement Home Study; Denied Placement Recommendation* in this policy item for details.

Challenge or Corrections with Fingerprints

See SRM 200 Fingerprints for directions on how to correct or challenge the fingerprinting results.

DOCUMENTS TO BE PROVIDED

Upon Placement

Any time placement is made with an unlicensed caregiver, the caregiver must receive the following documents at or before the time of placement:

- DHS-Pub-114, Relative Caregiving: What You Need to Know.
  - Case managers must document that the publication was given to the caregiver in the social work contacts in the electronic case record.
- DHS-3307, Placement Outline and Information Record.
- Medical Information.
  - DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment Card.
  - DHS-Pub-268, Guidelines for Foster Parents and Relatives Caregivers for Health Care and Behavioral/Mental Health Services.
  - Medicaid card.
  - Medicaid Health Plan member card, if applicable.
  - Medical Passport.
- Education Information.
  - All of the child's available student records, such as, report cards or Individualized Education Plans (IEPs); see FOM 723, Educational Services, for exceptions to the standard operating procedure.

Upon Placement Change

For documents that must be completed and/or provided upon a placement change; see FOM 722-03D, Placement Change.

Upon Placement Decision or Denial

The supervising agency must make a placement decision and document the reason for the decision within 90 calendar days of the child's removal from their home. MCL 722.954a.

If the supervising agency places a child with a relative and **approves** the placement on the DHS-3130A during the first 90-days a child is in care, then this is the placement decision that must be recorded on the DHS-31, Foster Care Placement Decision Notice; see FOM 722-03, Placement Selection and Standards.

Additionally, **anytime** a relative is denied for placement on the MDHHS-5770 or the DHS-3130A, a DHS-31, Foster Care Placement Decision Notice, is required to be provided to the relative caregiver, with a copy of the denied MDHHS-5770 or DHS-3130A, within five business days of the denial. Case managers must complete a social work contact in the electronic case record documenting the DHS-31, Foster Care Placement Decision Notice, and MDHHS-5770/DHS-3130A were provided to the relative.

A copy of the DHS-31, Foster Care Placement Decision Notice, must be sent to:

- The child's attorney, guardian, and/or guardian ad litem.
- The prosecutor.
- All legal parents.
- The attorney(s) for the child's parents.
- Court Appointed Special Advocate (CASA).
- Tribal representative.
- The child, if developmentally/age appropriate.

Note: If there is a safety concern, the child's current placement address may be redacted.

COURT ORDERED PLACEMENTS

Against MDHHS Recommendation

If the court orders placement with an unlicensed caregiver against MDHHS' recommendation all of the following must be completed:

- MDHHS-5770, Relative Placement Safety Screen.

- DHS 3130A, Relative Placement Home Study.

All standards of promptness identified in this item must be followed.

FAMILY INCENTIVE GRANT

Policy on the Family Incentive Grant (FIG), a grant for home improvement purchases or services required to meet Division of Child Welfare Licensing, licensing standards, or to address safety concerns to maintain placement, can be found in FOM 980, Family Incentive Grant.

LEGAL AUTHORITY

Federal Law

Social Security Act, 42 USC 671(a)(19)

Social Security Act, 42 USC 671(a)(20)(A)

Social Security Act, 42 USC 671(a)(29)

State Laws

Probate Code, 1939 PA 288, as amended, MCL 712A.13a

Probate Code, 1939 PA 288, as amended, 712A.13b

Foster Care and Adoption Services Act, 1994 PA 203, as amended, MCL 722.954a

POLICY CONTACT

Questions about this policy item may be directed to the child welfare policy mailbox at:child-welfare-policy@michigan.gov.

OVERVIEW

Efforts must be made to find families for older youth in care and to identify placement options that provide age-appropriate opportunities and responsibilities. Youth, ages 14-21, must be involved in placement decisions. Youth are a valuable resource in identifying individuals who might be available to serve as placements.

For placement preference, a relative is defined as an individual who is at least 18 years of age and related to the child within the fifth degree by blood, marriage, or adoption, including the spouse of an individual related to the child within the fifth degree, even after the marriage has ended by death or divorce, the parent who shares custody of a half-sibling, and the parent of a man whom the court has found probable cause to believe is the putative father if there is no man with legally established rights to the child.

A relative may also be an individual who is at least 18 years of age and not related to a child within the fifth degree by blood, marriage, or adoption but who has a strong positive emotional tie to or role in the child's life or the child's parent's life if the child is an infant, as determined by the department or, if the child is an Indian child, as determined solely by the Indian child's tribe. As described under MCL 712a.13a.

Placement preference must be given to an adult related to the child within the fifth degree by blood, marriage, or adoption provided the relative meets all relevant state child protection standards. Consideration should also be given to adults not related to a child within the fifth degree by blood, marriage, or adoption but who has a strong positive emotional tie or role in the child's life or the child's parent's life if the child is an infant, as determined by the department. The department can override this decision with good cause.

Good cause means the following:

- A request by one or both of the child's parents to deviate from this preference.
- The child's request, if the child is of sufficient age and capacity to understand the decision that is being made.
- The presence of a sibling attachment that can be maintained through a particular placement.

- The child's physical, mental, or emotional needs, such as specialized treatment services that may be unavailable in the community where families who meet the placement preferences live.
- The distance between the child's home and the proposed family placement would frustrate the reunification goal or otherwise impede permanency.

INDEPENDENT LIVING PREPARATION

Independent living preparation is required for all youth in out of home placement age 14 and older, regardless of their permanency planning goal. The purpose of independent living preparation is to assist youth in transitioning to self-sufficiency. Once the youth is age 14, the case manager must document the independent living services provided and goals for future services in the following documents, as applicable:

- DHS-441a, Parent-Agency Treatment Plan.
- DHS-442a, Permanent Ward Treatment Plan.
- DHS-4789, Juvenile Justice Initial Service Plan.
- DHS-4789, Juvenile Justice Updated Service Plan.
- DHS-4789, Supplemental Updated Services Plan.

Provision of services does not equate to achievement of permanency. Reasonable efforts to achieve permanency must still be provided; see FOM 722-07, Permanency Planning - Overview, for all permanency planning goal requirements.

Life Skills Assessment

The Casey Life Skills Assessment (CLSA) is a free, online youth-centered tool that assesses the life skills that youth need for their well-being, confidence, and safety, as they navigate high school, post-secondary education, employment, and other life milestones. The CLSA must be completed within 90-calendar days of a youth turning 14 years of age, and annually thereafter.

For youth who are 14 years of age or older when they enter care, the assessment should be completed within 90-calendar days of entering care. The CLSA can be accessed by downloading the

toolkit and accepting the terms of agreement. Once downloaded the case manager should do one of the following:

- Print the assessment for the youth to complete.
- Have the youth complete the assessment in the excel document within the toolkit, which will then provide a tab with a results bar graph.

For youth who are placed in a child caring institution (CCI), the CCI must ensure completion of the CLSA and provide the results to the case manager.

If a youth is functioning at a level that prevents use of the CLSA, the case manager must identify another validated tool appropriate to the youth's functional needs and request approval for use of the tool by sending it to the Child Welfare Policy mailbox (Child-Welfare-Policy@michigan.gov) or the Juvenile Justice Policy mailbox (Juvenile-Justice-Policy@michigan.gov).

Independent living preparation skills are assessed for each youth as being adequate or inadequate on the Child Assessment of Needs and Strengths (CANS) or the Juvenile Justice Strength and Needs Assessment; see FOM 722-09, Child Assessment of Needs and Strengths (CANS).

For youth aged 14 or older, a written description must be included in the youth's treatment plan of the programs and services which will help the youth take care of oneself across all domains. Examples of age-appropriate services include, but are not limited to:

- Daily living skills.
- Preventive health services.
- Self-care skills.
- Relationship and communication.
- Housing and transportation.
- Money management.
- Work and study life.
- Career and education planning.
- Civic engagement.
- Navigating the child welfare system.
- Looking forward.
- Mentoring - a youth must be connected to an adult who will guide and support them as a parent would after the youth's case is closed.

In addition to the CLSA for youth aged 14 and up, the toolkit includes other assessments that should be considered for use with youth when appropriate. These supplemental assessments include:

- CLSA for American Indian/Alaskan Native.
- CLSA for youth identifying as LGBTQ+.
- CLSA for parenting infants.
- CLSA for parenting young children.
- CLSA for youth ages 5-11.
- CLSA for youth ages 10-14.
- Support system (assesses a youth's formal and informal support system).

Youth Involvement

To prepare for independent living, the youth must be offered the opportunity to participate in quarterly family team meetings (FTM); see FOM 722-06B, Family Team Meeting. Youth must be involved in the development of their case service plan. The level of involvement in the plan and the services provided are dependent upon the youth's preference and developmental abilities.

If a youth is unavailable or declines to sign or be involved in the development of the case service plan, the case manager must identify, and document additional actions needed to secure the youth's participation in case service planning and implementation of the treatment plan.

Case Plan Team Members

Beginning at age 14, youth may select one or more adults who are not the youth's caregiver or case manager to be part of their case planning team. The team member's role is to be the youth's advisor and advocate for the youth's permanency, well-being, and normalcy through the application of the DHS-5307, Rights and Responsibilities of Children and Youth in Foster Care; see FOM 722-06J, Rights of Children in Foster Care. The team member will assist the youth in developing their case plan by participating in semi-annual transition meetings, applicable FTMs, and the 90-day discharge meeting; see FOM 722-06B, Family Team Meeting.

The individuals selected by the youth may be denied at any time if there is good cause to believe that the individual would not act in the best interest of the youth. The case manager must document the reasons for denying an individual chosen by the youth, in the case service plan.

Note: Youth who have a juvenile justice case and no foster care case have no FTM requirement.

Caregiver's Role

The youth's caregiver is an invaluable resource regarding independent living preparation, training in daily living skills, budgeting, and providing a support system for youth as they transition out of the foster care or juvenile justice system. The case manager must detail the activities that the caregiver will provide to assist the youth in the youth's treatment plan.

INDEPENDENT LIVING PLACEMENT

Placement in independent living may be an acceptable living arrangement for youth 16 years or older. Prior to placement in independent living, the case manager must assess the youth, with the CLSA, as being prepared for independent living and demonstrate a pattern of mature decision making.

Assessment and Preparation of Youth

Independent living skills must be assessed for each youth as being adequate or inadequate based on the CANS or the Juvenile Justice Strength and Needs Assessment, and the CLSA. Provision of independent living services must be documented within the youth's service plan, as well as the plan for services for any independent living need identified as inadequate.

Independent Living Program Statement

A copy of the supervising agency's independent living program (ILP) statement must be given to the youth before placement in independent living.

Independent Living Agreement

The youth must be involved in the development of and sign the individualized independent living agreement. The DHS-4527, Independent Living Agreement, must be reviewed and updated quarterly. If no changes are required, the youth and the case

manager must indicate that this review has occurred by re-signing and dating the agreement. If changes are required, a new agreement must be completed and approved.

Supervisory Approval

The supervisor must review and approve, by signature, all initial and updated independent living agreements.

Case Service Plan Documentation

When a youth resides in an independent living placement, the case service plan must document the following:

- The services provided and goals for future services that will help the youth maintain independent living successfully and prepare the youth for functional independence.
- Independent living is the most appropriate placement for the youth.
- The youth exhibits maturity in self-care and personal judgement.
- The case manager has personally observed that the living situation provides suitable social, emotional, and physical care.
- The youth has adequate financial support to meet their housing, clothing, food, and miscellaneous needs.
- An evaluation of the youth's need for supervision. The case manager must have face-to-face contact with the youth as described in FOM 722-06H, Case Contacts, or JJM 270, Juvenile Justice Specialists Contact Requirements.
- If the youth is a parent of a child who is 0 to 12 months old, safe sleep guidelines should be discussed. More information can be found at the Michigan Department of Health and Human Services (MDHHS) Safe Sleep for Infants webpage.
- The youth was provided with a phone number to contact the agency on a 24-hour, 7-day-a-week basis.
- The youth has a positive relationship with at least one consistent, reliable adult.

Case Manager Responsibility

Case managers maintain responsibility for monitoring youth in independent living placements. The same policy requirements that apply to other foster care or juvenile justice cases apply to cases involving youth placed in independent living.

Independent Living Stipend

The case manager is required to provide reasonable efforts to assist the youth in meeting the requirements of the independent living agreement. Documentation of these efforts must be included in the case service plan. If a youth is not able to meet the requirements listed in the independent living agreement, alternative placement should be sought, however the youth's independent living stipend should not be stopped.

PLACEMENT IN AN ADULT CARE FACILITY

State law allows for placement of a person under the age of 18 in a licensed adult foster care (AFC) family home or in a licensed AFC small or medium group home under certain circumstances; see MCL 722.115. Placement in an adult care facility may be considered for a youth under the age of 18 if it is the most appropriate, least restrictive setting. Placement in an adult care facility is authorized through a variance process; see *Request for Authorization*. The supervising agency retains supervisory responsibility for any youth placed in an adult care facility.

Placement Criteria

Prior to requesting authorization for placement in an adult care facility, the supervising agency must ensure the placement meets the following criteria:

- Is in the best interests of the youth.
- Has the approval of the youth's parent, guardian, or Michigan's Children's Institute (MCI) Superintendent.
- Has the capacity to meet the youth's identified needs.

- The youth's psychosocial and clinical needs must be compatible with those of other residents.
- For juvenile justice youth, the placement must protect community safety.
- The youth's level of cognitive functioning is consistent with that of other residents.

If approved, the case manager must reevaluate the placement quarterly to determine that these criteria continue to be met. The case manager must document the continued appropriateness of the placement in the youth's case service plan.

Request for Authorization

The supervising agency must request the appropriate variance request form from Division of Child Welfare Licensing (DCWL). The request must be signed by a supervisor from the supervising agency and submitted to DCWL. The request must contain the following information:

- The name of the provider, the name of the facility and the license number must be included. The license number must begin with the prefix AF, AS, or AM.
- Information about the youth including:
  - Name, date of birth, and gender.
  - A description of the youth’s psychosocial and clinical needs.
  - The prescribed clinical treatment for the youth’s condition.
  - A description of the youth’s cognitive level.
  - A description of the youth’s developmental disability, mental illness, or physical disability.
  - Medical documentation that the youth is physically limited to such a degree as to require complete physical assistance with mobility and activities of daily living.
  - Any history of known trauma.

- An assessment of the youth's immediate and long-term need for foster care.

- Verification that the above placement criteria has been met.

Review of Request

DCWL and the Department of Licensing and Regulatory Affairs (LARA) Adult Foster Care and Home for the Aged (AFC/HA) Licensing Division will review the variance request and make a coordinated decision regarding the youth's placement in the adult care facility. DCWL will provide the final decision in writing to the supervising agency and the adult foster home indicating approval or denial of the request. Placement in the adult care facility must not occur prior to written approval from DCWL.

SERVICES TO OLDER YOUTH

Young Adult Voluntary Foster Care

Young Adult Voluntary Foster Care (YAVFC) offers eligible foster youth ages 18, 19, and 20 who were in state-supervised foster care, under an abuse/neglect order, at the age of 18 or older to extend foster care maintenance payments until age 21; see FOM 722-16, Young Adult Voluntary Foster Care.

Services to Michigan Children's Institute Wards until Age 20

Youth committed to MCI who chose not to participate in YAVFC may remain in foster care and continue to receive payments until age 20, either in family foster care or independent living; see FOM 901-8, Fund Sources.

MCI commitment will end on the 19th birthday and the youth's legal status will change to 51, former MCI ward.

Note: Determination of care (DOC) rates cannot be paid to a foster parent and administrative rates cannot be paid to a placement agency foster care (PAFC) provider once the youth reaches age 19.

Title IV-E Eligibility for Youth after Age 18

For information pertaining to Title IV-E eligibility for youth after age 18 see FOM 902, Funding Determinations and Title IV-E Eligibility.

Youth in Transition Funding

The John H. Chafee Foster Care Program for Successful Transition to Adulthood, called Youth in Transition (YIT), can assist with goods and services for youth who are in an eligible out of home placement after the age of 14 and have not yet reached the age of 23; see FOM 950, The Youth in Transition (YIT) Program.

Education and Training Voucher

The Chafee Education and Training Voucher Program (ETV) provides resources specifically to meet the education and training needs of youth aging out of foster care. This program provides vouchers of up to $5,000 per fiscal year to eligible youth attending post-secondary education and vocational programs up to age 26; see FOM 960, Education and Training Voucher (ETV) Program. The amount available each year is determined by available federal and state funds.

Driver's Training

Youth who are in foster care should have the opportunity to obtain a driver's license. Case managers may be able to access YIT funds for driver's education courses; see FOM 903-09, Case Service Payments and FOM 950, The Youth in Transition (YIT) Program.

State Identification Card

Any youth aged 16 and older who does not have a Michigan driver's license should obtain a State of Michigan identification card. The case manager must assist the youth with obtaining an identification card from the local Secretary of State office.

Consumer Credit Reports

Case managers must request annual credit reports for youth ages 14-18 and assist youth 18 and older with obtaining a consumer credit report; see FOM 722-06E, Consumer Credit Reports.

Michigan Works! Agency (MW!A) Referral

Case managers may refer youth who are 16 years and older and in need of employment skills training to the local Michigan Works! Agency (MW!A) for participation in any available youth employment programs using the DHS-348, Michigan Works!/Workforce Innovation and Opportunity Act Agency Referral Foster Care Youth.

Voter Registration Information

At least 90-calendar days prior to a youth turning 18 years of age, and annually thereafter, the case manager will provide voter registration information. Updated brochures can be found at the Secretary of State website.

Pregnant and Parenting Youth

Youth in foster care, including youth in YAVFC, who are parenting, pregnant, or expecting a biological child may be eligible for prevention services through the Family First Prevention Services Act (FFPSA); see SRM 108, Prevention Services: Family First Prevention Services Act. Youth with children in the same placement; see FOM 903-03, Payment for Foster/Relative Care for payment policy.

OLDER YOUTH EXITING THE FOSTER CARE SYSTEM

Older youth exiting the foster care or juvenile justice system encounter additional obstacles and many are not prepared to meet financial, health, social, and educational challenges. Youth can benefit from additional time in care to improve proficiency and receive maximum benefit in these areas. **Age alone must not be**

used as a reason for closure for youth who continue to be eligible for foster care or YAVFC services.

Assessment Factors for Case Closing Decisions for Older Youth

Youth requesting case closure must be actively involved in the assessment of these criteria. Decisions to close a case prior to a youth reaching age 21 must be based on an assessment of the following criteria:

Permanent Connections

- Does the youth have an identified adult who can assist the youth as a parent would?
- Is the identified adult willing to make a commitment to assume this role for the youth?

Housing

- Has the youth obtained suitable housing that can be maintained with the youth's available resources?
- Has a referral for housing assistance been made?

Education

- Does the youth have a Graduate Educational Diploma (GED) or high school diploma?
- Is the youth aware of opportunities for post-secondary education or training?
- Does the youth plan to attend college?
- Is a funding plan in place?

Employment

- Has the youth participated in job training or exploration?
- Has the youth been referred to agencies to assist with employment, through the Workforce Innovation and Opportunity Act (WIOA) at the local Michigan Works! Agency?

- Does the youth have the training and education necessary to pursue desired employment?
- Is the youth employed?

Financial Literacy

- Does the youth have sufficient income to support themself?
- Does the youth have an established bank account, either checking or savings?
- Does the youth know how to write a check, pay bills, budget, and save money, and comparison shop?

Daily Living Skills

- Does the youth possess basic living skills such as cooking, cleaning, personal care, laundry, time management, and the ability to access community resources?
- Does the youth have access to transportation?
- If youth is disabled, has a referral for Supplemental Security Income (SSI) determination been made?

Healthy Behaviors

- Does the youth make responsible choices in the areas of relationships, health and well-being, substance use, and medical care?

Requests for Case Closure Against Recommendation

If the youth requests case closure prior to the age of 21, against case manager recommendation, the case manager must document the concerns in the case service plan. The youth's signature is required on the DHS-69, Foster Care/Juvenile Justice Action Summary, as acknowledgement that the youth participated in the evaluation of the *Assessment Factors for Case Closing Decisions for Older Youth*, listed above, and is still requesting closure despite the case manager's recommendation.

In addition, youth older than 18 years of age who are requesting case closure prior to 21 years of age must be provided information

about the availability of re-entering care under the YAVFC program, including who they can contact if they choose to.

Foster Care Case Closure Without Permanency

All youth under the supervision of MDHHS must achieve one of the five federal goals before the case can be closed, see FOM 722-07, Permanency Planning - Overview.

In extraordinary circumstances, permanency may not be achieved for older youth. Some examples include but are not limited to:

- Youth absent without legal permission (AWOLP) for more than six months who have had no contact with the supervising agency.
- Youth who refuse to cooperate with the case manager.
- Youth incarcerated or hospitalized for an extended time period.

In these cases, the following must occur prior to case closure:

- Active and extraordinary efforts to achieve permanency must be documented in the case service plan.
- Approval from the second line supervisor in the case service plan. If it has been less than 30-calendar days since the last case service plan was completed, this can be documented in a social work contact.

Discharge Criteria for State Wards (Act 220 or Act 296)

Although a youth can remain in care until their 21st birthday, a youth committed to MCI remains a ward of the state until age 19 or until the youth is discharged sooner by the MCI superintendent. Reasons for early discharge include:

- Adoption.
- Marriage, if the youth is under age 18.

- Emancipation, or release of the rights of custody over a ward under age 18. Emancipation occurs by court order pursuant to a petition filed by the minor with the Family Division of Circuit Court and includes a declaration by the minor of self-sufficiency with respect to their financial, social, and personal affairs. Requirements for emancipation are:

  - The petition for emancipation.
  - An affidavit to accompany the petition declaring that an individual has personal knowledge of the minor's circumstances, is convinced of the minor's ability to be self-sufficient, and believes that emancipation is in the best interests of the minor.
  - An approved DHS-1476, Early Discharge of MCI Ward.

Requesting MCI Superintendent's Written Consent

Discharge for a ward prior to age 19 requires only the MCI superintendent's written consent. Prior to requesting consent from the MCI superintendent, case managers must review the *Assessment Factors for Case Closing Decisions for Older Youth* in this item and document the outcome in the case service plan.

To request consent, case managers must complete the DHS-1476, Early Discharge of MCI Ward, and send the form to:

Michigan Children's Institute
235 S. Grand Ave, Suite 514
Lansing, MI 48909
FAX: 517-335-6177

The MCI superintendent will make a decision regarding the request and return the DHS-1476, Early Discharge of MCI Ward, to the case manager.

90-Day Discharge Planning Meeting

A 90-Day Discharge Planning meeting must be held between 60 and 90-calendar days prior to a planned case closure for any youth exiting care at age 16 or older. For an unplanned case closure, the 90-Day Discharge Planning meeting must occur within 30 days after the case closes. The 90-Day Discharge Planning meeting is held to engage youth and to ensure that they can participate in their

own discharge planning; see FOM 722-06B, Family Team Meetings.

AFTERCARE SERVICES

In addition to the items below, case managers must inform youth of any additional services, such as local resources, that may be available after case closure.

Housing Resource Referral

All youth aged 18 and older without an identified housing situation at the time of case closure must be referred to a housing resource. Housing resources include homeless youth and runaway contractors and other local housing resources.

Homeless Youth and Runaway Contractors-Transitional Living Program

Homeless youth and runaway contractors must serve both homeless and runaway youth. Former foster youth are a specified population for homeless youth services through their transitional living program. Contractors must ensure 25 percent of their clients are youth that have transitioned from foster care.

A Homeless Youth and Runaway Contractors list can be found at the MDHHS Foster Youth in Transition - Housing homepage.

Referral Process

The case manager must complete the DHS-956, Foster Youth Housing Referral. The original must be sent to the local homeless youth and runaway contractor and a copy must be emailed to the attention of the Homeless Youth and Runaway Analyst at the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

The homeless youth and runaway contractor must contact the youth within 72 hours of receiving the referral.

Eligibility

Youth are not eligible for services under the homeless youth and runaway contract while the foster care or juvenile justice case is open, including youth who are AWOLP. However, the contractor may meet with the youth, the case manager, and other identified

service providers, for up to two months prior to case closure to ensure a successful transition from foster care to the transitional living program.

Note: The housing plan and the youth's consent must be documented in the final case service plan.

Documentation

Before case closure, case managers must document in the service plan that referrals were made, and the following actions were completed:

- Diligently pursued multiple living arrangements and housing options.
- Assessed the reasons independent living with case management services was not an option.
- Contacted the area homeless youth and runaway contractor and verified an opening for the youth upon case closure.

Foster Care Transitional Medicaid

Most youth who exit care after turning 18 years of age are eligible for Foster Care Transitional Medicaid (FCTMA). For eligibility criteria, enrollment procedures, youth notification of eligibility, and system actions; see FOM 803, Medicaid - Foster Care.

Supplemental Security Income

The Social Security Administration (SSA) recognizes that Supplemental Security Income (SSI) financial support and health benefits help ease the transition from care.

Case managers must ensure a timely transition by facilitating the SSI application process at SSA with the youth; see FOM 902-12, Government and Other Benefits.

Durable Power of Attorney

A durable power of attorney for health care allows youth to be in control of their health in the absence of the ability to make decisions about their health care treatment. Youth can choose someone they trust to make such decisions on their behalf. All youth age 18 and older who are still under the care and supervision of MDHHS and are exiting care can establish a durable power of attorney for health care; see FOM 722-06C, Durable Power of Attorney for Health Care.

Discharge Documents

For documents that the case manager must provide to the parents or legal guardians of youth exiting care, as well as specific documents that must be provided to youth leaving care at age 18 or older or due to legal emancipation by court order, see FOM 722-15, Case Closing.

RESOURCES

- DHS-5307, Rights and Responsibilities of Children and Youth in Foster Care.
- DHS-4527, Independent Living Agreement.
- DHS-348, Michigan Works!/Workforce Innovation and Opportunity Act Agency Referral.
- DHS-69, Foster Care/Juvenile Justice Action Summary.
- DHS-1476, Early Discharge of MCI Ward.
- DHS-956, Foster Youth Housing Referral.

LEGAL BASE

Federal Law

Social Security Act, 42 U.S.C. 675(1)(D)

Social Security Act, 42 U.S.C. 675(1)(B)

Social Security Act, 42 U.S.C. 675(5)(D)

Social Security Act, 42 U.S.C. 675(5)(I)

45 CFR 1356.21(o)

State Law

The Child Care Organizations Act, 1973 PA 116, as amended, MCL 722.111(e)

The Adult Foster Care Facility Licensing Act, 1979 PA 218, MCL 400.701

Michigan Children's Institute, 1935 PA 220, MCL 400.201 et seq.

Probate Code, 1939 PA 288, MCL 712A.2a

Foster Care and Adoption Services Act, 1994 PA 203, MCL 722.954c

Licensing Rule

Mich Admin Code, R400.12501 - R400.12509

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

OVERVIEW

Every reasonable effort must be made to maintain the stability of a foster care placement. When it is necessary to move a child, the original placement selection criteria and standards apply; see FOM 722-03, Placement Selection and Standards. A re-evaluation of the placement selection criteria is required and must be documented in the case service plan. The case manager must consider the following placement options, in order, whenever a placement change is necessary:

1. If the child's permanency goal is reunification, the case manager must recommend return home unless return to the parent would cause a substantial risk of harm to the child's life, physical health, or mental well-being.

2. Placing the child with siblings or with a suitable relative if return to the parental home cannot occur; see FOM 722-03B, Relative Engagement and Placement for the definition of a relative and relative placement preferences.

Exception: The placement change of an Indian child must follow the established placement priorities in NAA 215, Placement/Replacement Priorities for Indian Child(ren).

PLACEMENT CHANGES FOR INDIAN CHILDREN

The supervising agency, and the Michigan Children's Institute (MCI) for MCI wards, must not change the placement of an Indian child as defined by MCL 712B.3(k), or make a recommendation regarding a change in placement, prior to notifying the Indian child's tribe.

The supervising agency must provide written notice to the child's tribe, using the DHS-30, Foster Parent/Caregiver Notice of Move, by email or regular mail. Notice must be **received** by the tribe at least three days prior to any planned placement change. The notice must include:

- A statement that the child is an Indian child.

- A description of the active efforts taken by the supervising agency to place the child within the prevailing social and cultural standards of the Indian tribe or tribes in which the

parent or extended family resides or maintains social and cultural ties.

- How the proposed placement meets the social and cultural standards above and the placement preferences in NAA 215, Placement/Replacement Priorities for Indian Child(ren).

Exception: If the supervising agency must change the Indian child's placement immediately due to the caregiver's refusal to maintain the placement or suspected abuse or neglect by the caregiver that places the child at substantial risk of harm, the supervising agency must provide written notification to the child's tribe immediately, no later than the following business day.

PLACEMENT CHANGE REASONS

A child's placement may not be changed prior to giving the caregiver notice and opportunity to appeal the placement change unless:

- The foster parent or caregiver requests or agrees to the placement change.
- A contracted social services agency of a federally recognized tribal government is providing primary case management.
- The court with jurisdiction orders the child to return home.
- The change in placement is less than 30 calendar days after the child's initial removal from their home.
- The court orders the placement change.
- The child is an MCI ward, and the placement change is the result of the MCI superintendent's denial of consent to adoption by the caregiver.
- The child is an Indian child as defined by MCL 712B.3(k) and the placement change is within or to the placement preferences in MCL 712B.23; see NAA 215, Placement/Replacement Priorities for Indian Child(ren).

A caregiver has the right to appeal the placement change under the following circumstances: see *Caregiver Appeal to the Foster Care Review Board* in this item:

- The supervising agency has reasonable cause to believe the child has suffered sexual abuse or non-accidental physical injury, or there is **substantial** risk of harm to the child's physical or emotional well-being within the caregiver's home; see *Suspected Abuse/Neglect by the Caregiver* in this item.
- The supervising agency has determined the move is in the child's best interest; see *Best Interest* in this item.

Suspected Abuse/Neglect by the Caregiver

When a case manager suspects a child in foster care has suffered sexual abuse or non-accidental physical injury, or there is a substantial risk of harm to the child's physical or emotional well-being in the caregiver's home, a children's protective services (CPS) referral must be made immediately; see FOM 722-13, Referrals to Children's Protective Services (CPS). The case manager must also immediately file a licensing complaint if the caregiver is a licensed foster parent. When a CPS referral is made regarding a child in foster care, the child's case manager must comply with the policy requirements outlined in FOM 722-13A, Maltreatment in Care - Foster Care Responsibilities.

If the supervising agency believes the child is at substantial risk in the home, the child must be moved immediately and the caregiver may appeal the decision to the Foster Care Review Board (FCRB). The appeal does not prevent the move; see *Caregiver Appeal* in this item.

If the supervising agency does not believe the child is at substantial risk of harm and remains placed in the home during the investigation, the case manager must establish a safety plan to address the identified concerns.

Best Interest

Placement changes made in the best interest of the child may include but are not limited to situations when:

- The child's needs are no longer being met by the current caregiver.
- The child is placed with an unrelated foster family and there is a suitable relative available for placement.

- There is an available placement that will reunite a separated sibling group.

If the case manager and supervisor determine it is in the child's best interest to change placements:

- A family team meeting (FTM) must be held at least three business days prior to a best interest placement change to allow interested parties the opportunity to participate in the decision; see *Family Team Meeting* in this item and FOM 722-06B, Family Team Meeting.
- The supervisor must approve the move before the placement change.
- If the child is an MCI ward and the current caregiver expresses either a verbal or written interest in adopting the child, the MCI superintendent must be consulted prior to the placement change.

The caregiver may appeal the decision to the FCRB; see *Caregiver Appeal to the Foster Care Review Board* in this item.

FAMILY TEAM MEETING

An FTM must be held at least three business days prior to a planned placement change or no later than three business days after an unplanned placement change; see FOM 722-06B, Family Team Meeting.

NOTICE OF MOVE

Parent

The case manager must notify the child's legal parents of all placement changes.

- Notification for planned placement changes must occur prior to the placement change, and the parents must have the opportunity to participate in selection of the next placement; see FOM 722-03, Placement Selection and Standards.
- For emergency placement changes, the case manager must notify the child's legal parents immediately, no later than the following business day.

Exception: For children who are absent without legal permission (AWOLP), the case manager must inform the legal parents of the absence within 24 hours; see FOM 722-03A, Absent Without Legal Permission (AWOLP).

Foster Parent

The caregiver must be notified of the intent to move the child 14 days prior to the intended date of the move unless the child's health or safety is jeopardized; see *Suspected Abuse/Neglect by Caregiver* in this item. The DHS-30, Foster Parent/Caregiver Notice of Move, must be used to notify the caregiver of the intent to move the child.

The DHS-30, Foster Parent/Caregiver Notice of Move, contains information for the caregiver regarding whether the right to appeal the placement change exists based on the placement change reason and instructions for exercising their right to appeal; see *Caregiver Appeal to the Foster Care Review Board* in this item.

The DHS-30, Foster Parent/Caregiver Notice of Move, must be uploaded to the electronic case management system in the document hyperlink in the child's placement record.

MCI Superintendent

If the child is an MCI ward and the current caregiver expresses either a verbal or written interest in adopting the child, the MCI superintendent must be consulted prior to the placement change.

Court and Child's Lawyer-Guardian Ad Litem

The supervising agency must notify the court with jurisdiction over the child and the child's lawyer-guardian ad litem (L-GAL) of the change in placement using the DHS-69, Foster Care/Juvenile Justice Action Summary; see FOM 722-08E, Foster Care/Juvenile Justice Action Summary, for standards of promptness for planned and emergency placement changes.

Foster Care Review Board

The case manager must notify the State Court Administrative Office (SCAO) FCRB of the proposed placement change if the caregiver has a right to appeal the placement change; see *Placement Change Reasons* in this item. A copy of the DHS-30, Foster Parent/Caregiver Notice of Move, must be sent to the FCRB.

Foster Care Review Board Program
Michigan Hall of Justice
P.O. Box 30048
Lansing, MI 48909

Child's Tribe

The case manager must send a copy of the DHS-30, Foster Parent/Caregiver Notice of Move, to the child's tribe no later than the business day after giving the DHS-30, Foster Parent/Caregiver Notice of Move, to the foster parent or caregiver.

The case manager must provide the DHS-69, Foster Care/Juvenile Justice Action Summary, to the child's tribe; see FOM 722-08E, Foster Care/Juvenile Justice Action Summary for standards of promptness for planned and emergency placement changes.

CAREGIVER APPEAL TO THE FOSTER CARE REVIEW BOARD

If the caregiver has the right to appeal the move to the FCRB, the supervising agency may only move the child prior to completion of the appeal process if the child is being moved due to alleged sexual abuse, non-accidental physical injury, or a **substantial** risk of harm to the child's emotional well-being or physical safety; see *Placement Change Reasons* in this item. The appeal process is complete when one of the following occurs:

- The FCRB concurs with the decision to move the child.
- The court orders the child to be moved.
- In the case of an MCI ward, the MCI superintendent determines where the child must be placed.

Appeal Process

Upon receipt of the DHS-30, Foster Parent/Caregiver Notice of Move, the caregiver has three business days to appeal the placement decision.

Once the FCRB has received an appeal, it will notify the supervising agency of the appeal. No later than the business day following notification from FCRB of the caregiver's appeal, the supervising agency must notify:

- The Michigan Department of Health and Human Services (MDHHS) local office if a placement agency foster care (PAFC) provider is supervising the child.
- The child's tribe if the child is an Indian child.

Prior to the FCRB investigation, the supervising agency must review the decision to move the child and respond to the FCRB with the justification for the placement change and any other relevant information.

Note: If the supervising agency informs the FCRB that the child will not be moved and the issues have been resolved, an investigation will not take place.

The FCRB will investigate the reasons for the move within seven days of receiving the appeal from the caregiver. If the child is an Indian child as defined in MCL 712B.3(k), the child's tribe must be invited to participate in the FCRB investigation, and FCRB must follow the best interests procedures in MCL 712B.5.

Within three days after the investigation, the FCRB will supply its findings and recommendations to the caregiver, the parents, the supervising agency, and the MCI superintendent, if the child is an MCI ward.

- If the FCRB finds the proposed move is in the child's best interest, the child will be moved.
- If the FCRB's finding is contrary to the supervising agency's recommendation, the child will remain in the placement, except when the child was moved from the foster home due to suspected sexual abuse, non-accidental physical injury, or substantial risk of harm to the child's emotional well-being or physical safety, until the court or MCI superintendent has

rendered an order or a decision regarding the child's placement.

Temporary Wards

For temporary wards, if FCRB does not agree with the supervising agency's recommendation to move the child, the FCRB will notify the court with jurisdiction over the child of the disagreement.

The court must schedule a hearing not less than seven days and no more than 14 days after receiving the notice of disagreement from the FCRB. The court must notify the caregiver, all interested parties, and the prosecutor's office of the hearing.

At the hearing, the court will take testimony from all interested parties including the Indian child's tribe if applicable, and evidence will be considered. The court will make a finding on the record about the child's placement.

If the court finds it is in the best interest of the child to be moved, it will enter an order authorizing placement of the child elsewhere. If the court believes the child should remain in the same placement, it will enter an order continuing the placement. The court may also order the child returned to the caregiver, even if the child was moved from the home due to suspected sexual abuse or non-accidental physical injury.

Note: A court order that orders a child to be moved or remain in the same placement or specifies placement eliminates title IV-E eligibility for that child. Federal regulations allow for an exception if certain criteria are met; see FOM 902, Funding Determinations and Title IV-E Eligibility.

MCI Wards

In the case of an MCI ward, if FCRB does not agree with the supervising agency's recommendation to move the child, the FCRB will notify the MCI superintendent of the disagreement.

Within 14 days of receipt of the notification of disagreement, the MCI superintendent must make a placement decision and notify the caregivers and the supervising agency of the decision.

When Placement Change Is Not Appealed

If the caregiver does not appeal the move within three business days from the receipt of the notice, the child may be moved. To comply with child placing agency (CPA) Rule 400.12405, the agency must not move the child for 14 days after notice. This allows the caregiver and the child time to transition to the next placement. If prior notice is not given, the agency must notify the caregiver, at the time of the change, why prior notice was not given.

DOCUMENTATION

The case manager must update the child's placement in the electronic case record. The change of placement must be documented on the DHS-69, Foster Care/Juvenile Justice Action Summary; see FOM 722-08E, Foster Care/Juvenile Justice Action Summary, for standards or promptness for planned and emergency placement changes. The DHS-69, Foster Care/Juvenile Justice Action Summary, must be uploaded to the electronic case management system in the document hyperlink in the child's placement record.

Provided to Previous Caregiver

The case manager must provide the DHS-30, Foster Parent/Caregiver Notice of Move, to the previous caregiver at least 14 calendar days prior to moving the child from a foster home, relative caregiver, or court-ordered unrelated caregiver.

Exception: If the caregiver requests or agrees to the placement change, the agency is not required to wait 14 days prior to moving the child. Caregiver agreement to the placement change must be documented on the DHS-30, Foster Parent/Caregiver Notice of Move.

Provided to New Caregiver

See FOM 722-03, Placement Selection and Standards, for documents that must be provided to the new caregiver at or before the time of placement.

CASE MANAGER CONTACTS

For placement change contact standards; see FOM 722-06H, Case Contacts.

TEMPORARY BREAKS

The case manager must update the child's placement in the placement section of the electronic case record when the child enters any of the following temporary breaks:

- AWOLP
- Detention.
- Jail.
- Medical hospitalization.
- Psychiatric hospitalization.

See FOM 903-07, Temporary Break/Bed Hold Payments.

If the child returns to the same placement where they resided prior to the temporary break, new placement documentation is not required to be provided to the caregiver.

Exception: The case manager must provide the caregiver with an updated DHS-221, Medical Passport, if the child received health services during the temporary break.

Case Manager Contacts for Temporary Breaks

The case manager must make monthly face-to-face contact with the child during the temporary break. Increased change of placement contacts are not required when a child enters one of the temporary breaks listed above.

Returning to the Prior Placement After the Break

If the child returns to the previous placement after a temporary break, increased change of placement contacts are not required.

Exception: When a child returns from AWOLP, a face-to-face contact must occur within the first five business days; see FOM 722-03A, Absent Without Legal Permission (AWOLP).

Entering a New Placement After the Break

If a child does not return to the placement where they resided prior to the temporary break, the placement change timeframes and documentation requirements in this item apply; see *Documentation* in this item.

RESOURCES

- DHS-30, Foster Parent/Caregiver Notice of Move.
- DHS-69, Foster Care/Juvenile Justice Action Summary.

LEGAL BASE

State

Probate Code, 1939 PA 288, as amended, MCL 712A.13b

Change in foster care placement.

Michigan Indian Family Preservation Act, 2012 PA 565, as amended, MCL 712B.3

Definitions.

Michigan Indian Family Preservation Act, 2012 PA 565, as amended, MCL 712B.5

Best interests of child; duties of courts.

Michigan Indian Family Preservation Act, 2012 PA 565, as amended, MCL 712B.23

Placement; least restrictive setting; order of preference; documentation.

Licensing Rule

Mich Admin Code, R 400.12405

Change of placement.

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

OVERVIEW

Case managers must complete a placement exception request (PER) when there is a need to waive placement standards to maintain sibling and caregiver bonds or to meet the medical, emotional, and psychological needs of children in care. PERs must be completed, reviewed, and approved in the electronic case record. For placement standards and requirements, see FOM 722-03, Placement Selection and Standards.

SCOPE

The policy requirements described in this item apply to foster care cases and, when specified, juvenile justice cases.

In bifurcated counties, the Michigan Department of Health and Human Services (MDHHS) child welfare director reviews and grants approvals for PERs in place of the county director or designee. Bifurcated counties include:

- Genesee
- Ingham
- Kent
- Macomb
- Oakland
- Wayne

VERBAL APPROVAL

Case managers must obtain verbal approval whenever it is not administratively possible to complete and approve the PER in the electronic case record prior to the placement. Verbal approval must be granted prior to the placement or placement change. Except as otherwise noted, verbal approval must be granted by the individual responsible for final approval of the written PER in the electronic case record.

When a placement is made using verbal approval, the case manager must document the verbal approval in the PER. The PER must be approved in the electronic case record within 30 calendar days of the date of verbal approval.

SIBLINGS PLACED APART

Siblings in out-of-home placement must be placed together unless circumstances exist that allow for an exception. An exception may be made for the following reasons:

- One of the siblings has exceptional needs that can be met only in a specialized program or facility.
- Placing the siblings together is harmful to one or more of the siblings.
- The size of the sibling group makes one placement impractical, notwithstanding diligent efforts to place the siblings within the same home.

If siblings are separated for reasons other than above, the split cannot be considered an exception; however, the case manager must document the split reasons below in a PER:

- Court ordered placement of one or more of the children, causing a split.
- One or more of the siblings is in an independent living placement.
- One or more of the siblings is in a pre-adoptive or guardianship placement.
- Children are half-siblings and are placed with respective relatives.
- Siblings are split for a reason other than those listed above.

The case manager must include an explanation of the reason(s) for the split sibling placement in the narrative section of the PER.

Efforts to place the siblings together must be reassessed on a quarterly basis and documented in the case service plan. After the initial sibling split PER is approved, a new sibling split PER is not required unless one or more of the siblings change placements and at least one sibling continues to be placed separately from their siblings.

Exception: Sibling split PERs are not required for siblings who are placed apart due to one or more siblings being placed or returned to a parental home or placed in a temporary break placement.

Approval Path for MDHHS-Supervised Cases

1. MDHHS case manager completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS second line manager reviews and routes the PER.
4. MDHHS county director or designee reviews and approves the PER.

Approval Path for Placement Agency Foster Care (PAFC) Supervised Cases

1. PAFC case manager completes and routes the PER.
2. PAFC supervisor reviews and routes the PER.
3. PAFC second line manager reviews and routes the PER.
4. PAFC director reviews and routes the PER.
5. MDHHS county director or designee reviews and approves the PER.

   Exception: The PAFC director may provide verbal approval if the MDHHS county director or designee cannot be reached.

PLACEMENT LIMITATIONS

A PER must be completed if placement will result in any of the following:

- More than three foster children in the foster home or relative caregiver's home.
- More than five total children, including the foster family or relative caregiver's biological and adopted children.
- More than three children under the age of three residing in the foster home or relative caregiver's home.

The reason for the exception request must be documented in the narrative section of the PER. It must include:

- Case-specific information inclusive of the best interest of the child being placed.
- The caregiver's support system and any services offered to the family to support additional children in the home.
- Names, ages, genders, and any special needs of the children or adults in the home and any children proposed for placement in the home and the time required daily to address the identified special needs.
- If applicable, the current licensing capacity and whether a change in foster home license capacity or variance is required. Reasons for a variance for licensing capacity changes include:
  - To allow a parenting youth in foster care to remain with the child of the parenting youth.
  - To allow siblings to remain together.
  - To allow a child with an established meaningful relationship with a family to remain with the family.
  - To allow a family with special training or skills to provide care to a child who has a severe disability.
  - If a variance or change in foster home license capacity is needed, include whether the request has been sent to the MDHHS Division of Child Welfare Licensing (DCWL) and the date the request was sent.
- List any CPS and foster home licensing complaints within the last 12 months, including disposition or findings, details of any corrective action plans, and whether corrective action plans have been completed.
- Indicate all bedroom sizes, dimensions, occupants and proposed occupants in each bedroom, and bed or crib size and type.
- A list of all attempts to locate other placements not requiring an exception request including agency name and date.

Approval Paths for Licensed Homes

MDHHS-Supervised Cases

1. MDHHS case manager completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS county director/designee or child welfare director/designee reviews and approves the PER.

PAFC-Supervised Cases

1. PAFC case manager completes and routes the PER.
2. PAFC supervisor reviews and routes the PER.
3. PAFC director reviews and routes the PER.
4. MDHHS county director/designee or child welfare director/designee reviews and approves the PER.

Approval Paths for Unlicensed Relatives

MDHHS-Supervised Cases

1. MDHHS case manager completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS county director/designee or child welfare director/designee reviews and approves the PER.

PAFC-Supervised Cases

1. PAFC case manager completes and routes the PER.
2. PAFC supervisor reviews and routes the PER.
3. PAFC director reviews and routes the PER.
4. MDHHS county director/designee or child welfare director/designee reviews and approves the PER.

PROXIMITY TO THE CHILD'S FAMILY

Case managers must consult with their supervisor prior to placing a child more than 75 miles from the home from which the child entered custody. The case manager must document the supervisor

consultation in the electronic case record by checking the Over 75 Miles from the Removal Address box in the child's Placement Details screen and entering the date of consultation with the supervisor.

PLACEMENT OF A CHILD IDENTIFIED WITH HIGH-RISK BEHAVIORS

A child determined by a clinical assessment to be at high risk for perpetrating physical violence or sexual assault against other children cannot be placed with other children in foster care, not so determined without an appropriate assessment concerning the safety of all children in the placement; see FOM 722-03, Placement Selection and Standards. An exception may be made for the following approved situations:

- Placement will keep siblings together and the child does not pose a direct risk to their siblings.
- Placement will reunite siblings, the child's behavior has stabilized, and appropriate safety plans are in place.
- An assessment concerning the safety of all children in the placement has been completed and it has been determined that the placement is equipped to meet the needs of the child with high-risk behaviors and the other children in the placement.

Approval Path for MDHHS-Supervised Cases

1. MDHHS case manager completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS county director/designee or child welfare director/designee reviews and approves the PER.

Approval Path for PAFC-Supervised Cases

1. PAFC case manager completes and routes the PER.
2. PAFC supervisor reviews and routes the PER.
3. PAFC director reviews and routes the PER.
4. MDHHS county director/designee or child welfare director/designee reviews and approves the PER.

INTERVENTION IN A RESIDENTIAL CARE PROGRAM

No child may receive intervention in a child caring institution (CCI) unless **all** the following apply:

- The child's needs cannot be met in any other type of placement.
- The child's needs can be met in the specific facility requested.
- The facility is the least restrictive placement to meet the child's needs.
- All community resources have been exhausted.

Initial Interventions

The Residential Placement - Initial PER must be approved prior to the child's admission.

For initial interventions in a residential care program, the following must be documented in the narrative section:

- Description of the child's needs which require intervention in a residential care program.
- Efforts to maintain the child in the community, including support services the child is receiving.
- Treatment services available in the residential care program to address the child's needs.
- Identified family for placement upon discharge and efforts being made to engage the family in the child's treatment program.

Continued Intervention Beyond Three Months

Continued placement of a child in a residential care program must be approved every 90 days following the child's initial placement using the following PER types:

- Residential Placement - Three Months.
- Residential Placement - Six Months.
- Residential Placement - Nine Months.
- Residential Placement - 12 Months.
- Residential Placement - Beyond 12 Months.

For intervention in a residential care program lasting three or more months, the case manager must document the following in the narrative section of the PER:

- The child's behaviors and needs that require continued intervention in a residential care program and an explanation regarding why the child's treatment needs cannot be met in a less restrictive setting.
- The child's progress in treatment since the last request.
- Any seclusions and restraints since the last request.
- Identified family for placement upon discharge from the program and the family's involvement in the child's treatment program since last request.

The case manager must select all applicable residential PER reasons in the electronic case record and provide explanation for each reason in the narrative section of the PER.

If the residential PER includes multiple PER reasons, the appropriate PER approval path must be followed for each reason; see *Residential Placement Exception Reasons* in this item.

Approval Path for MDHHS-Supervised Cases

1. MDHHS case manager completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS second line manager reviews and routes the PER.
4. MDHHS county director/designee or child welfare director/designee reviews and approves the PER.

Approval Path for PAFC-Supervised Cases

1. PAFC case manager completes and routes the PER.
2. PAFC supervisor reviews and routes the PER.
3. PAFC director reviews and routes the PER.

4. MDHHS county director/designee or child welfare director/designee reviews and approves the PER.

Placements for 12 or More Months

Children must not receive intervention in a residential care program for 12 months or more without prior approval from the Business Service Center (BSC) director. The BSC director must approve residential placements that are 12 months or more from the date of the initial placement and every three months thereafter until the child's discharge from the residential care program.

Approval Path for MDHHS-Supervised Cases

1. MDHHS case manager completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS second line manager reviews and routes the PER.
4. MDHHS county director/designee or child welfare director/designee reviews and routes the PER.
5. BSC director reviews and approves the PER.

Approval Path for PAFC-Supervised Cases

1. PAFC case manager completes and routes the PER.
2. PAFC supervisor reviews and routes the PER.
3. PAFC director reviews and routes the PER.
4. MDHHS county director/designee or child welfare director/designee reviews and routes the PER.
5. BSC director reviews and approves the PER.

RESIDENTIAL PLACEMENT EXCEPTION REASONS

Multiple PER reasons may be included within a residential PER. Approvals must be obtained from the final approver for each reason included in the PER. If multiple approvals are required within one

PER, each approver must document their approval in the routing comments of the PER and route to the next approver until all approvals are obtained. The final approver must use the approval function in the electronic case management system to formally approve the PER.

Residential PER reasons must be routed and approved as indicated below.

Pre-10 Placement Exception Request

The Children's Services Administration (CSA) senior deputy director must grant final approval for the following residential PER types for a child under the age of 10:

- Residential Placement - Initial.
- Residential Placement - Six Month.
- Residential Placement - 12 Month.
- Every other Residential Placement - Beyond 12 Months Residential PER, beginning with the *second* PER of this type, until the child is discharged from the residential care program.

The BSC director must grant final approval for all other residential PERs for children under 10 years of age.

Approval must be granted prior to admission or prior to the end of the previously granted request and cannot be granted for periods of more than 90 calendar days.

Information to be Provided in the Pre-10 PER

The case manager must include the following information in the pre-10 PER:

- Documentation of the efforts being made to maintain or return the child to a family setting, including support services and other interventions that have been sought or used to maintain the child in the community.

- The projected time frame for placement to a less restrictive setting.

- Description of the child's behaviors and needs that require intervention in a residential care program.

- The results of the fetal alcohol spectrum disorder (FASD) pre-screening; see FOM 802, Mental Health, Behavioral and Developmental Needs of Foster Children. The case manager must include results of any previously completed FASD diagnostic evaluations.

- If the child is currently in a residential care program, documentation supporting the reasons more time is needed to achieve treatment goals and the progress the child is making.

Areas of Impairment

In addition to the information required in the PER, the case manager must include supporting documentation in the case service plan that demonstrates impairment in each of the following areas, including:

- **School**

  - Provide a school report document such as an Individualized Education Plan (IEP) or an independent professional evaluation supporting the contention that a serious school problem exists.

  - Description of specific efforts made to meet the child's educational needs in the community.

  - Intervention in a residential setting for preschool-aged children will rarely be approved. However, if such an intervention is determined necessary to meet the child's needs, document non-organic developmental delays that can only be addressed in the residential setting.

- **Community**

  - Difficulties within the community may be documented in the case service plan.

  - Indicators of dysfunction may include contacts with law enforcement agencies or dysfunctional peer relationships within the school or neighborhood settings.

- **Family**

  - The child's behaviors and needs that are unable to be successfully treated in the community while placed in a

family setting must be clearly documented in the case service plan.

- A thorough assessment to support the decision that a family setting cannot meet the child's needs, or a placement history that demonstrates a pattern of failed placements in family settings and includes appropriate placement change narratives, must be provided.

Approval Path for MDHHS-Supervised Cases

1. MDHHS case manager completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS second line manager reviews and routes the PER.
4. MDHHS county director/designee or child welfare director/designee reviews and routes the PER.
5. BSC director reviews the PER, requests approval from the CSA senior deputy director if required, and provides notice to the Specialized Placement Division (SPD) mailbox (MDHHS-Residential-SPD@michigan.gov) for abuse/neglect cases or the Juvenile Justice Assignment Unit (JJAU) mailbox (JJAU@michigan.gov) for juvenile justice cases; see *Pre-10 Approval Email* in this item.
6. When required, the CSA senior deputy director reviews and approves residential services.
7. When required, the BSC director documents the CSA senior deputy director's approval and date of approval, including any special notes related to the approval, in the electronic case record approval path.
8. BSC director ensures all other necessary approvals for other PER reasons in the request, if applicable, are obtained, and approves the PER in the electronic case record.

Approval Path for PAFC-Supervised Cases

1. PAFC case manager completes and routes the PER.
2. PAFC supervisor reviews and routes the PER.
3. PAFC director reviews and routes the PER.

4. MDHHS county director/designee or child welfare director/designee reviews and routes the PER.

5. BSC director reviews the PER, requests approval from the CSA senior deputy director if required, and provides notice to the SPD mailbox (MDHHS-Residential-SPD@michigan.gov) for abuse/neglect cases or the JJAU mailbox (JJAU@michigan.gov) for juvenile justice cases; see *Pre-10 Approval Email* in this item.

6. When required, CSA senior deputy director reviews and approves residential services.

7. When required, the BSC director documents the CSA senior deputy director's approval and date of approval, including any special notes related to the approval, in the electronic case record approval path.

8. BSC director ensures all other necessary approvals for other PER reasons in the request, if applicable, are obtained, and approves the PER in the electronic case record.

Pre-10 Approval Email

When a pre-10 PER requires approval by the CSA senior deputy director, the BSC director must email MDHHS-CSA-DirectorApprovals@michigan.gov and include the following:

- Subject line: CSA Approval Requested for Pre-10 Residential Services.
- For abuse/neglect cases, carbon copy (cc) the SPD mailbox (MDHHS-Residential-SPD@michigan.gov).
- For juvenile justice cases, cc the JJAU mailbox (JJAU@michigan.gov).
- Child's name, date of birth, and age.
- Child's case ID.
- Child's current placement.
- Name of recommended residential program.
- For initial placements and placement changes, the anticipated date of admission.

- A copy of the PER narrative for the child and any relevant assessments.

Upon receipt of the CSA senior deputy director's approval, the BSC director must:

- Document the CSA senior deputy director's approval and date of approval, including any special notes related to the approval, in the electronic case record approval path.
- Ensure any other necessary approvals are obtained, including the Foster Care Division and JJAU.

Initial Shelter Placement of Children Under Age 10

The CSA senior deputy director must grant final approval for placement of a child under the age of 10 in an emergency shelter; see *Emergency Shelter Care Programs* in this item.

Pre-13 Placement Exception Request

The BSC director must grant final approval for all referrals of a child at least 10 years of age but under the age of 13 for residential services. The first line of the PER narrative for a pre-13 request must state, "pre-13 placements requiring BSC director approval" to ensure appropriate approval.

Approval must be granted prior to admission or prior to the expiration of the previously granted request and cannot be granted for periods of more than 90 calendar days.

Information to be Provided in the Pre-13 PER

Pre-13 PERs must contain the same information and documentation of areas of impairment as pre-10 PERs; see *Pre-10 Placement Exception Request* in this item.

Approval Path for MDHHS-Supervised Cases

1. MDHHS case manager completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS second line manager reviews and routes the PER.

4. MDHHS county director/designee or child welfare director/designee reviews and routes the PER.
5. BSC director reviews and approves the PER.
6. Ensure any other necessary approvals are obtained, including JJAU, Michigan Children's Institute (MCI), and the Foster Care Division.

Approval Path for PAFC-Supervised Cases

1. PAFC case manager completes and routes the PER.
2. PAFC supervisor reviews and routes the PER.
3. PAFC director reviews and routes the PER.
4. MDHHS county director/designee or child welfare director/designee reviews and routes the PER.
5. BSC director reviews and approves the PER.
6. Ensure any other necessary approvals are obtained, including JJAU, MCI, and the Foster Care Division.

Placement of a Dual/MCI Ward

Placement of a dual ward into a residential abuse/neglect residential care program or juvenile justice residential care program requires approval through a PER. Dual wards include delinquent wards supervised by the court.

Approval Path for MDHHS-Supervised Cases

1. MDHHS case manager completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS second line manager reviews and routes the PER.
4. MDHHS county director/designee or child welfare director/designee reviews and routes the PER.
5. BSC, for or a Pre-10 PER, Pre-13 PER, 12 months PER, or beyond 12 months PER, review and route the PER.

6. JJAU reviews and routes the PER. JJAU only is required to review dual wards placed in a juvenile justice residential care program.

7. For youth with a legal status 44, 52 or 94 being placed in a juvenile justice residential program, the MCI superintendent reviews and routes the PER; see FOM 901-6, Legal Status.

8. Foster Care Division reviews and approves the PER.

Approval Path for PAFC-Supervised Cases

1. PAFC case manager completes and routes the PER.

2. PAFC supervisor reviews and routes the PER.

3. PAFC director reviews and routes the PER.

4. MDHHS county director/designee or child welfare director/designee reviews and routes the PER.

5. BSC, for or a Pre-10 PER, Pre-13 PER, 12 months PER, or beyond 12 months PER, review and route the PER.

6. JJAU reviews and routes the PER.

7. For dual wards with legal status 52 or 94 being placed in a juvenile justice residential program, the MCI superintendent reviews and routes the PER; see FOM 901-6, Legal Status.

8. Foster Care Division reviews and approves the PER.

Placement of an Abuse/Neglect Ward into a Juvenile Justice Residential Program

Placement of an abuse/neglect youth into a **secure** juvenile justice residential care program is prohibited. Cross placement of an abuse/neglect youth into a non-secure juvenile justice residential care program requires written or verbal consent from the youth's lawyer-guardian ad litem (L-GAL) and the court, as well as approval of the residential PER by the Foster Care Division prior to placement. The PER must be approved by the Foster Care Division every 90 days and contain the following information in the narrative:

- A list of all contracted abuse/neglect placement efforts, including program name, person contacted, date of referral, and reason for rejection.
- A statement documenting consent was obtained by the L-GAL and court, the date consent was obtained, and any other pertinent information shared by the L-GAL or the court regarding the placement, if applicable.
- Documentation of the specific efforts being made to maintain the child in or return the child to a family setting, including support services and other interventions that have been used to maintain the youth in the community.
- Projected time frame for the movement to a less restrictive setting.
- Reason placement into a juvenile justice program is appropriate for the youth.
- How the program will meet the youth's needs.

After the PER for a juvenile justice program has been approved in the electronic case record, a residential record must be created by the JJAU. To create the residential record, the MDHHS foster care case manager or monitoring case manager must email the following information to the JJAU (JJAU@michigan.gov):

- Youth's first and last name.
- Person ID.
- Case ID for the open foster care case.
- Provider name.
- Provider ID.
- Placements begin date.
- Service type.
- Service description.
- Name and phone number of case manager and supervisor to contact with any questions.

Approval Path for MDHHS-Supervised Cases

1. MDHHS case manager completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS second line manager reviews and routes the PER.

4. MDHHS county director/designee or child welfare director/designee reviews and routes the PER.
5. BSC, for or a Pre-10 PER, Pre-13 PER, 12 months PER, or beyond 12 months PER, review and route the PER.
6. JJAU reviews and routes the PER.
7. For MCI wards, the MCI superintendent reviews and routes the PER.
8. Foster Care Division reviews and approves the PER.

Approval Path for PAFC Supervised Cases

1. PAFC case manager completes and routes the PER.
2. PAFC supervisor reviews and routes the PER.
3. PAFC director reviews and routes the PER.
4. MDHHS county director/designee or child welfare director/designee reviews and routes the PER.
5. BSC, for or a Pre-10 PER, Pre-13 PER, 12 months PER, or beyond 12 months PER, review and route the PER.
6. JJAU reviews and routes the PER.
7. For MCI wards, the MCI superintendent reviews and routes the PER.
8. Foster Care Division reviews and approves the PER.

Placement of a Juvenile Justice Ward into an Abuse/Neglect Residential Program

Cross-program placement of a juvenile justice child in an abuse/neglect residential care program requires written court order and approval from JJAU and the Foster Care Division through a PER. The juvenile justice specialist must obtain and document the following information in the narrative of the PER:

- The total number of straight delinquent wards that will be placed in the contracted abuse/neglect residential program.
- The number of licensed beds for the agency's specific contracted abuse/neglect program.

Based on this information, the Foster Care Division must verify the agency is within their limit for the total number of straight delinquent wards that can be placed in their program. The JJAU must review the PER and the court order. The PER narrative must include a list of all placement efforts, including program name, person contacted, date of referral, and reason for rejection. The court order should be uploaded to the document hyperlink under the contracted abuse/neglect residential placement in the electronic case record.

Approval Path for MDHHS-Supervised Cases

1. MDHHS case manager completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS second line manager reviews and routes the PER.
4. MDHHS county director/designee or child welfare director/designee reviews and routes the PER.
5. JJAU reviews and routes the PER.
6. Foster Care Division reviews and approves the PER.

Change in Residential Care Program

When a child is moved from one residential care program to another, a change in residential services must be approved through a PER. The case manager must document the following in the narrative section of the PER:

- The reason the child is moving to another residential care program.
- The behaviors the child is exhibiting require continued intervention in a residential care program.
- The specific treatment that the child will receive in the new program to better meet their needs.

- The planned next placement and what efforts are being made to assist the family in participating with the child's treatment program.

If a child moves to a new residential care program within the first 90 days of the initial residential PER, a new initial residential PER will auto generate for the remaining time frame. If the child moves after the initial 90 days, the appropriate PER must be manually generated on the new placement for the remaining time frame.

Approval Path

For any change in residential care program, follow the approval path for that specific PER type or PER reason.

Facility Not Under Contract with MDHHS

If an abuse/neglect or juvenile justice child is receiving treatment in a residential care program that is not under contract with MDHHS, the narrative in the PER must include a list of all efforts to secure treatment with contracted residential care programs, including program names, persons contacted, dates of referrals, and reasons for rejection.

Note: After the Foster Care Division approves the PER, the service authorization to the provider must be routed to the Federal Compliance Division (FCD); see FOM 903-08, Payment Requiring Special Processing.

Approval Path for MDHHS-Supervised Cases

1. MDHHS case manager completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS second line manager reviews and routes the PER.
4. MDHHS county director/designee or child welfare director/designee reviews and routes the PER.
5. Foster Care Division reviews and approves the PER.

Approval Path for PAFC-Supervised Cases

1. PAFC case manager completes and routes the PER.

2. PAFC supervisor reviews and routes the PER.
3. PAFC director reviews and routes the PER.
4. MDHHS county director/designee or child welfare director/designee reviews and routes the PER.
5. Foster Care Division reviews and approves the PER.

Youth found medically ready for discharge from a psychiatric hospital, but a new placement has not yet been identified yet, must obtain written non-contracted hospital overstay approval. The request must include the following:

- Bill, invoice, or payment agreement (with the Medicaid daily rate listed).
- All information written on a MDHHS memo.
- Request for approval from the county director/designee, the BSC director, and the Foster Care Division.

This non-contracted approval is given outside of the electronic case management system since a residential PER cannot be created under a medical vendor.

Admission Outside of the Contracted Bed Capacity

If admission of an abuse/neglect or juvenile justice child for intervention in a residential care program will exceed the contracted bed capacity but will not exceed the agency's total number of licensed beds, and treatment in the facility is in the child's best interest, a PER must be completed.

Approval Path for MDHHS-Supervised Cases

1. MDHHS case manager completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS second line manager reviews and routes the PER.
4. MDHHS county director/designee or child welfare director/designee reviews and routes the PER.

5. Foster Care Division reviews and approves the PER.

Approval Path for PAFC-Supervised Cases

1. PAFC case manager completes and routes the PER.
2. PAFC supervisor reviews and routes the PER.
3. PAFC director reviews and routes the PER.
4. MDHHS county director/designee or child welfare director/designee reviews and routes the PER.
5. Foster Care Division reviews and approves the PER.

TREATMENT FOSTER CARE

Initial Referral

When a child is referred to the Treatment Foster Care Program, approval must be obtained through a PER. The child may be placed in a treatment foster home for the following reasons:

- The child is being discharged from intervention in a psychiatric hospital or facility.
- The child is stepping down from a residential service into the community and requires a highly structured placement.
- The child has a recent psychiatric diagnosis and one of the following domains on the Child Assessment of Needs and Strengths (CANS) is scored with the highest level of impairment:
  - Mental Health and Well-Being.
  - Substance Abuse.
  - Sexual Behavior.
- Child is under age seven with exceptional and intensive mental health and behavioral needs and has experienced multiple placements with poor response to mental health treatment. Intervention in a residential setting would be the only alternate option.

Documentation must be provided in the narrative of the PER to explain the need for treatment foster care and the services to be

provided. Indicate if the child is receiving any services from a serious emotional disturbance (SED) waiver.

Extension

Approval for treatment foster care placements exceeding 12 months must be obtained through a PER. The following must be documented in the narrative of the PER to explain the reason the child requires placement beyond 12 months:

- Anticipated next placement.
- Expected discharge date.
- Current length of stay.
- Specific reasons for extension request.
- Services that have been provided to the child to date.
- Services to be provided to move towards discharge.

Approval Path

The following approval paths are used for initial referrals and extensions.

MDHHS-Supervised Cases

1. MDHHS case manager completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS second line manager reviews and routes the PER.
4. MDHHS county director/designee or child welfare director/designee reviews and approves the PER.

PAFC-Supervised Cases

1. PAFC case manager completes and routes the PER.
2. PAFC supervisor reviews and routes the PER.
3. PAFC director reviews and routes the PER.
4. MDHHS county director/designee or child welfare director/designee approves the PER.

ONE-TO-ONE SUPERVISION

If a child requires a short-term one-to-one intervention to stabilize the child's behaviors and ensure safety, a PER must be approved prior to implementing the service.

If the shelter or residential care program is requesting one-to-one supervision, the program must submit a request in writing on their letterhead so the case manager can complete the PER. The written

one-to-one supervision request must be uploaded to the document hyperlink under the shelter or residential placement in the electronic case record. The narrative in the PER must include the following:

- The child's needs that require one-on-one supervision.
- The program's attempts to meet the child's needs with the current ratio and treatment approach.
- The number of hours requested.
- The approved hourly rate.

Upon approval of the PER, see FOM 903-09, Case Service Payments.

Approval Path for MDHHS-Supervised Cases

1. MDHHS case manager completes the routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS second line manager reviews and routes the PER.
4. MDHHS county director/designee or child welfare director/designee reviews and routes the PER.
5. Foster Care Division reviews and approves the PER.

Approval Path for PAFC-Supervised Cases

1. PAFC case manager completes and routes the PER.
2. PAFC supervisor reviews and routes the PER.
3. PAFC director reviews and routes the PER.
4. MDHHS county director/designee or child welfare director/designee reviews and routes the PER.
5. Foster Care Division reviews and approves the PER.

EMERGENCY SHELTER CARE PROGRAMS

Initial Placement

The BSC director must approve placement of children ages 10 and older in an emergency shelter care program. Initial approval may be granted for up to 30 calendar days.

Time Limit for Placement

Placement in an emergency or shelter facility must not exceed 30 calendar days unless one of the following circumstances exists:

- The child has an identified and approved placement, but the placement is not available within 30 calendar days of the child's entry to an emergency or temporary facility.
- The child's behavior has changed so significantly that the purpose of assessment is critical for the determination of an appropriate placement.

If one or more of these circumstances exist, the case manager must complete a PER for approval to extend the emergency shelter placement beyond 30 days.

Note: Children must not remain in an emergency shelter facility for more than 45 days.

Approval Path

MDHHS-Supervised Cases

1. MDHHS case manager completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS county director/designee or child welfare director/designee reviews routes PER.
4. BSC director reviews and approves the PER.

Exception: For children under age 10, the BSC director must review the PER and, if appropriate, request the CSA senior deputy director's approval by email. The BSC director must document the CSA senior deputy director's decision in the PER; see *Initial Shelter Placement of Children Under Age 10* in this item.

PAFC-Supervised Cases

1. PAFC case manager completes and routes the PER.
2. PAFC supervisor reviews and routes the PER.
3. PAFC director reviews and routes the PER.
4. MDHHS county director/designee or child welfare director//designee reviews and routes the PER.
5. BSC director reviews and approves the PER.

   Exception: For children under age 10, the BSC director must review the PER and, if appropriate, request the CSA senior deputy director's approval by email. The BSC director must document the CSA senior deputy director's decision in the PER; see *Initial Shelter Placement of Children Under Age 10* in this item.

Initial Shelter Placement of Children Under Age 10

The CSA senior deputy director must approve placement of a child under the age of 10 in an emergency shelter care program. To obtain approval, the BSC director must review the request and, if appropriate, request approval from the CSA senior deputy director via email to MDHHS-CSA-DirectorApprovals@michigan.gov. The email must include the following:

- Subject line: CSA Approval Requested for Pre-10 Shelter Services.
- For abuse/neglect cases, carbon copy (cc) the SPD mailbox (MDHHS-Residential-SPD@michigan.gov).
- For juvenile justice cases, cc the JJAU mailbox (JJAU@michigan.gov).
- Child's name, date of birth, and age.

- Child's case ID.
- Child's current placement.
- Name of the proposed emergency shelter care program.
- Anticipated date of admission.
- Projected time frame for placement in a less restrictive setting.
- The child's behaviors or needs that require placement in an emergency shelter care program.
- Efforts being made to find and secure a placement for the child in a family setting, including support services and other interventions that have been sought or used to maintain the child in the community.
- Reasons that placement in the emergency shelter program is needed to achieve treatment goals and the progress the child is making in current services.
- Results of the FASD pre-screening; see FOM 802, Mental Health, Behavioral and Developmental Needs of Foster Children. If a full FASD diagnostic evaluation was completed, the case manager must also include those results.

Repeated Placement

Children must not be placed in an emergency shelter care program more than one time within a 12-month period. An exception may be made for child who are:

- Absent without legal permission (AWOLP).
- Facing a direct threat to their safety, or who are a threat to the safety of others such that immediate removal is necessary.
- Experiencing behavior changes so significant that a temporary placement for the purposes of assessment is critical to determine an appropriate placement.

If one or more of these circumstances exist, a PER must be completed.

Children aged 14 and under who are experiencing a second or greater emergency or temporary facility placement within one year must not remain in the emergency or temporary facility for more than seven calendar days.

Children ages 15 and older who are experiencing a second or greater emergency or temporary facility placement within one year must not remain in the emergency or temporary facility for more than 30 calendar days.

Approval Path for MDHHS-Supervised Cases

1. MDHHS case manager completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS county director/designee or child welfare director/designee reviews routes PER.
4. BSC director reviews and approves the PER.

Approval Path for PAFC Supervised Cases

1. PAFC case manager completes and routes the PER.
2. PAFC supervisor reviews and routes the PER.
3. PAFC director reviews and routes the PER.
4. MDHHS county director/designee or child welfare director/designee reviews and routes the PER.
5. BSC director reviews and approves the PER.

COURT-ORDERED JUVENILE DETENTION

If the court orders a child to remain in detention for more than 30 calendar days, a PER must be approved prior to the 30th calendar day.

Children must be removed from detention when the court order for detention ends; see JJM 470, Detention Alternatives, Detention and Jail Requirements.

Approval Path for MDHHS-Supervised Cases

1. MDHHS case manager completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS county director/designee or child welfare director/designee reviews and approves the PER.

Approval Path for PAFC-Supervised Cases

1. PAFC case manager completes and routes the PER.
2. PAFC supervisor reviews and routes the PER.
3. PAFC director reviews and routes the PER.
4. MDHHS county director/designee or child welfare director/designee approves the PER.

JOB AIDS

The following job aids are available on this topic in the MiSACWIS Communications Website by logging into MiSACWIS and selecting Help & Training → Child Welfare Technology Communications → Resources → Placement.

- PER PAFC Guide.
- PER MDHHS Guide.
- Completing a Manual PER.
- Completing a System Generated PER.
- PER Triggers and Ticklers.
- Placement Exception Requests FAQs.

POLICY CONTACT

Questions about this policy item may be directed to the Child-Welfare-Policy@michigan.gov.

OVERVIEW

Approved absences from foster care placement are necessary to support the well-being of the child and caregiver. Approved absences from foster care placement also assist with ensuring a child's best interest and timely permanence. Case managers must follow the timeframes and requirements regarding a child's absence from placement in this policy. When it is necessary to have absences there is no change in placement required in the electronic case management system.

APPROVED ABSENCES FROM PLACEMENT

The following are reasons a child may be approved for an absence from placement:

Substitute care is short term care and supervision for a foster child in the absence of the caregiver. Substitute care is driven by the caregiver's need for substitute care. The substitute caregiver does not need to be licensed. If the substitute caregiver is licensed, a capacity change does not need to occur.

Parenting time is visits between a child and the child's parents to support reunification and preserve attachment. When reunification is the goal, the parenting time plan should include progressively increased parental contact.

Sibling visits are visits between a child and the child's siblings to support reunification and preserve attachment. Siblings in foster care who are not placed together must have regular visitation.

Pre-adoptive visits are approved visits between a child and a prospective adoptive family to support the transition to the adoptive home. The pre-adoptive family must have an approved adoptive family assessment and does not have to be a licensed caregiver.

Prudent parent absences from the placement are child centered activities that promote normalcy for children. These activities do not have to be with a licensed caregiver. If the child is staying with a licensed caregiver, a capacity change does not need to occur.

Respite care is short term care and supervision of a child who is an abuse and/or neglect ward, including dual wards, and juvenile justice wards in any of the following placements: licensed foster home, relative caregiver home, adoptive home, legal parents or

guardians, and court ordered placements. Children who are a part of the Serious Emotional Disturbances Waiver (SEDW) and were referred by Community Mental Health (CMH), whether they are placed in foster care or not, qualify for respite. Respite is available to provide temporary and occasional relief to the child and the child's current placement caregiver, parent, or legal guardian to maintain the ability to meet the needs of the child and to support the well-being of the current placement caregiver. Caring for the needs of children who have experienced the trauma of neglect and/or abuse requires intensive time, effort, and skill. Respite services can be provided by licensed or unlicensed providers; see SRM 109, Respite Services and Engagement.

An approved absence from placement cannot override or interfere with the child's case plan or court-ordered requirements.

Example: Court- ordered requirements such as parenting time and sibling visits.

Notification

Caregiver

The caregiver must notify the case manager prior to the absence anytime a child will be away from their placement for three or more days. The case manager is to inform the child's Lawyer Guardian Ad Litem (LGAL) and parents (for temporary wards) of planned absences.

For absences requiring substitute care for 24 hours or more, caregivers in licensed foster homes must provide notice to the agency before any planned overnight substitute care and/or within 24 hours of any unplanned absence requiring substitute care (R400.12319).

Legal Parent

The case manager is to give notice to all legal parents for absences exceeding three days. This may be a written notice or notice by phone, which must then be entered into a social work contact in the electronic case record.

Exception: Family visitation that is otherwise documented in the current visitation plan.

Approval Path for Absences from Placement

Absences for three to five days:

- Do not require further approval beyond the case manager.
- The placement must be considered intact by the caregiver and return to the placement is planned.
- The placement caregiver agrees to remain involved with the child and/or the child's family during the absence.
- Payments may continue as long as the placement is maintained for the child and a return to the placement is planned.
- Do not change the child's placement in the electronic case record.

Absences for six to 14 days:

- Foster care supervisor approval is required and must be documented in a social work contact in the electronic case record.
- The placement must be considered intact by the caregiver and return to the placement is planned.
- The placement caregiver agrees to remain involved with the child and/or the child's family during the absence.
- Payments may continue as long as the placement is maintained for the child and a return to the placement is planned.
- Do not change the child's placement in the electronic case record.

Absences for 15 consecutive days or more:

- County director or designee must approve the absence for both Michigan Department of Health and Human Services (MDHHS) and private agency supervised cases.

- The case manager must write a memo to the county director or designee and include the following information:
    - The reason for the absence from placement.
    - The location where the child will be staying.
    - The person who will be responsible for the child while the child is away from the placement.
    - The case manager has confirmed with the caregiver they are willing to accept the child back following the absence.
    - The caregiver's willingness to continue involvement with the child during the absence.
    - The planned begin and end date of the absence.
    - The child's fund source.

Note: If the child's fund source is not title IV-E, the county director/designee may approve payment of the age-appropriate rate and the Placement Agency Foster Care (PAFC) general foster care administrative rate, if appropriate.

TEMPORARY BREAKS

The following are considered temporary breaks from placement and a new placement must be entered into the electronic case record:

- Absent without Legal Permission (AWOLP).
- Detention.
- Jail.
- Medical Hospitalization.
- Psychiatric Hospitalization.

See FOM 903-07, Temporary Breaks/Bed Hold Payments for more information.

Documentation

The case manager must document the approved absence in a social work contact in the electronic case management system. The documentation must include the following:

- Begin and end dates of the absence.
- The individual who approved the absence and the date the absence was approved; see *Approval Path* in this item.
- The name, address, and contact information of the individual(s) with whom the child will be staying with during the absence.

Note: The name, address, and contact information of the individual(s) with whom the child will be staying with may be documented in the Additional Narrative section of the social work contact if there are safety or privacy concerns related to the information being contained in the case service plan.

LEGAL AUTHORITY

State Laws

Child Care Organizations Act, 1973 PA 116, as amended, MCL 722.111 et seq.

Foster family home and foster family group home; is care and supervision that is provided 24 hours a day, for four or more days a week, for two or more consecutive weeks.

Licensing Rule

Mich Admin Code, R400.12319

An agency's substitute care policy must support substitute caregivers and childcare licensing rules.

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

OVERVIEW

The following policy details Michigan Department of Health and Human Services (MDHHS) and placement agency foster care (PAFC) requirements for maintaining case documentation regarding children and families receiving foster care services.

DEFINITIONS

The following definitions apply to this policy only.

Electronic case record: all information and documents related to a specific case or person that are stored in an electronic case management system.

Electronic case management system: a system that supports a workflow, management collaboration, storage of images and content, decision formulation, and processing of electronic files or cases.

Physical case file: all hard copy documents stored in a physical file. For cases serviced by a PAFC agency contracted by MDHHS, this would include physical files at the MDHHS local office and the PAFC agency office.

CASE DOCUMENTATION

Case documentation must be maintained for all children who are:

- Committed to the department.
- Placed by court order and supervised by the department.
- Out-of-town inquiry (OTI) cases; see the Interstate Compact Manual (ICM) 100-170 and FOM 722-14, Foster Care - Courtesy Supervision.
- Placed voluntarily in an alternative placement for which department funds are being disbursed or for whom services are provided.

Exception: Adoption medical subsidy cases.

MDHHS and PAFC agencies must maintain all case documentation in the electronic case record.

MDHHS and PAFC agencies must upload documentation according to the guidelines in the MiSACWIS Job Aid: Uploading Documents. The Uploading Documents Job Aid can be found in the Child Welfare Technology Communications site within the MiSACWIS tab under Documents and Forms.

Prior to uploading documents in the electronic case record, MDHHS and PAFC agencies must ensure all content from the paper document is visible and legible in the scanned image.

In addition to maintaining case documentation in the electronic case record, some case documentation must also remain in hard copy in the physical case file, as noted below.

For additional requirements for juvenile justice cases; see JJM 255, Case Record Requirements.

For additional requirements for Indian Child Welfare Act (ICWA) cases; see NAA 225, State Historic and Descendent Children and Family Culturally Appropriate Services.

Documentation Completed in the Electronic Case Record

MDHHS and PAFC agencies must generate **and save** all finalized documents completed within the electronic case record. Saving a document within the electronic case record preserves the document's content at the time of generation.

Note: Draft documents generated for supervisor review or corrections do not need to be saved until corrections are made and the document is finalized.

Documentation Completed within the Electronic Case Management System

Forms, reports, assessments, and other documents completed within the electronic case record do not need to be maintained in the physical case file after they have been generated and saved in the electronic case record.

- The full document does not need to be scanned and uploaded if it is generated entirely from data elements contained in the electronic case record.

- If a signature page is present, the signed signature page must be scanned and uploaded into the electronic case record and maintained in the physical case file.

Documentation Completed or Modified Outside of the Electronic Case Management System

Forms, reports, assessments, and other documentation completed outside of the electronic case record must have the full document scanned and uploaded to the electronic case record:

- This includes documents which are partially completed and generated in the electronic case record but also contains information that was added or modified after generation of the document.
- MDHHS and PAFC agencies must ensure signatures are present on the uploaded document, if applicable, and the signature page must be maintained in the physical case file.

Education and Employment

Education and employment documentation for children under MDHHS care and supervision must be scanned and uploaded to the electronic case record. All education and employment documentation must be returned to the youth or caregiver no later than case closure.

Financial

All financial documents must be scanned and uploaded to the electronic case record **and** a hard copy must be maintained in the physical case file.

Legal Documents

All legal documentation must be scanned and uploaded to the electronic case record **and** a hard copy must be maintained in the physical case file. Examples include:

- Court orders.
- Petitions (initial, amended, and supplemental).
- Motions.
- DHS-3813, Request for Assistance/Voluntary Foster Care.

Medical and Mental/Behavioral Health

Medical and mental/behavioral health documentation for children under MDHHS care and supervision must be maintained in accordance with FOM 801, Health Services for Children in Foster Care and FOM 803, Medicaid - Foster Care.

Medical and mental/behavioral health documentation for adult case members must be scanned and uploaded to the electronic case record. These documents may be destroyed after uploading.

Vital Records, Photographs, and Mementos

MDHHS and PAFC agencies must scan and upload vital records, photographs, and mementos into the electronic case record and maintain them in the physical case file until case closure. Examples include:

- Birth certificate.
- Social security card.
- Photographs of the child and/or family members.
- Letters from biological parents.

Upon case closure, MDHHS or the PAFC agency must return these documents to the:

- Legal parent(s) if the case closes after reunification or the death of a temporary ward.
- Adoptive parent(s) if the case closes due to adoption.
- Youth, if the child is age 18 or older at the time of case closure.
- Legal guardian(s) if the case closes after the child has been placed in a guardianship.

Note: In the event of case closure due to the death of a Michigan Children's Institute (MCI) ward, these documents should be maintained in the physical case file.

Child Sexually Abusive Material

Staff are prohibited from receiving, handling, transferring, transmitting, or retaining Child Sexually Abusive Material (CSAM). In the event CSAM is provided to staff, staff must notify their immediate supervisor and contact law enforcement to determine how law enforcement would like to take possession.

Once law enforcement has taken possession of the CSAM, staff must delete the CSAM from the device upon which it was stored. Digital files containing CSAM shall only be transferred through the use of removable electronic storage device(s). The storage device must be encrypted and marked "CHILD SEXUALLY ABUSIVE MATERIAL" on the exterior of the device and the packaging the device is stored in.

Under no circumstances is CSAM permitted to be sent or received via email, iPhone or other electronic transmission or saved or stored by the department in any form. This includes, but is not limited to, storage in a physical case file or upload to the electronic case management system. Doing so presents significant risks that the material will be accessed by unauthorized individuals.

Staff must document all instances of the transfer of CSAM within the electronic case record. Documentation must include the date of the transfer, how the information was transferred and the name of the person and organization to whom it was transferred.

SRM 131, Confidentiality provides additional guidance on what constitutes CSAM and policy requirements in the event staff is provided CSAM.

RECORD RETENTION

For information on record retention, see FOM 722-15, Case Closing.

POLICY CONTACT

Questions about this policy item should be emailed to the Child Welfare Policy Mailbox (child-welfare-policy@michigan.gov).

LEGAL

State

Records Reproduction Act, 1992 PA 116, as amended, MCL 24.401 et seq.

Executive Reorganization Order, E.R.O. No. 2009-26, MCL 399.752

Child Placing Agency

Mich Admin Code, R 400.12422

Mich Admin Code, R 400.12509

OVERVIEW

Case planning is a cooperative effort in which the case manager and the family develop a road map for moving a child to permanency, while simultaneously addressing the child's safety and well-being.

The purpose of case planning is to:

- Identify the behaviors or conditions that have contributed to the child's removal from the home.
- Provide a clear and specific guide for the case manager and the family for changing the behaviors and condition.
- Establish benchmarks to measure family and child progress for achieving outcomes.

Efforts to resolve the presenting problem(s) must be documented in the case service plan presented to the court to facilitate the determination of reasonable efforts; see FOM 722-08, Case Service Plans - Overview, Types, and Timeframes, FOM 722-08A, Ongoing Case Service Plans, FOM 722-08B, Permanent Ward Service Plan (PWSP), or FOM 722-08C, Young Adult Voluntary Foster Care (YAVFC) Services Plan.

Once the presenting problem which led to the child's out-of-home placement has been resolved and the safety of the child is ensured, the child must be promptly returned to parental care.

REVIEW OF PRIOR CPS AND FOSTER CARE RECORDS

Prior to developing the case service plan, case managers must review the current children's protective services (CPS) record, and any other CPS files on the child and the parent(s). If the child was previously in foster care, the case manager must make and document efforts to locate and obtain the closed CPS and foster care case record(s). All available former records **must** be reviewed and evaluated for:

- Patterns in abuse/neglect history for both the victim and the parent(s).
- Prior parental compliance, participation, and benefit of past services.

- Identification of relatives or significant others that could be used as a support system to the child or as possible placement.

Results of the review and evaluation of closed CPS and foster care case files must be documented in the case service plan.

DEVELOPING THE CASE SERVICE PLAN

Casework service **requires** the engagement of the family in development of the case service plan. This engagement must include an open conversation between all parents/guardians and the case manager in:

- Discussing needs and strengths.
- Establishing the case service plan.
- Reaching an understanding of what is required to meet the goals of the case service plan.
- Discussing concurrent permanency planning; see FOM 722-07A, Permanency Planning - Concurrent Permanency Planning.

In most cases, the permanency goal will be reunification. The family is to be extensively involved in case planning and must have a clear understanding of all the conditions that must be met prior to the child's return home, how these relate to the petition necessitating out-of-home placement, and what the supervising agency will do to help the family meet these conditions.

MCL 712A.13a(8)(c) states that parental compliance with the case service plan is voluntary until court disposition, unless the court orders otherwise. Declining to participate, prior to the dispositional hearing, will not be viewed as failure to comply with the supervising agency.

Parental Engagement

Parental participation in case service plan development is required. Parental engagement is an invaluable tool for achieving an early return home for children in foster care. Parents **must be encouraged to actively participate in developing** the parent-

agency treatment plan (PATP) and service agreement (SA) section of the case service plan. This section must state specifically what the parents will need to do to achieve reunification, and what the agency will do in support of parental objectives.

The PATP and SA **must** be:

- Specific to the individual needs of the family and child(ren).
- Inclusive of the family's viewpoint.
- Written in a manner that is easily understood by all parties.

Note: If all goals, activities, and outcomes are formulated solely by the case manager, the plan cannot be considered a mutually developed treatment plan.

If the parents are not involved in developing or refuse to sign the case service plan, the case manager must:

- Document the reasons why the parent is not involved or refuses to sign the PATP and SA; see FOM 722-08D, Treatment Plans.
- Identify and document additional actions needed to secure the parent's participation in service planning and compliance with the case plan.

Absent/Putative Parents

Developing the case service plan and parental involvement also requires the case manager to make attempts to identify and locate an absent parent/legal guardian or putative father; see FOM 722-06G, Efforts to Identify and Locate Absent/Putative Parent(s).

Incarcerated Parents

The case manager must make reasonable efforts to identify and locate an incarcerated parent. An incarcerated parent may provide important information about the child, as well as identify any available relatives that may be able to provide placement and support for the child.

Locating an Incarcerated Parent

The case manager can use, but is not limited to, the following resources to locate an incarcerated parent and identify services available at a jail or prison:

- For parents under the jurisdiction of the Michigan Department of Corrections: http://www.michigan.gov/corrections.
- For parents in federal prisons: http://www.bop.gov/.
- For parents in out-of-state facilities: http://www.vinelink.com or by contacting the facility.
- For parents in county jails, contact the county facilities directly.

Once an incarcerated parent is located, the case manager must - confirm and document the following information:

- Charge or conviction offense.
- Prisoner or jail number.
- Parole or release eligibility.
- Earliest release date.

Engaging the Incarcerated Parent

In cases where reunification is the permanency goal, the case manager must engage the parent in the case service plan regardless of how long that parent will be incarcerated.

The case manager must make monthly contact with the incarcerated parent through face-to-face contact, letter, email, or phone contact.

Upon locating the incarcerated parent, the case manager must send the incarcerated parent a letter that explains the purpose of the case service plan and request the following information:

- Whether the parent wishes to remain a parent to the child, and to identify any relatives who may be interested in placement.
- The parents' views of their needs and strengths.
- The services and work opportunities available to the parent.
- To describe their plan to provide care and custody of the child upon release from incarceration.

- To add the case manager to their call/visitor list so the parent and case manager may communicate via telephone/in person.

The case manager must assess the incarcerated parent's needs and strengths and document them in the family assessment of needs and strengths in the electronic case management system.

The case manager must determine the services and work opportunities available within the facility in which the parent is incarcerated. If the services available meet the parent's identified needs, this must be documented in the PATP and SA.

Note: Case managers are not required to arrange for service providers outside of the facility to deliver services within the facility but must utilize those services if currently available within the facility.

Once the PATP is completed, the parent must be given an opportunity to review and sign the case service plan. The case manager must send two copies of the case service plan to the incarcerated parent. An accompanying letter must clearly request that the parent sign one copy and return it to the case manager and keep the other copy for the parent's reference. In addition, the case manager must enclose a DHS-1555-CS, Authorization to Release Confidential Information, and request the parent sign and return the form. This will allow the case manager to verify the parent's compliance with the case service plan through contact with service providers and prison records. The case manager must evaluate an incarcerated parent's compliance with, and benefit from, services in the same manner as non-incarcerated parents. Case managers must obtain proof of a parent's compliance from the parent and service providers.

If the parent has been paroled or released from incarceration, or will likely be paroled soon, the case manager must identify any additional services the parent needs prior to reunification with the child and update the case service plan accordingly.

Family Team Meetings

Case managers must provide prior notice to an incarcerated parent of the following family team meetings (FTM):

- Court intervention.
- Change in permanency goal.
- Return home.

See FOM 722-06B, Family Team Meetings.

Non-Parent Adult

If the parent is in a relationship, consideration must be given to the parent's partner, regardless of whether the parent and partner reside together; see the definition of non-parent adult in FOM 721, Foster Care. This is particularly important if the non-parent adult will either spend a significant amount of time interacting with the child, will be living in the home if the child is returned home, or has a close personal relationship with the parent.

MCL 712A.6b states that participation in developing the case service plan and compliance with the plan is mandatory for the non-parent adult only when ordered by the court. The court may also order the non-parent adult to leave the home in which the child lives and/or order that the non-parent adult have no contact with the child and not come into proximity of the child. If the supervising agency has included the non-parent adult in the case service plan, the recommendations to the court should include a request for the court to order the non-parent adult to comply with the service plan.

Extended Family/ Relative Network

The participation of members of the extended family/relative network is viewed as essential to achieving permanency and is to be actively sought; see FOM 722-03B, Relative Engagement and Placement.

Child

A child age 14 and older must be involved in the development of the case service plan; see FOM 722-03C, Older Youth: Preparation, Placement, and Discharge. Children, when developmentally appropriate, must have their perception of the issues and their concerns documented in the appropriate areas of the case service plan; see FOM 722-06H, Case Contacts.

Caregivers

Caregivers are to be actively involved in the case service planning.

Treatment and Service Providers

Feedback from professionals working with the child and family must be obtained and incorporated in each case service plan; see FOM 722-06H, Case Contacts.

PLAN OF SAFE CARE

In any case that involves an infant born exposed to substances or who experienced or is experiencing withdrawal symptoms, or who has been diagnosed with Fetal Alcohol Spectrum Disorder (FASD), the case manager must ensure a MDHHS-6182, My Plan of Safe Care (POSC), is in place that addresses:

- The health and safety needs of the infant.
- The health and substance use treatment needs of the birthing parent or caregiver.
- The needs of all members of a household with a legal right to reunification with the child, including the child's legal parents and others who will reside in the home or provide care when the child is reunified, such as the parent's living together partner, relatives, or babysitters.
- The role of the child's current foster parent or relative caregiver.

Case managers must review the POSC with the family as needed and, at a minimum, during each service plan reporting period to determine whether updates or additional services are required. Case managers must document a review of the POSC in the social work contacts. Service referrals resulting from the POSC must be documented in the case service plan and treatment plan. Prior to the case closure, the POSC must be discussed with the caregivers to ensure all necessary supports are in place to assist the family post-closure. Services should include, but are not limited to, the following:

- Michigan Home Visiting Program.
- Families First.
- Families Together Building Solutions (FTBS).
- Infant mental health services.

- Substance use disorder prevention, treatment, or recovery services, including applicable and available contracted programs and/or publicly funded services available through Michigan's Pre-paid Inpatient Health Plans (PIHP).

The referral and implementation of these services must be documented by the case manager in the case service plan and PATP; see PSM 716-7, Cases Involving Substances, for complete POSC requirements.

GENOGRAMS

A genogram is a diagram outlining the history of behavior patterns, relationships, major events, and the dynamics of family members to recognize and understand past influences on current behavior patterns.

A genogram must be completed for each family as a part of the case service plan.

Resources for creating genograms can be found by accessing the Pre-Service Institute Student Guide.

ACTIVE EFFORTS

For American Indian/Alaska Native children, active efforts are **required** throughout all aspects of case service planning. Active efforts are more intensive than reasonable efforts and require the case manager to thoroughly assist the family in accessing and participating in necessary services that are culturally appropriate, remedial, and rehabilitative in nature; see NAA 205, Indian Child Welfare Case Management.

REASONABLE EFFORTS

Provisions were enacted into federal law in the Adoption Assistance and Child Welfare Act of 1980, 42 USC 670 et seq., and the Adoption and Safe Families Act (ASFA) of 1997, 42 USC 1305 et seq., as well as Michigan's Probate Code, 1939 PA 288, MCL 701.1 et seq., that require judicial oversight when a child is removed from their home. These provisions require judicial determination that reasonable efforts have been made by the supervising agency. The types of reasonable efforts which must be made by the department differ, depending on the status of the child. The four types of reasonable efforts determinations are to:

1. Prevent removal.
2. Make it possible for the child to return home.
3. Find that reasonable efforts are not required.
4. Finalize the permanency plan.

Reasonable Efforts for Title IV-E Funding Purposes

Provisions were enacted in the Adoption and Safe Families Act (ASFA), P.L. 105-89, and MCL 712A.18f that require judicial findings of reasonable efforts for title IV-E funding purposes when a child is removed from their home. These statutes require that reasonable effort determinations be made by a court; see FOM 721, Foster Care.

Title IV-E eligibility is determined by compliance with the ASFA. For information on title IV-E requirements and other required judicial findings; see FOM 902, Funding Determinations and Title IV-E Eligibility.

The court may make the following findings regarding reasonable efforts:

- The agency has made efforts to prevent or eliminate the need for the removal of the child from their home.
- The agency has made efforts to finalize a permanent placement for the child (such as returning home or adoption) in a timely manner.

The court may also find that:

- The supervising agency has not made reasonable efforts.
- A lack of effort by the agency to prevent the removal was reasonable.
- Making reasonable efforts is not required.

Supervising Agency Requirements

Reasonable efforts must be made by the supervising agency. The services offered and/or provided are considered reasonable efforts and must be recorded in the case service plan and the PATP and SA; see FOM 722-08D, Treatment Plan.

Examples of Reasonable Efforts

The services offered and/or provided to the family and child(ren) are considered reasonable efforts. These services may include but are not limited to:

- Search for absent parents or other relatives.
- 24-hour emergency caretaker.
- Homemaker.
- Day care.
- Crisis or family counseling.
- Emergency shelter.
- Emergency financial assistance.
- Respite care.
- Families First of Michigan.
- Home-based family services.
- Self-help groups.
- Parenting classes.
- Services to unmarried parents.
- Mental health services.
- Drug and alcohol abuse counseling.
- Vocational/job training reports.
- Efforts made by the case manager to locate an absent parent/legal guardian or putative father; see FOM 722-06G, Efforts to Identify and Locate Absent/Putative Parent.
- Efforts made by the case manager to locate and identify a fit and willing relative to care for the child; see FOM 722-03B, Relative Engagement and Placement.

- Registration of a child on the Michigan Adoption Resource Exchange (MARE). For more information go to the MARE website at www.mare.org.

Reasonable Efforts to Prevent Removal

MCL 712A.14b requires that services must be provided to families by CPS to prevent the removal and foster care placement of the child. The CPS case manager must document:

- The reasonable efforts provided to the family to prevent removal of the child from their home.
- Why was it not possible to provide reasonable efforts to the family prior to removal.
- The likely harm to the child if they are separated from the parent(s), guardian or custodian.
- The likely harm to the child if they are returned to the parent(s), guardian, or custodian.

The CPS case manager must complete documentation in the electronic case management system within five-business days of placement; see FOM 722-01, Entry Into Foster Care.

The foster care case manager must include this information in the initial service plan provided to the court; see FOM 722-08, Case Service Plans - Overview, Types, and Timeframes.

After examining the case service plan, the court will make a judicial determination regarding the reasonable efforts that were made prior to removal to maintain the child in their own home. When the child is removed in an emergency because of an imminent threat to the child's health or welfare, and there is no reasonable opportunity to provide preventive services, the court may determine that efforts to prevent removal were not possible and a lack of preventive efforts was reasonable.

Reasonable Efforts to Reunify the Child and Family

Reasonable efforts to reunify the child and family must be made in all cases except in the situations listed below.

Reasonable Efforts are not Required

Per MCL 712A.19a, reasonable efforts to prevent removal or to reunify the child and family must be made in all cases except in the following circumstances:

- The parent has been convicted of one or more of the following:
  - Murder of another child of the parent.
  - Voluntary manslaughter of another child of the parent.
  - Aiding or abetting the murder of another child of the parent.
  - Voluntary manslaughter of another child of the parent.
  - Attempted murder of the child or another child of the parent.
  - Conspiracy or solicitation to commit the murder of the child or another child of the parent.
  - A felony assault that results in serious bodily injury to the child or another child of the parent.
- The parent had rights to the child's siblings involuntarily terminated, regardless if there was risk of harm to the child in question.
- The parent is required by court order to register under the Sex Offenders Registration Act.
- There is a judicial determination that the parent has abused the child or a sibling of the child, and the abuse includes one or more of the following aggravated circumstances:
  - Abandonment of a young child.
  - Criminal sexual conduct involving penetration, attempted penetration, or assault with intent to penetrate.
  - Battering, torture, or other severe physical abuse.
  - Loss or serious impairment of an organ or limb.
  - Life threatening injury.

- Murder or attempted murder.

- The parent of the child failed to protect the child from one of the above aggravated circumstances.

A mandated petition for termination of parental rights is not the only reason for not providing services to reunify the family; see FOM 722-07C, Permanency Planning - Termination of Parental Rights. Each case must be examined individually to determine if efforts to reunify the family or prevent removal will be provided by the supervising agency. A case manager must seek approval from their supervisor in which the supervising agency is requesting the court to make a finding that reasonable efforts are not required.

Permanency Planning Hearing

MCL 712A.19a requires the court to conduct a permanency planning hearing within 30-calendar days after there is a judicial determination that reasonable efforts to reunite the child and family are not required.

Reasonable Efforts to Secure and Finalize a Permanent Placement

If the court determines that making efforts to prevent removal from the family are not required and reunification has been ruled out as a permanency plan, reasonable efforts to secure another permanent placement must be made. In most of these cases, the permanency plan for the child should be adoption. Permanent placement with a guardian or fit and willing relative may also be appropriate for certain children. If the permanency plan is not adoption, guardianship, or placement with a fit and willing relative, compelling reasons must be contained within the service plan and the court order that document why these goals are not in the child's best interest; see FOM 722-07, Permanency Planning - Overview.

The supervising agency must make reasonable efforts to finalize a permanent placement for a child, regardless of the child's legal status. Return home is included within the definition of a permanent placement. If reunification is the permanency planning goal, the court must consider whether efforts by the supervising agency to reunify a family are reasonable or not, while giving utmost consideration to the child's health and safety.

In all cases, the supervising agency's case planning must include the parent(s) (except when parental rights have been terminated), caregivers, and the child. The case service plan must contain details of efforts by the supervising agency to achieve the permanency planning goal and the services that will be provided to the parent(s), child(ren), and caregivers. This documentation provides the court with the necessary information to determine if the efforts described are reasonable or not.

Post-Termination Review Hearing

MCL 712A.19c requires the court to review the following during post-termination review hearings:

- The appropriateness of the permanency planning goal.
- The appropriateness of the child's placement in foster care.
- The reasonable efforts being made to place the child for adoption or in another permanent placement in a timely manner; see FOM 722-10, Court Review and FOM 721, Foster Care.

If the court believes that the supervising agency has made reasonable efforts to finalize a permanency plan in a timely manner, the court will make this finding within the court order.

SERVICE INTERVENTIONS

There must be a plan for ensuring that each child who is placed out of their own home receives safe and proper care and services. This documentation is required within each case service plan.

Per P.L. 96-272 and P.L. 105-89, there must be a plan which includes all the following:

- Services provided to the parent(s), child(ren), and foster parent/relative caregivers to improve the conditions in the parent's home to facilitate a safe return of the child(ren) to their own home or the permanent placement of the child(ren). The foster parent/relative caregiver are to be involved as appropriate.

- Needs of the child(ren) while in foster care.

- Services to the child(ren) and foster parents/relative caregivers to meet those needs.

- Appropriateness of the services that have been provided to the child.
- A statement that safe and proper care and services must be provided.

Service Delivery

The goals of the case service plan are safety, child well-being, and permanence. The agreed upon services provided to the family must facilitate movement towards these goals.

Service delivery to children and their families must be directed at the primary goals of establishing permanence and ensuring the child's safety within reasonable timeframes. It is only when timely and intensive services are provided to families that agencies and courts can make informed decisions about a parent's ability to protect and care for their children.

Service Referrals

Front Loading Services

Front loading services is an essential component of concurrent permanency planning that includes immediate referrals for needed services at the beginning of a case; see FOM 722-07A, Permanency Planning - Concurrent Permanency Planning. The assigned case manager must make appropriate service referrals for the family, as soon as possible, but no later than 30-calendar days after entry into care.

If the service provider is unable to immediately provide the service, the case manager must document in the case service plan that the service is unavailable and identify the date that the service will become available.

If the service is unavailable for more than 30 calendar days, the case manager must determine if other service providers offer the same or similar service and make a referral. If it is determined that there is no secondary service provider available, the case manager must locate alternate service providers and document these efforts in the case service plan.

MONITORING, EVALUATING, AND ADJUSTING SERVICE INTERVENTIONS

Once services and service providers have been identified, the case manager, in collaboration with the family, must monitor the delivery and effectiveness of the services on an ongoing basis to determine the family's level of participation and benefit and to determine if the services are supporting the goals identified in the case service plan.

The case manager, the family, and the family's team, must regularly reassess the strengths and needs of the child and family and adjust services, if necessary, to meet identified needs; see FOM 722-06B, Family Team Meeting.

COURT REVIEW OF PLAN

Copies of the service plan must be sent to the court for review. The court has the authority to modify the plan and to order compliance with all or part of the plan; see FOM 722-10, Court Review.

MCL 712A.13a(12) and MCR 3.966(A) state, upon the motion of any party, the court shall review custody and placement orders and the initial service plan pending adjudication and may modify these orders and plan if in the child's best interest. The case manager must coordinate filing the motion with the child's and/or parent's attorney(s), so the court is immediately notified of the new information.

LEGAL AUTHORITY

Federal

The Adoption Assistance and Child Welfare Act, P.L. 96-272

- Requires, as a condition of receiving federal foster care matching funds, that states make 'reasonable efforts' to prevent the removal of the child from the home and return those who have been removed as soon as possible.
- Requires participating states to establish reunification and preventive programs for all in foster care.

- Requires the court or agency to review the status of a child in any nonpermanent setting every six months to determine what is in the best interest of the child, with the most emphasis placed on returning the child home as soon as safely possible.
- Requires the court to determine the child's future status, whether it is a return to parents, adoption, or continued foster care, within 18 months after initial placement into foster care.

Adoption and Safe Families Act of 1997, P.L. 105-89

- Clarifies reasonable efforts.
- Requires states to specify situations when services to prevent foster placement and reunification of families are not required.
- Requires shorter time limits for making decisions about permanent placements.
- Requires permanency hearings to be held no later than 12 months after entering foster care.
- Requires states to initiate termination of parental rights proceedings after the child has been in foster care 15 of the previous 22 months, except if not in the best interest of the child, or if the child is in the care of a relative.

State

MCL 712A.6b

Order affecting non-parent adult.

MCL 712A.14b

Ex parte order authorizing immediate protective custody of child.

MCL 712A.13a

Definitions; petition; release of juvenile; order removing abusive person from home; placement of child; foster care; conditions; duty of court to inform parties; criminal record check and central registry clearance; family-like setting; parenting time; siblings; joint placement; visitation or other contact; review and modification of orders and plans; release of information; information included with order; "abuse" defined.

MCL 712A.19a

Permanency planning hearing; conditions; time limitation; reunion of child and family not required; purpose; obtaining child's views regarding permanency plan; consideration of out-of-state placement; notice; statement; return of child to parent; noncompliance with case service plan; other conditions as evidence; termination of parental rights to child; exceptions; alternative placement plans; powers and appointment of guardian; information considered as evidence; revocation or termination of guardianship.

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

Law Enforcement Information Network (LEIN) policy has moved to SRM 700, Law Enforcement Information Network (LEIN).

OVERVIEW

The family team meeting (FTM) is an essential component of MiTEAM, and Michigan's Child Welfare Practice Model. FTMs serve as the primary forum for safety planning, collaborative service planning, service identification, and assessing progress. The FTM represents a child-centered, family-driven, strength-based, team-guided approach, designed to engage families in developing plans for the safety, permanency, and well-being of their children and family.

FTMs should include child welfare staff, parents, caretakers, foster parents, children, youth, and may also include extended family, friends, neighbors, community-based service providers, community representatives, tribal representatives, for Native American children, or other professionals involved with the family.

During the FTM, participants work together to create a plan for safety, placement, and permanency tailored to the individual needs of each child. This process provides a forum to share ideas and opinions and stresses the importance of the family's perspective and involvement. In addition, this process encourages full participation of all participants, honest communication, and promotes dignity and respect.

DEFINITIONS

Family Team Meeting (FTM): A deliberate and structured approach to involving children, families, and caregivers in case planning through a facilitated meeting of family and their identified supports.

Child Protective Services (CPS) Case Opening: When the department has determined a preponderance of evidence exists that a person responsible for a child's health or welfare is also responsible for abuse/neglect of that child. Safety and risk are assessed, and a service plan is developed.

Court Intervention: When the department requests in-home court jurisdiction or placement in out-of-home care.

Case Closure: The process of ending agency involvement with a family or child.

Family Story: A specific account of the family's functioning and history from their perspective.

Pre-Meeting Discussion: A planned discussion in which the caseworker initiates a detailed discussion about the process of an FTM.

Safety Plan: Is a set of preventive measures developed to ensure steps are put into place to maintain the safety of the child(ren). Situations where a safety plan is required include, but are not limited to:

- Unsupervised parenting time.
- Sibling on sibling violence.
- Domestic violence.
- Sexual abuse.
- Parental history of causing injury through physical discipline.
- Substance abuse of parent or child.
- Mental illness of parent or child.
- Suicidal behavior of parent or child.
- High-risk behavior of a child.
- Reunification.
- Safe sleep measures for children aged 12 months and younger.
- Age-appropriate behavior management plans.

Action Plan: Is a clear and specific plan that addresses immediate needs by outlining support for the child and family.

Transition Plan: Is a plan that addresses the needs of the child during placement or placement change.

Visitation Plan: Is a specific plan that addresses parent/child contact.

FAMILY TEAM MEETING PROTOCOL

Case planning is a cooperative effort in which the child and family's strengths and needs are assessed in partnership with the family, caseworker, and other team members. FTMs are held to facilitate this process, which involves developing a road map for moving children to permanence promptly, while also addressing safety and well-being. The Michigan Family Team Meeting Protocol has identified all required steps that must be accomplished during the FTM.

Caseworker's Guide to Pre-Meeting Discussions and Family Team Meetings

The DHS-1107, A Caseworker's Guide to Pre-Meeting Discussions and Family Team Meetings, is a tool that provides details for how to facilitate a successful and interactive pre-meeting discussion and FTM. The DHS-1107, A Caseworker's Guide to Pre-Meeting Discussions and Family Team Meetings, is to be reviewed prior to conducting pre-meeting discussions and FTMs.

Coordinating Multiple FTMs

When appropriate, different types of FTMs may be combined to address multiple case management activities. Each meeting must be documented in the electronic case management record using the FTM hyperlink and all of the appropriate forms must be completed for each type of meeting.

Example: The case plan reassessment FTM may also include permanency goal review at six months in care **and** permanency goal change.

Types and Timeframes

FTMs must occur within the required time frames as outlined in the following tables:

CPS	
Type	**Time Frame**
Case Opening (ISP)	Within 30 calendar days before or 14 calendar days after case opening.
Open/Close	Prior to disposition.
Case Plan Reassessment (USP)	Within 30 calendar days before the case plan due date.
Court Intervention	Within seven business days of the date of the preliminary hearing.
Case Closure	Within 30 calendar days before case closure or one business day after unplanned court ordered dismissal.
Request by Family	Within 14 calendar days of the request date.

FOSTER CARE	
Type	**Time Frame**
Case Plan Development/ Reassessment	Initial Case Plan (ISP) - within 30 calendar days before the case plan due date. **Note:** This FTM may be combined with the CPS Case Opening (ISP) FTM. Updated Case Plan (USP) - within 30 calendar days before the case plan due date. Permanent Ward Service Plan (PWSP) - within 30 calendar days before the case plan due date.
Permanency Goal Review at Six Months in Care	Within 30-calendar days from the date the child has been in care for six months.
Permanency Goal Change	Within 30 calendar days before the date of the goal change.
Placement Preservation/ Disruption	At least three business days prior to a planned change of placement or no later than three business days after an unplanned placement change. Planned and unplanned placement changes include reunification, placement in a residential setting, step-down from a residential or hospital setting, return from AWOLP, or request for change in foster home/relative placements.
Semi-Annual Transition Meeting	Within 30 calendar days after the child's 14th birthday and every six months thereafter. For children entering out-of-home placement at age 14 or older, the semi-annual transition meeting must be held within 30 calendar days of the removal date; see this item for specific meeting requirements.

FOSTER CARE	
Type	**Time Frame**
90-Day Discharge Planning Meeting	Children age 16 or older must have a 90-Day Discharge Planning meeting within 90 calendar days before dismissal or within 30 calendar days after an unplanned court dismissal; see this item for specific meeting requirements. Youth in Young Adult Voluntary Foster Care (YAVFC) must have a Discharge Planning Meeting within three business days of discovery that YAVFC eligibility requirements are not being met.
Case Closure	Within 30 calendar days before the case closure date or one business day after unplanned court ordered dismissal.
Request by Family	Within 14 calendar days of the request date.

SEMI-ANNUAL TRANSITION MEETING

Beginning at age 14, semi-annual transition meetings must occur once every 180-calendar day to discuss a child's permanency goal and identify supportive adults.

Note: For youth participating in Young Adult Voluntary Foster Care; see FOM 722-16, Young Adult Voluntary Foster Care, for specific requirements that must be addressed during the meeting.

Case Plan Team Members

Children may select up to two adults, who are not the child's foster parent/caregiver or caseworker, to be a part of their case planning team. The team members' role is to be the child's advisor and advocate for their permanency, wellbeing, and normalcy, through the application of the Rights and Responsibilities of Children and Youth in Foster Care; see FOM 722-06J, Rights of Children in

Foster Care. The team member will assist the child in developing their case plan by participating in semi-annual transition meetings. Case planning team members must be invited to each semi-annual transition meeting.

The supervising agency may reject an individual selected by a child, at any time, if the supervising agency has compelling cause to believe that the individual would not act in the best interests of the child. The caseworker must document the reasons for rejecting an individual chosen by the child, in the case service plan.

Additional Participants

Additional participants in the semi-annual transition meeting should include all persons the child identifies as supportive; it is not meant to be a one-on-one meeting with the child. Participants may include but are not limited to the following:

- Foster parents.
- Biological parents.
- Relatives.
- Court Appointed Special Advocate (CASA).
- Permanency Resource Monitor (PRM).
- Lawyer guardian ad litem (L-GAL).
- Michigan Youth Opportunities Initiative (MYOI) coordinator.
- Therapists.
- The child’s friends.
- School staff.
- Employers.
- The child's supportive adult(s), if applicable.
- Tribal representatives for Native American children.
- Anyone the child considers to be a support person.

DHS-901, Semi-Annual Transition Plan Report

The DHS-901, Semi-Annual Transition Plan Report, must be updated to reflect progress toward goals during each meeting. Once completed, the DHS-901, Semi-Annual Transition Plan Report, becomes the child’s transition plan. A copy of the DHS-901, Semi-Annual Transition Plan Report, must be given to the child and all individuals responsible for assisting the child. The original plan must be uploaded into the electronic case management record.

Note: Progress toward the child's goals must also be documented in all case service plans.

The meeting must cover all areas identified in the DHS-901, Semi-Annual Transition Plan Report, including but not limited to:

- Housing.
- Supportive relationships.
- Independent living skills.
- Education.
- Employment.
- Transportation.
- Monetary management skills.
- Review of the child's credit report.
- Emotional/mental/physical health.
- Substance abuse.
- Participation in age and developmentally appropriate activities.
- Other areas that will assist the child in successfully transitioning from foster care.

During the meeting, the following must be identified:

- Goals for each area.
- One or more supportive adults assisting the child in achieving each goal.

Note: The DHS-901, Semi-Annual Transition Plan Report, is completed in lieu of the DHS-1105, Family Team Meeting Report.

Coordinating Multiple FTMs

If another FTM is held within 30-days of the required semi-annual transition meeting, the meetings may be combined to address all identified areas. Each meeting must be documented in the electronic case management record using the FTM hyperlink and all of the appropriate forms must be completed for each type of meeting.

90-DAY DISCHARGE PLANNING

All children transitioning out of foster care at the age of 16 or older must have a 90-day discharge plan in place, which must be developed prior to the child's exit from care. The discharge plan is established during the 90-day discharge planning meeting. The

meeting is held for all children exiting foster care, regardless of permanency goal. **A child's foster care program type should not be closed until the 90-day discharge planning meeting occurs.**

Note: For youth participating in Young Adult Voluntary Foster Care, see FOM 722-16, Young Adult Voluntary Foster Care, for specific requirements and time frames.

The discharge plan must be child-driven and the child must be involved in every aspect of the plan development. This meeting must include the child's support network; it is not meant to be a one-on-one meeting with the child. The child's [two] case planning team members and any additional participants that the child identifies must be invited to the 90-day discharge planning meeting; see *Case Plan Team Members* in this item.

DHS-902, 90-Day Discharge Plan Report

The DHS-902, 90-Day Discharge Plan Report, must be completed during this meeting. A copy is to be given to the child and any individuals responsible for assisting the child. The original plan must be uploaded into the electronic case management record. The DHS-902, 90-Day Discharge Plan Report, addresses the following areas:

- Housing.
- Health insurance.
- Education.
- Mentors/supportive adults.
- Continuing support services.
- Workforce/employment services.
- Young Adult Voluntary Foster Care; see FOM 722-16, Young Adult Voluntary Foster Care.

Note: The DHS-902, 90-Day Discharge Plan Report, is completed in lieu of the DHS-1105, Family Team Meeting Report.

Coordinating Multiple FTMs

If the 90-day discharge planning meeting is held concurrently with any other type of FTM, each meeting must be documented in the electronic case management record using the FTM hyperlink and all of the appropriate forms must be completed for each type of meeting.

FTM FACILITATION

FTMs must be facilitated by the assigned caseworker with the following exceptions:

- Federal requirements **mandate** a neutral facilitator for a YAVFC youth's semi-annual transition meeting.

  Note: A neutral facilitator is a person without case management responsibility of either the child or the parents who are the subject of the review.

- Caseworker and supervisor determine there is a safety concern.

Note: If it is determined that the meeting is to be facilitated by another individual, the supervisor must assist in coordinating and identifying another facilitator. The name of the identified facilitator must be documented in social work contacts and must have completed the FTM training.

MULTIPLE AGENCY INVOLVEMENT

When multiple agencies are providing services to the family and/or child, the agency with family responsibility is required to collaborate and involve all other child placing agencies involved with the family in all FTMs.

If a placement preservation/disruption FTM is needed, the agency providing services to the child must include the agency with family responsibility in the FTM.

PARENT/ CAREGIVER PARTICIPATION

Parent/caregiver participation in a pre-meeting discussion or FTM is voluntary. If a parent/caregiver declines to attend or participate in the pre-meeting discussion or FTM, the meeting must proceed with other participants in attendance. If no other participants are identified, the caseworker and supervisor must proceed with a case conference to assess and plan for the child’s safety, permanency, and well-being.

The caseworker must make active efforts to engage the parent or caregiver in the FTM process until case closure. Engagement

efforts and a parent's denial of participation must be documented in the case service plan.

INCARCERATED PARENT PARTICIPATION

When a parent is incarcerated, the caseworker must complete the following activities:

- Provide and document notice of the FTM to the incarcerated parent by mail or telephone.
- Contact the facility and request permission for the parent to participate in the FTM by telephone.
- If time allows, send a copy of the DHS-1105, Family Team Meeting Report, and ask the parent to sign and return it.
- Notify the parent's attorney of the meeting.

  Note: The attorney must be allowed to attend.
- Send the incarcerated parent a copy of the DHS-1105, Family Team Meeting Report, and document the date the report was sent in social work contacts.

Caseworkers must provide prior notice to an incarcerated parent for the following FTMs only:

- Court Intervention.
- Change in permanency goal.
- Return home.

If circumstances permit, agencies may arrange for an incarcerated parent's participation in other types of FTMs.

CHILD AND YOUTH PARTICIPATION

All children aged 11 or older should be invited and allowed to attend FTMs. The caseworker must evaluate, on a case-by-case basis, whether attendance would be harmful to a child's safety or well-being. If the child is not invited, the reasons must be documented in the narrative section of the DHS-1105, Family Team Meeting Report, and the case plan.

Note: For children younger than 11 years old, the caseworker, and their supervisor may determine if it is appropriate for the child to attend all or a portion of the FTM.

SECURITY

The caseworker must discuss any security needs and safety concerns prior to the FTM to ensure adequate security at the meeting site. Family members may be excluded if they pose a credible safety threat to the group or if attendance would violate a personal protection order, no contact-bond, probation, parole, or other court order. In some of these cases, a telephone conference must be explored.

All participants must be provided with security information, whenever a FTM will include the attendance of a family member with a known history of violent or threatening behavior.

DOMESTIC VIOLENCE CASES

In domestic violence cases, if the batterer is present, arrangements must be made to ensure the non-offending parent's and child's safe arrival and departure from the meeting location. If a personal protection order mandates that the parties must not come in contact, the possibility of a telephone conference must be explored, if not in violation of the court order. The caseworker and their supervisor must carefully evaluate a decision to exclude a parent. Additionally, the caseworker and supervisor should evaluate the child's attendance based on safety.

CONFIDENTIALITY

The confidentiality of information shared at the FTM must be addressed. Privacy and respect are emphasized, but participants must be informed that information from the meeting may be used for case planning, in subsequent court proceedings if necessary, and in the investigation of a new allegation of abuse or neglect should such information arise. The caseworker must explain confidentiality and mandated reporting to all participants as it pertains to the FTM.

The confidentiality statement identified on the DHS-1105, Family Team Meeting Report, the DHS-901, Semi-Annual Transition Plan Report, and the DHS-902, 90-Day Discharge Plan Report, allows the parent(s)/child to give permission for specific information regarding their case to be discussed for the purpose of the FTM. If

a participant refuses to sign the report, the meeting will continue. Staff must be fully aware that specific information as outlined in SRM 131, Confidentiality, is not open for discussion unless the participant reveals the confidential information or signs the release of information.

FTM PRACTICE GUIDANCE

Documentation

The DHS-1105, Family Team Meeting Report, is used to capture family demographics, FTM logistical information, needs, strengths, action steps, safety concerns and the safety plan, and any recommendations made for the family during the FTM. The DHS-1105, Family Team Meeting Report, must be completed for every FTM.

Exception: The DHS-902, 90-Day Discharge Plan Report, and the DHS-901, Semi-Annual Transition Plan Report, are completed in lieu of the DHS-1105, Family Team Meeting Report; see *Semi-Annual Transition Meeting and 90-Day Discharge Planning* in this item.

Participants

The caseworker must encourage parents and children to identify and invite support persons they would like to attend; see *Additional Participants* in this item for suggestions.

Note: Tribal representatives for Indian Children must be invited regardless of the parent's preference.

Once the FTM is scheduled, the caseworker must coordinate efforts to invite participants to the meeting. Notification of the purpose, date, time, and place of the meeting can be provided by any reasonable method including mail, telephone, or verbal notification.

Note: If the caseworker has made reasonable efforts to notify a participant, a FTM may be held without the attendance of a participant.

Prior to the FTM

Pre-Meeting Discussion

The purpose of the pre-meeting discussion allows the parent, child, and/or caregiver to have an active role in planning and facilitating the FTM. The family's first pre-meeting discussion with the assigned caseworker must occur in person; subsequent pre-meeting discussions may occur in person or by telephone. The pre-meeting discussion must be held prior to the FTM and must be documented in the social work contacts within the electronic case management record. The MDHHS-Pub-1160, A Family's Guide to Pre-Meeting Discussions and Family Team Meetings, is available to help educate families on the case planning process. The MDHHS-Pub-1160, A Family's Guide to Pre-Meeting Discussions and Family Team Meetings, should be distributed to case members during the first pre-meeting discussion.

Location

If safety permits, the FTM may take place at the parent, child, and/or caregiver's home or a community site. FTMs must be held at the local MDHHS or placement agency office when safety or security concerns arise, or a participant's special needs must be accommodated.

Date and Time

FTMs may need to be held during nontraditional work hours that will accommodate family and essential participants. Notification of the purpose, date, time, and place of the meeting can be provided by any reasonable method including mail, telephone, or verbal notification by either the caseworker or family.

Special Needs/ Reasonable Accommodations

To promote the safety, well-being, and successful participation of all participants, the caseworker must identify and assist in resolving barriers to participants' attendance at the FTM before it takes place. Reasonable accommodations must be provided when inviting individuals with special needs. A participant's special need may include but is not limited to the following.

Transportation

The caseworker must explore transportation options with families who identify this as a barrier.

Childcare

The caseworker must explore available childcare options with the family in order to support all primary caretakers' attendance at the FTM. If a need is identified, the caseworker must assist the care-giver with childcare arrangements prior to the meeting.

Adaptations

The caseworker must explore available options when a family member needs additional assistance in order to participate. These may include but are not limited to, a foreign language interpreter, interpreter for the hearing-impaired, wheelchair access, or phone access for an incarcerated parent.

For information on non-discrimination in service delivery; see Non-Discrimination in Service Delivery.

For information about securing a foreign language interpreter; see APF 113, Interpreter and Translator Services.

For information on interpreters for the deaf, deafblind, or hard of hearing; see Deaf & Hard of Hearing Applicant Accommodations.

During the FTM

The caseworker must assist the FTM team members in the completion of the following stages as appropriate:

- Welcome & Introduction.
  - Purpose of meeting.
  - Agenda items.
  - Non-negotiable(s).
  - Identify desired outcomes.
  - Confidentiality.
  - Ground rules.
  - Family story.
  - Explanation of charting.
- Identification of the family's strengths and needs/concerns.
  - FTM members will identify the family's strengths.

- FTM members will identify the family's concerns/needs.
- Throughout the meeting, the FTM members must address how needs/concerns are connected to the desired outcomes.
- FTM members will address strengths that will help the family achieve the desired outcome.

- Brainstorming.
  - FTM members are given the opportunity to contribute solutions to address needs/concerns.
- Plan Development.
  - **Safety Plan:** the safety plan must include proactive and reactive steps to address specific behavioral concerns and must meet all requirements outlined in the glossary of this item.
  - **Action Plan:** an action plan is required at the conclusion of each meeting; the plan must define goals, identify the approach that will be used to achieving those goals, and describe measures to accomplish the goals.
  - **Transition Plan:** the transition plan is created when movement of a child occurs and must meet all requirements outlined in FOM 722-03, Placement Selection and Standards.
  - **Visitation Plan:** the visitation plan must be discussed and documented prior to the conclusion of an FTM. The visitation plan must meet all requirements outlined in FOM 722-06I, Maintaining Connections: Parenting Time, Sibling Visitations, and Contact.
- Recapping.
  - Each FTM member must be aware of any steps they are to take and the timeline in which the steps must be completed to support the family in achieving the desired outcome(s).
  - Charting: the caseworker must chart during the process of the FTM so all participants can identify the strengths/needs concerns.

- The DHS-1105, Family Team Meeting Report, must be completed at the conclusion of the FTM.

Post Family Team Meeting

Following the FTM, the caseworker is responsible for the following:

- Completing the DHS-1105, Family Team Meeting Report, checking it for accuracy, identifying areas needing follow-up, and recording the outcome data.
- Providing the DHS-1105, Family Team Meeting Report, to all participants (in person and by phone), legal parents, and casework supervisor. These documents must also be uploaded into the electronic case management record.

The caseworker must enter the FTM information in the electronic case management record using the FTM hyperlink within seven business days of the FTM.

Note: The caseworker's supervisor must review activities assigned to the caseworker during monthly case consultations. Assigned activities and any resolution must be documented in the parent agency treatment plan.

LEGAL BASE

Fostering Connections to Success and Increasing Adoptions Act of 2008, 42 USC 620 et seq

During the 90-day period immediately prior to the date on which the child will attain 18 years of age provide the child with assistance and support in developing a transition plan that is personalized at the direction of the child.

Periodic reviews for voluntary foster youth extending until age 21 are completed during the semi-annual transition meeting. A neutral person without case management responsibility must facilitate the FTM.

Preventing Sex Trafficking and Strengthening Families Act, Public Law 113-183

Youth in foster care who are ages 14 and older are allowed to help develop their own case plan – and any revision to the plan – and

are able to select up to two individuals who are not a foster parent or caseworker to be a part of their case planning team.

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

LEGAL AND RELATED REFERENCES

Title IV-B, subpart 1, section 422, and Title IV-E, sections 475 and 477 of the Social Security Act, [42 USC 670 et seq.]; the Patient Protection and Affordable Care Act (P.L. 111-148); the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351).

The president signed the Patient Protection and Affordable Care Act (P.L. 111-148) on March 23, 2010. This act amended three sections of Titles IV-B and IV-E of the Social Security Act. The law is specific to youth receiving independent living services and/or **education and training vouchers and those who are aging out of foster care**. It requires that youth receive information and education about the importance of having a health care power of attorney or health care proxy and to provide the youth with the option to execute such a document.

Title IV-E, Section 477 - New Certification for the Chafee Foster Care Independence Program Youth in Transition (YIT); see FOM 950.

Adolescents participating in the program under this section are provided with education about the importance of designating another individual to make health care treatment decisions on their behalf if the adolescent becomes unable to participate in such decisions. In the event the adolescent does not have or does not want a relative who would otherwise be authorized under state law to make such decisions, a health care power of attorney, health care proxy, or other similar document recognized under state law should be explored, including how to execute such a document if the adolescent wants to do so [Section 477(b)(3)(K)].

DEFINITIONS

Aging Out

Aging out is defined as reaching the maximum age of court or Michigan Children's Institute jurisdiction.

Durable Power of Attorney for Health Care

A durable power of attorney for health care is a document that lists the medical choices of individuals, which are to be followed if they become temporarily or permanently ill and/or injured, including mental health treatment. There are multiple versions of this document, some more comprehensive than others. The individual establishing the durable power of attorney for health care chooses the version that will be used. Other names for this document include health care proxy, patient advocate designation, health care power of attorney and medical power of attorney.

Patient Advocate

A patient advocate is an individual 18 or older chosen by the person establishing the durable power of attorney for health care to make the medical decisions listed on the document. This individual accepts the responsibility, as the patient advocate, by signing the document. There can be two patient advocates chosen; a second individual is listed in the event the first individual is not available when needed.

Youth maintain all decision-making power regarding their health. The patient advocate is only consulted when youth cannot make their own medical choices due to illness and/or injury. Caseworkers are prohibited from being patient advocates; see AHP-603, Conflict of Interest and Disclosure.

Witnesses

Two witnesses must sign the durable power of attorney for health care. The following are legally prohibited from being witnesses:

- The patient advocate.
- Family members.
- The youth’s doctor(s).
- Employee(s) of doctor’s office(s) or other medical facilities the youth uses.

THE IMPORTANCE OF A DURABLE POWER OF ATTORNEY FOR HEALTH CARE

A durable power of attorney for health care allows youth to be in control of their health in the absence of being able to make decisions about their health care treatment. Youth have the ability to choose someone they trust to make such decisions on their behalf. **All youth age 18 and older who are still under the care and supervision of the Michigan Department of Human Services and are aging out of care can establish a durable power of attorney for health care.** This includes both current and former foster youth and those who are receiving education and training vouchers or Independent Living Services. All must be notified of their right to establish this document. Once a durable power of attorney for health care is established, it supersedes the department's responsibility to make health care decisions on behalf of the youth.

CASEWORKER ROLE

Foster care workers must inform each foster youth of the durable power of attorney for health care and offer the option to establish it. If the youth chooses to establish a durable power of attorney for health care, the worker must assist the youth in obtaining the form of the youth's choice and provide instructions on the steps needed to establish it.

To begin a discussion about the durable power of attorney for health care, the foster care worker will:

- Provide a copy of DHS Publication 161, A Foster Youth's Guide to Preparing for Health Care Emergencies, Durable Power of Attorney for Health Care, and discuss the purpose of establishing the document.
- Explain that there are multiple versions of the durable power of attorney for health care and identify the various names used, see definitions.

If the youth chooses to establish a durable power of attorney for health care, the foster care worker will:

- Explain that the youth's current Medicaid Health Plan (MHP) may have a version of the document and provide contact information for the MHP. This can be found on the Foster Youth in Transition (FYIT) website, www.michigan.gov/fyit, under the Health & Wellness - Insurance section.
- Provide the names of local hospitals that offer durable power of attorney for health care forms. See listing on the FYIT website, under the durable power of attorney for health care page.
- Explain the steps the youth must take to establish the document, see foster youth role.
- Assist the youth in obtaining a durable power of attorney for health care form.

If a youth chooses **not** to establish a durable power of attorney for health care and remains in foster care after the age of 18, the department may make health care decisions for the ward in the case of incapacitation; see FOM 722-11, Authority to Consent: Medical Care.

Legal Advice

Foster care workers cannot provide legal advice; the durable power of attorney for health care is a legal document and any advice on how to complete it is considered legal advice. If a youth is seeking legal advice regarding this information, they can be referred to the State Bar of Michigan at www.michbar.org or www.michbar.org/elderlaw/adpamphlet.cfm. Legal advice includes but is not limited to:

- Recommendations or endorsement of medical situations the youth lists on the durable power of attorney for health care.
- Recommendations or endorsement of patient advocate(s).
- Recommendations or endorsement of witnesses.
- Recommendations or endorsement of the type of durable power of attorney for health care chosen.

TIMEFRAME

Each foster care youth must be educated on the purpose and importance of designating a durable power of attorney for health care and be given the option to establish such a document before reaching age 18. Foster care workers must discuss the durable

power of attorney for health care with all youth. This discussion must take place during each youth's 90-day discharge plan meeting or the annual transition plan meeting. If the discussion does not take place during one of these required meetings, the assigned foster care worker must schedule an appointment to discuss this requirement with each youth. No foster youth is excluded from this requirement; legal status and living arrangement are not exclusionary factors. Every 18-year-old youth under the care and supervision of the Department of Human Services must be given the option to execute a durable power of attorney for health care. Youth receiving education and training vouchers and Independent Living Services must also be given the option to execute this document upon reaching age 18.

The durable power of attorney for health care must be established before a serious illness and/or injury occurs to be effective. It becomes a legally binding document once all signatures are attained.

Delay in Informing Youth by Age 18

Reasons for delays in informing the youth of this information and efforts to meet this requirement must be documented under the reasonable efforts section of the Updated Service Plan/Permanent Ward Service Plan.

FOSTER YOUTH ROLE

These are the steps youth will take to establish a durable power of attorney for health care:

- Get a durable power of attorney for health care form.
- List medical decisions on the document.
- Identify a patient advocate and have the document signed.
- Identify two individuals that will witness the signing of the document by the youth and have them sign the document.
- Give copies to the patient advocate and primary care physician.
- Give a copy to the caseworker for the foster care case record (optional).

- Retain the original copy for their own records.

YOUTH WITH LIMITED MENTAL CAPACITY

Youth with limited mental capacity must be educated on the purpose and benefits of a durable power of attorney for health care; they are not to be excluded from this process. They are to be given the option to establish a durable power of attorney for health care. If it is determined the youth's mental capacity inhibits sound judgement, the youth's diagnosis and inability to establish a durable power of attorney for health care on their own behalf must be supported with documentation from a mental health care professional. The documentation must confirm the youth's limited mental capacity and inability to make legal decisions; it does not need to refer specifically to a durable power of attorney for health care.

Establishing a durable power of attorney for health care is an option; it is not a requirement. Youth have the right to choose not to pursue the establishment of this document. Foster youth who can not establish a durable power of attorney for health care due to limited mental capacity continue to be the responsibility of the Michigan Department of Human Services. Medical decisions will be made as determined by the department. Applicable policy includes but is not limited to **FOM 722-11 Foster Care - Delegation of Parental Consent**, the authority to consent for medical care.

CASE RECORD DOCUMENTATION FOR DHS WORKERS

Document the provision of information and the youth's choice to establish/not establish a durable power of attorney for health care in the following locations:

- The health/medication section of the DHS-901, Annual Transition Plan Report, and the DHS-902, 90-Day Discharge Plan Report.

- The Updated Service Plan (USP) or Permanent Ward Service Plan (PWSP). Document information in the Child Assessment of Needs and Strengths under the explanation section of C1-Medical/Physical Health. This information will populate into the USP/PWSP.

File the durable power of attorney for health care in the legal section of the foster care case record (if applicable).

CASE RECORD DOCUMENTATION FOR PLACEMENT AGENCY FOSTER CARE

A Placement Agency Foster Care worker must document in the following locations:

- The health/medication section of the DHS-901, Annual Transition Plan Report, and the DHS-902, 90-Day Discharge Plan Report.
- Document information in the Child Needs and Strengths and Current Status Section of the USP/PWSP. List C1-Medical/Physical Health as the heading.
- File the durable power of attorney for health care in the legal section of the foster care case record (if applicable).

OVERVIEW

When a youth has an open foster care case and the youth has been referred or committed to the Michigan Department of Health and Human Services (MDHHS) for delinquency placement and supervision, all reporting and case work policy requirements for the foster care program and juvenile justice program must be followed.

LEGAL STATUS

Dual wards include the following legal statuses; see FOM 901-6, Legal Status:

- Legal Status 52 - Dual Wardship.
- Legal Status 90 - Delinquent Court Ward and Temporary Court Ward.
- Legal Status 91 - Delinquent Court Ward and Permanent Court Ward.
- Legal Status 92 - State Ward Delinquent Act 150 and Temporary Court Ward.
- Legal Status 93 - State Ward Delinquent Act 150 and Permanent Court Ward.
- Legal Status 94 - Delinquent Court Ward and State Ward.

CASEWORKER RESPONSIBILITIES

When a youth has an open foster care case ***and*** the youth has been referred *or* committed to MDHHS for delinquency placement and supervision, **all reporting and case work policy requirements for the foster care program and juvenile justice program apply.**

One Assigned Caseworker

If one caseworker is assigned to the case, the caseworker must complete all case management responsibilities for both programs. The caseworker must also meet training and qualification requirements for both programs prior to being dually assigned; see SRM 103, Staff Training and Qualifications.

If a policy requirement exists for both programs, the caseworker must follow the more restrictive policy.

Example: JJM 270, Juvenile Justice Specialist Contact Requirements, requires the juvenile justice specialist to have weekly face-to-face contact with a youth placed in detention or jail, a reception or assessment center, or a psychiatric facility. FOM 722-06H, Caseworker Contacts, requires the foster care caseworker to have at least two face-to-face contacts per month with a child in the first two months following an initial placement or placement change and one face-to-face contact with the child in the placement each month thereafter. Since the juvenile justice policy is more restrictive than the foster care policy, the caseworker must follow the juvenile justice policy.

Two Assigned Caseworkers

If both a foster care worker and juvenile justice specialist are assigned to the case, staff must coordinate service provision and visitation to ensure compliance with their respective program policies and prevent service duplication. If a policy requirement exists for both programs, the assigned staff must coordinate to ensure compliance with the more restrictive policy without unnecessary duplication of services.

Juvenile Delinquency Petition Filed on Abuse/Neglect Ward

The foster care caseworker must complete the following within five business days of receiving notice that a delinquency petition has been filed against a youth on their caseload:

- Notify their supervisor.
- Contact the court or petitioner to obtain further information on the youth's appointed attorney, delinquency offense, petitioner's recommendations to the court, and the date of the next delinquency hearing.
- Contact the youth in their current placement. If the youth is in detention or jail, see:

- FOM 722-03, Placement Selection and Standards, *Placement Limitations* section.
- FOM 903-02, Payment for Detention Care.
- FOM 903-07, Temporary Break/Bed Hold Payments, *AWOLP/Detention/Jail* section.

- Obtain a copy of the delinquency petition and ensure the petition is maintained in the case record as directed in FOM 722-05, Case Documentation.
- Meet with the assigned juvenile justice specialist to coordinate case service plans, visitation requirements, and service provision.

Abuse/Neglect Petition Filed on Juvenile Delinquent Ward

The juvenile justice specialist must complete the following within five business days of receiving notice that an abuse/neglect petition has been filed regarding a youth on their caseload:

- Notify their supervisor.
- Contact the court or petitioner, and CPS or foster care caseworker, if assigned, to obtain further information on the youth's lawyer-guardian ad litem, allegation of neglect and/or abuse, petitioner's recommendations to the court, and the date of the next abuse/neglect hearing.
- Contact the youth in their current placement.
- Obtain a copy of the abuse/neglect petition and file in the legal section of the youth's case record.
- Complete the steps outlined in FOM 722-01, Entry Into Foster Care.
- Meet with the assigned CPS and/or foster care caseworker(s) to coordinate case service plans, visitation requirements, and service provision.

Foster Care Worker Responsibilities

Once a youth is determined to be a dual ward, the assigned foster care caseworker must:

- Ensure the foster care case record contains all documentation for the youth for both foster care and juvenile justice programs, including court orders for the abuse/neglect and delinquency proceedings; see FOM 722-05, Case Documentation.
- Document relevant juvenile justice case information in the foster care case service plan and other reports, including charges and adjudications, services provided through the delinquency case, and the youth's preparedness for discharge from jurisdiction.
- Attend all delinquency proceedings and provide the court with reports as requested.
- Coordinate services for the youth and family with other professionals involved, including those providing services through the delinquency case.

Juvenile Justice Specialist Responsibilities

Once a youth is determined to be a dual ward, the assigned juvenile justice specialist must:

- Ensure the delinquency case record contains all documentation for the youth for both foster care and juvenile justice programs, including court orders for the abuse/neglect and delinquency proceedings; see JJM 255, Case Record Requirements.
- Document relevant foster care case information in the juvenile justice case service plan and other reports, including the youth's permanency planning goal, services provided through the abuse/neglect case, and progress and barriers to permanency.
- Attend all abuse/neglect proceedings and provide the court with reports as requested.

- Coordinate services for the youth and family with other professionals involved, including those providing services through the abuse/neglect case.

SUPERVISOR RESPONSIBILITIES

When a supervisor receives notice that a youth has or may become a dual ward due to the filing or adjudication of a juvenile delinquency or abuse/neglect petition, the supervisor must review case documentation for both programs regularly and discuss cross-program coordination with the caseworker during supervision.

PAYMENTS

Payments for dual wards are determined by the child's legal status and placement; see FOM 901-9, Payment Source Guide.

SSI BENEFITS DETERMINATION

Dual wards may be eligible for Supplemental Security Income (SSI); see FOM 902-12, Government and Other Benefits.

YOUTH IN TRANSITION (YIT) ELIGIBILITY

Dual wards may be eligible for Youth in Transition funds; see FOM 950, The Youth in Transition (YIT) Program.

EDUCATION AND TRAINING VOUCHER (ETV) ELIGIBILITY

Dual wards may be eligible for Education and Training Vouchers; see FOM 960, Education and Training Voucher (ETV) Program.

YOUNG ADULT VOLUNTARY FOSTER CARE (YAVFC) ELIGIBILITY

Dual wards may be eligible for Young Adult Voluntary Foster Care; see FOM 722-16, Young Adult Voluntary Foster Care, and FOM 902-21, Young Adult Voluntary Foster Care (YAVFC) Funding and Payments.

HOMELESS YOUTH/RUNAWAY (HYR) PROGRAM

Dual wards may be eligible for the Homeless Youth/Runaway program; see FOM 722-03C, Older Youth: Preparation, Placement, and Discharge.

POLICY CONTACT

Questions about this policy item should be emailed to the Child Welfare Policy Mailbox.

OVERVIEW

Building and maintaining credit is vital to a successful transition from foster care. Information on credit reports is used to evaluate applications for credit, employment, insurance, and renting a home. To ensure youth have accurate and up-to-date credit history, credit reports must be requested annually for all youth ages 14-21.

Most youth do not have a credit report because they cannot legally apply for credit on their own. Therefore, if a credit report exists for a person younger than 18, it may be due to error, fraud, or identity theft.

YOUTH EXITING CARE

When a child under the age of 18 exits care, the case manager must recommend to the child's permanent caregiver that a credit check be performed on the child to determine if there is any fraudulent activity.

YOUTH 14-17 YEARS OLD

Youth Currently in Care

A credit report will be automatically requested from each of the three nationwide consumer credit reporting agencies:

- Equifax.
- Experian.
- TransUnion.

The credit reporting technician (CRT) will be requesting the credit report, on the youth's behalf, within 60 calendar days of the youth's 14th birthday, and every year thereafter.

Youth Entering Care after Age 14

A credit report will be automatically requested from each of the three nationwide consumer credit reporting agencies:

- Equifax.
- Experian.

- TransUnion.

The CRT will be requesting the credit report, on the youth's behalf, within 60 calendar days of entering care.

Credit Reporting Technician Responsibilities

Credit reports will be requested by the CRT. Most youth will not have a credit report returned because they cannot legally apply for credit on their own. If a credit report is returned, the CRT will forward it to the case manager to review with the youth. If a credit report is not returned, the CRT will send a letter to the case manager confirming that no such report exists.

The CRT is in Central Office at the following address:

Credit Reporting Technician
Out of Home Bureau
235 S. Grand Ave, Ste.1518
Lansing, MI 48909
MDHHS-CreditReporting@michigan.gov

Case Manager Responsibilities

If a credit report is returned, the case manager must review the findings with the youth and assist them in identifying and addressing any discrepancies in the report; see *Resources* in this item. The report must be uploaded in the electronic case record and the original report must be given to the youth.

If a letter confirming that a credit report does not exist is returned, the case manager must upload a copy of the letter in the electronic case record and the original letter must be given to the youth.

Annual Requests

Credit reports will continue to be requested within 364 days from the original request, until the youth is discharged from foster care or turns 18 years old.

YOUTH 18 YEARS AND OLDER

A case manager must assist any youth age 18 years old and older with obtaining their credit report from each of the three nationwide consumer credit reporting agencies, annually:

- Equifax.
- Experian.
- TransUnion.

A free consumer credit report may be requested online from the three credit reporting agencies by going to AnnualCreditReport.com.

The case manager's responsibilities include:

- Assisting the youth in completing the online verification form.
- Uploading a copy of the report in the electronic case record.
- Reviewing the findings with the youth and assisting them in identifying and addressing any discrepancies in the report; see Resources in this item.

Right to Object

Youth over age 18 may object in writing to requesting their credit report. If the youth provides the case manager a written request to opt-out, the case manager must upload a copy of the letter in the electronic case record.

Note: The agency will not be considered out of compliance if it fails to obtain a credit report due to the youth's written objection.

Time Frames and Annual Requests

Youth who re-enter foster care after age 18 through the Young Adult Voluntary Foster Care (YAVFC) program and have not had a credit report completed in the last year, must have a credit report requested or have a written objection uploaded in the electronic case record, within 90 calendar days of entering care.

Credit reports must continue to be requested within 364 days from the original request, until the youth is discharged from foster care.

RESOURCES

The Identity Theft Tip-Sheet for Child Welfare Staff is available for case managers to use when assisting youth with issues involving their credit reports.

LEGAL BASE

Federal Law

Social Security Act, 42 U.S.C. 675(5)(I)

State Law

Foster Child Identification Theft Protection Act, 2016 PA 285, MCL 400.618 - 400.689

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

OVERVIEW

Parents who are absent or putative may have an interest in creating a parental relationship with their child and are more likely to become involved in the case service plan if engaged early in the proceedings. Caseworkers must begin attempts to locate and engage parents who are absent and putative parents from case onset.

DEFINITIONS

Legal Father

Michigan Court Rule (MCR) 3.903(7) defines a legal father as any of the following:

- A man married to the mother at any time from a child's conception to the child's birth, unless a court has determined, after notice and a hearing, that the child was conceived or born during the marriage but is not the issue of the marriage.
- A man who legally adopts the child.
- A man who by order of filiation or by judgment of paternity is judicially determined to be the father of the child.
- A man judicially determined to have parental rights.
- A man whose paternity is established by the completion and filing of an acknowledgment of parentage in accordance with the provisions of the Acknowledgment of Parentage Act, MCL 722.1001 et seq., or a previously applicable procedure. For an acknowledgment under the Acknowledgment of Parentage Act, the man and mother must sign the acknowledgment of parentage before a notary public appointed in Michigan. The acknowledgment must be filed with the state registrar at either the time of birth or during the child's lifetime.

Putative Father

Putative father is defined as an alleged biological father of a child (MCR 3.903(24)).

A putative father can only exist where a child has no legal father. If a legal father exists, a putative father may not participate in a child protective proceeding. If the legal father's presumption of paternity is rebutted, or if no legal father exists, the court may conduct a putative father hearing to identify the alleged father, notify the father, and allow the father to legally establish paternity of the child. Once a putative father legally acknowledges paternity of a child or the court determines the child's legal father, then the father may participate in the child protective proceedings.

ABSENT PARENT PROTOCOL

The Michigan Absent Parent Protocol was developed to provide guidance to courts and child welfare staff for identifying and locating absent parents of children involved in the child welfare system. Caseworkers must be prepared to report the specific efforts made to identify and locate absent parents to the court.

IDENTIFYING THE LEGAL FATHER

To determine whether there is a legal father or a putative father, the caseworker must:

- Determine whether the mother was married at the time of conception or birth by talking with the mother and relatives.
- Obtain divorce and child support information, including the county where these proceedings may have occurred, by interviewing the parents and/or relatives.
- Review the birth certificate to see if a father is listed.

  Note: Being named on the birth certificate does not establish legal parentage for a father.
- Ask the child about their father. Determine if the child or someone the child knows is aware of the father's possible whereabouts.
- Contact the Friend of the Court to ascertain if anyone has been paying support.

- Contact the Family Division of Circuit Court to determine whether there is an order of filiation filed.

- Contact the probate court and/or search the birth registry system to determine whether there is an affidavit of parentage filed; see *MiSACWIS Job Aid: DCH Birth Registry System for MDHHS Workers*.

LOCATION EFFORTS

The caseworker must document efforts to locate parents in all case service plans and in social work contacts. Efforts may include, but are not limited to:

- Review of case history in MiSACWIS.
- Statewide Bridges inquiry.
- Secretary of State inquiry.
- Search of telephone book or an online phone book.
- US Post Office address search.
- Friend of the Court inquiry.
- Check with county clerk's office for vital statistics.
- Contact the last known place of employment.
- Follow up on leads provided by friends and relatives.
- Legal publication (court action).
- Search of social networking sites.
- Conduct a Federal Bureau of Prisons inmate search.
- Contact local jails and state prisons.
  - Michigan Department of Corrections Offender Tracking Information System.

Federal Parent Locator Service

The Adoption and Safe Families Act authorized the use of the Federal Parent Locator Service (FPLS) for caseworkers. The caseworker must use the FLPS if the absent/putative parent's Social Security number is known. The FPLS obtains location information from:

- The Department of Defense.
- Federal Bureau of Investigation.
- National Directory of New Hires.
- Veterans Administration.

- Social Security Administration, including employer/beneficiary names and addresses.

Caseworkers must complete and submit the DHS-1445, Child Support Confidential Locate Request to the MDHHS Office of Child Support (OCS) to request information from the FPLS. The DHS-1445 contains directions for submission.

Questions about the Federal Parent Locator Service should be directed to the MDHHS OCS Locates mailbox.

POLICY CONTACT

Questions about this policy item should be emailed to the Child Welfare Policy Mailbox.

OVERVIEW

Case contacts are a critical component of case management. Case managers engage with children, parents, and caregivers to:

- Monitor children's safety and well-being.
- Assess the ongoing needs of children, parents, and caregivers.
- Obtain child, parent, and caregiver input for developing case service plans.
- Assess permanency options for the child.
- Monitor progress toward established goals.
- Ensure children, parents, and caregivers are receiving and benefitting from necessary services.

At minimum, the assigned foster care case manager assigned to the case must complete case contacts according to the requirements listed in this item. The assigned foster care supervisor may make face-to-face contact with the child, parent, or legal guardian if one of the following exceptions exist:

- The assigned case manager will be out of the office for an extended period of time.
- The assigned case manager has caseload demands that require assistance.
- There are documented safety concerns.

When operational need arises that warrants an assigned supervisor to complete face-to-face contacts with children, parents, or legal guardians the assigned case manager and assigned supervisor must have a case conference to develop a plan for assistance.

The supervising agency must institute a flexible schedule to provide time outside of the traditional workday to accommodate the schedules of the individuals involved in all contacts. All case contacts must be documented within the social work contacts section in the electronic case record.

Exception: For children under the Interstate Compact on the Placement of Children (ICPC); see ICM 130, Interstate Foster Care

Procedures, ICM 140, Interstate Residential Care Procedures, and *ICPC* in this item.

DEFINITIONS

Assigned Case Manager

The case manager to whom primary case management responsibility has been assigned in the electronic case record for a child or family. Unless otherwise specified, all case manager contacts in this item are the responsibility of the assigned case manager.

Calendar Month

Each of the twelve named periods into which a year is divided: January, February, etc.

Caregiver

For purposes of this item only, licensed foster parents, licensed or unlicensed relatives, unlicensed unrelated caregivers, or a designated official for a child caring institution (CCI) in which a child in foster care has been placed.

Face-to-Face Contacts

In-person interactions. Videoconferencing or any other similar form of technology does not serve as a face-to-face contact for the purposes of meeting the federal requirements in the Social Security Act.

Month

30 calendar days.

Non-Offending Parent

An unadjudicated parent for whom there is not a preponderance of evidence of abuse and/or neglect.

Out-of-Home Placement

Foster homes, relative caregiver homes, unrelated caregiver homes, independent living placements, residential or institutional settings, and out-of-state placements that are not receiving ICPC services.

Video Conference

A two-way audio and video communication through a platform such as Microsoft Teams, FaceTime, Skype, Zoom, or similar technology.

Week

The seven-day period from Sunday through Saturday.

CONTACT WITH CHILDREN - GENERAL REQUIREMENTS

Quality Visits

Quality visits between the case manager and child have been found to produce positive outcomes for children in care. A quality visit is defined as one in which the case manager:

- Can meet with each child individually, without the presence of other individuals, to give the child an opportunity to ask questions as well as discuss the current placement.
- Views the child's bedroom and sleeping arrangements.
- Verifies safe sleep environments and practices for infants under 12 months.
- Assesses each child’s educational, medical, dental, mental health, and other needs and takes appropriate action or offers services in response to the identified needs of each child.
- Shows interest in the child to build and establish rapport.
- Shares and explains the case plan, including the plan for parenting time, visits with siblings and other relatives, and the child's permanency plan, in a developmentally appropriate way while allowing the child to ask questions and express viewpoints.

Private Meeting

A private meeting allows a case manager to meet individually with a child. The way a case manager conducts a private meeting will depend on the age and developmental ability of the child.

Preschool Children and Older

For older children, a private meeting allows the child an opportunity to ask questions and express feelings about their perception of the current circumstances without the presence of other individuals.

Toddlers and Non-Verbal Children

For younger children, a brief private meeting allows the case manager an opportunity to observe and assess the child's behavior and development.

Infants

In lieu of a private discussion with a child under 12 months, the case manager must view the child's sleeping arrangement and share safe sleep guidelines with the caregiver.

Note: Face-to-face contact with the infant is required during the home visit.

Electronic Case Management Record Documentation

Case managers must identify whether a private meeting, or safe sleep verification for infants, occurred for each child participant in the Participant screen within the Social Work Contact section of the electronic case record.

Unannounced Visit

Unannounced visits are not required but may be made at the discretion of the case manager or supervisor.

Telephone Contacts

Case managers are encouraged to make at least two telephone contacts with children during the first month after initial placement, as developmentally appropriate. For each subsequent calendar month, case managers should be available by phone as needed.

Note: Telephone contact includes text messaging, instant messaging, and video conferencing.

Case Manager Visit Tool

Two case manager visit job aids are available to assist case managers in gathering information during monthly visits:

- DHS-904, Foster Care/Adoption/Juvenile Justice Caseworker/Child Visit Quick Reference Guide. This guide contains the information that must be covered in a monthly visit but is not intended for recording notes.
- DHS-904-A, Foster Care/Adoption/Juvenile Justice Caseworker/Child Visit Tool. This form contains the information that must be covered in a monthly visit and may be used to take notes during the visit.

The case manager visit job aids provide structure and reminders of required topics. The forms are not to be used as the documentation of the case manager home visit in the case record, but as an aid to obtain pertinent information for the case service plans and to complete the case contact.

CHILD IN OUT-OF-HOME PLACEMENT

The case manager must have face-to-face contact with each child as indicated below.

First Two Months after Initial Placement or a Placement Change

- The case manager must have at least two face-to-face contacts per month with each child in the first two months following an initial placement or a placement change.
- The first face-to-face contact must take place within five business days of the date of removal or placement change.
- At least one contact each month must take place in the child's placement setting.
- Each required contact must include a private meeting between the child and the case manager; see *Private Meeting* in this item.

Subsequent Calendar Months

- The case manager must have at least one face-to-face contact in the child's placement setting each subsequent calendar month.
- Each required contact must include a private meeting between the child and the case manager; see *Private Meeting* in this item.

See *Appendix - Child in Out-of-Home Placement* for a reference chart.

CHILD IN A PARENTAL PLACEMENT

A parental home placement, for case contact purposes, includes a child *placed with* any of the following:

- Custodial parent.
- Non-custodial parent.
- Adoptive parent.
- Legal parent.
- Legal guardian.
- Biological parent whose parental rights were previously terminated.

The contact standards detailed in this section are required anytime a child is placed with their parent or legal guardian.

Respondent Parent

Placement with a respondent parent includes when a child is:

- Returned to the removal home.
- Returned to a respondent non-custodial parent, following an adjudication hearing.
- Continued placement in the parental home under court authority and at least one of the child's siblings are placed in an out-of-home placement.

First Month Following Reunification or Placement with a Respondent or Adjudicated Parent

- The assigned case manager must have weekly face-to-face contact in the home with the parent or legal guardian **and** the child for the first month following reunification or parental placement.

- At least one contact each month must include a private meeting between the child and the case manager; see *Private Meeting* in this item.

Note: The period of weekly contacts may be extended up to 90-days, if necessary.

Subsequent Calendar Months

- During each subsequent calendar month, the case manager must have at least two face-to-face contacts in the home with the family until case closure.

- At least one contact each month must include a private meeting between the child and the case manager; see *Private Meeting* in this item.

Family Reunification and Families First Services

When a family is receiving Family Reunification or Families First interventions, those service providers are responsible for all but one of the monthly contact requirements. **This does not discourage additional visits by the case manager.**

The case manager continues to be responsible for the case, contract service provider monitoring, and case service plan requirements. In addition to the face-to-face contact requirements with the family, the case manager must complete the following:

- At least one face-to-face or telephone contact with the Family Reunification or Families First case manager, each calendar month, to discuss the family's progress and compliance with the in-home service.

- Summarize pertinent information from the service provider's report in the case service plan and upload the reports in the electronic case record.

See *Appendix - Child Placed with a Respondent Parent* for a reference chart.

Non-Offending Parent

When a child is placed with their non-offending parent, the case manager must have face-to-face contact with the child as indicated below.

The non-offending parent's participation in the case service plan and treatment plan is voluntary. The non-offending parent **must** be given the opportunity to provide either written or verbal feedback regarding the child to be included in each case service plan; see FOM 722-10, Court Review - Right to be Heard.

The non-offending parent must be given a copy of each redacted case service plan and treatment plan for the child. The non-offending parent is to be advised that copies of prior case service plans, court orders, and other written reports, except those made confidential by law, are available for review upon request; see SRM 131, Confidentiality.

The non-offending parent may have access to the lawyer-guardian ad litem. Case managers may have to facilitate communication between the non-offending parent, the child, and the lawyer-guardian ad litem; see FOM 722-10, Court Review.

First Two Months after Initial Placement or a Placement Change

- The case manager must have at least two face-to-face contacts with the child per month for the first two months following an initial placement or a placement change.
- The first face-to-face contact must take place within five business days of the date of removal or placement change.
- At least one contact each month must take place in the child's placement setting.
- Each required contact must include a private meeting between the child and the case manager; see *Private Meeting* in this item.

Subsequent Calendar Months

- The case manager must have at least one face-to-face contact with the child each subsequent calendar month.
- At least one contact each calendar month must take place in the child's placement setting.
- Each required contact must include a private meeting between the child and the case manager; see *Private Meeting* in this item.

See *Appendix - Child Placed with a Non-Offending Parent* for a reference chart.

Discussion

Each month, the case manager should discuss with the parent, the assessment of the child's needs and strengths and how they are being met in care, the child's permanency plan, and any other items that may be necessary. Some items the case manager should discuss may occur naturally within the case plan development and reassessment family team meeting; see FOM 722-06B, Family Team Meeting. The case manager must summarize the results of these discussions in the appropriate work area in the electronic case record.

Parents Residing in the Child's Out-of-Home Placement

A child is **not** considered to be in a parental home placement if:

- The child is placed with a relative caregiver, foster parent, or court-ordered unrelated caregiver, and the child's parent moves into the home.
- A minor parent is placed with their child **and** both the minor parent, and the child are in foster care and placed with the department for care and supervision.

When a child is living in an out-of-home placement and their parents also live in the home but do **not** have placement of the child, see *Child in Out-of-Home Placement* in this item for contact standards.

CONTACT WITH PARENT OR GUARDIAN WHEN CHILD IS PLACED OUT-OF-HOME

When a child has a permanency goal of reunification, the case manager must have face-to face contact with legal parents and guardians as outlined in this section.

First Month after Initial Out-of-Home Placement

The case manager must have at least two face-to-face contacts with the legal parent or guardian, with at least one contact occurring at the parent or guardian's home or living environment, during the first month following initial out-of-home placement.

Subsequent Calendar Months

The case manager must have face-to-face contact with the legal parent or guardian at least once per calendar month. At least one contact each quarter must occur in the parent’s residence.

Quality Visits

Quality visits between the case manager and parent produce positive outcomes for children and families. A quality visit includes but is not limited to one in which the case manager:

- Meets with each parent face-to-face and demonstrates compassion and respect.
- Listens, engages, and seeks to understand the parent's perspective, concerns, and wishes.
- Assesses each parent's needs and takes appropriate action or offers services in response to the identified need.
- Encourages and provides opportunities for the parent to participate in the child's care, including but not limited to, medical appointments, education planning, extracurricular activities, and transition and discharge planning if they are experiencing a residential intervention.
- Shares and explains the reasons for the protective intervention, the assessment of the child and family's needs

and strengths, the plan for reunification, including the concurrent permanency plan, how the child's needs are being met in care, and the expectations of the visitation plan, including the steps necessary to expand the visitation plan.

- Obtains information about any relatives available for placement or support.

Note: Information that should be discussed with each legal parent or guardian monthly may occur naturally within the case plan development or reassessment family team meeting; see FOM 722-06B, Family Team Meeting. The case manager must summarize the results of these discussions in the appropriate work area in the electronic case record.

Participation and Input

Parents **must** have the opportunity to submit either written or verbal feedback regarding the child for inclusion in each case service plan. A written statement is preferred, and if one is provided, the case manager must attach the statement to the case service plan before submitting the service plan to court. If a written statement is not provided, the case manager must summarize the parent's feedback in the case service plan.

Telephone Contacts

The case manager must have two telephone contacts with the legal parent or guardian in the first month after initial placement and telephone contact as needed in each subsequent calendar month if the legal parent or guardian has a telephone.

Note: Telephone contact includes text messaging, instant messaging, and video conferencing.

Unstable Living Situations

For the purposes of this policy item, a person is considered homeless if their nighttime dwelling is one of the following:

- Supervised private or public shelter.
- Halfway house or similar facility to accommodate persons released from institutional settings.

- Place not designed or ordinarily used as a dwelling, for example, a building entrance or hallway, bus station, park, campsite, or vehicle.

If the parent is staying in a shelter, halfway house, or a place not ordinarily used as a dwelling, then a face-to-face contact at a safe location may be completed in lieu of contact at the location the parent is staying.

If the parent temporarily stays in a series of other people's homes, then a face-to-face contact is required at the residence where they are staying.

Parents with Exigent Circumstances

Face-to-face contact with parents who are incarcerated, hospitalized, or participating in an inpatient treatment program is encouraged but not required. The case manager must maintain monthly telephone or written contact with the parent. All contacts must be documented in the electronic case management record, and all written correspondence must be uploaded in the electronic case management record.

Parents Who Live in another State or County

Contacts made by an interstate or courtesy supervision case manager meet the requirement for in-home visits with the parents who live in another state or county; see FOM 722-14, Foster Care - Courtesy Supervision, and ICM 130, Interstate Foster Care Procedures.

If interstate or courtesy supervision is not secured, contacts must be made by the assigned case manager as described in this item; see APA 230, Travel and Employee Expense Reimbursement, for information on out-of-state travel reimbursement.

Permanency Goal other than Reunification

For children with a permanency goal other than reunification, case manager contact may continue with the legal parent or guardian if

they continue to play an active role in the child's life. The frequency, method, and content of contacts is determined at the discretion of the case manager and supervisor based on the child's and parent's situation.

CONTACT WITH CHILD'S CAREGIVERS

The case manager must have at least one face-to-face contact in the caregiver's home each calendar month. If there is more than one caregiver, such as a primary and secondary caregiver, the case manager must have a face-to-face contact with the secondary caregiver in the home at least once each quarter.

Residential or Institutional Setting

When a child is placed in a residential or institutional setting, the case manager must have contact monthly with the case manager/therapist assigned to the child, as described in this section.

Required Discussion

The case manager must discuss the following topics monthly with the child's caregiver and document the information provided by the caregiver in the appropriate work area in the electronic case management record. This discussion may occur at the monthly home visit:

- Efforts to co-parent or support the legal parent or guardian.
- Date of child's last physical and dental exam.
- Medication dosages and diagnoses for the child.
- Psychotropic medication compliance and treatment effects; see FOM 802-1, Psychotropic Medication in Foster Care.
- Medical, dental, and mental health concerns, appointments, treatment, follow-up care, and progress updates.
- Child behaviors, concerns, developmental milestones.

- Safe sleep guidelines for children under 12 months.
- Educational or school status, efforts, behaviors, and services provided.
- Caregiver's tasks to meet child's needs, including any ongoing extraordinary care required of the caregiver; see FOM 903-03, Payment for Foster Family/Relative Care.
- Child's adjustment to the caregiver's family.
- Caregiver needs to support the child's placement.
- Permanency plan.
- Safety plan, if applicable.
- Any delinquency charges filed since the last visit.
- The caregiver's understanding and application of the prudent parent standard; see FOM 722-11, Prudent Parent Standard and Delegation of Parental Consent.
- Any CPS referrals or foster home licensing complaints made regarding the placement since the last visit.
- If the caregiver is pursuing licensure, obtain an update on licensing progress.
- For children placed in a residential care program, discharge planning and preparation is required.

Participation and Input

Case managers must encourage caregivers to be actively involved in case planning, as a caregiver's involvement is integral to the case plan. Caregivers **must** have the opportunity to submit either written or verbal feedback regarding the child for inclusion in each case service plan. A written statement is preferred, and if one is provided, the case manager must attach the written statement to the case service plan before submitting the service plan to court. If a written statement is not provided, the case manager must summarize the caregiver's feedback in the case service plan. Requests for caregiver input may be sent on the DHS-715, Hearing

Notice, if the court provides notice of hearing to the case manager in a timely manner; see FOM 722-10, Court Review.

Distribution of the Service Plan and Treatment Plan

Case managers must include caregivers in the development of the case service plan and the parent agency treatment plan (PATP). The caregiver must be given a copy of each redacted case service plan and the PATP. Caregivers must be advised copies of prior case service plans, court orders, and other written reports, except those made confidential by law, are available for review upon written request. They must also be advised information contained in the plans and reports must not be released to persons not directly involved with the care and treatment of the child; see SRM 131, Confidentiality - Foster Care Records.

Lawyer-Guardian Ad Litem

Case managers must assist in facilitating communication between the caregiver, the child, and the lawyer-guardian ad litem; see FOM 722-10, Court Review.

CHILD IN AN EMERGENCY SHELTER FACILITY

Child

A case manager must have weekly face-to-face contacts with each child placed in an emergency shelter facility. The assigned case manager must complete the first face-to-face contact with the child within five business days from the date the case is assigned to the assigned foster care case manager or within five business days of the date of the placement. Each required contact must take place in the child's placement setting and must include a private meeting between the child and the case manager.

Another case manager or supervisor, other than the assigned case manager, may complete the required face-to-face contact with the child every other week, alternating with the assigned case manager.

Facility Case Manager

The assigned case manager must have weekly contact with the facility case manager to discuss updates regarding the achievement of the discharge plan. The weekly contact with the facility case manager can be face-to-face or by phone or email.

Supervisor

The assigned case manager must meet weekly with their supervisor for case consultation on any case where a child is placed in an emergency shelter facility; see FOM 722-03, Placement Selection and Standards.

CHILD PLACED IN A PSYCHIATRIC INPATIENT SETTING

The case manager must maintain a minimum of daily contact with hospital personnel regarding the status of a child in a psychiatric inpatient setting and document the contact in the electronic case record; see FOM 802-1, Psychotropic Medication in Foster Care.

CHILD RETURNS FROM AWOLP

See FOM 722-03A, Absent Without Legal Permission (AWOLP), for the contact standards required when a child returns from AWOLP.

CONTACT WITH TREATMENT AND SERVICE PROVIDERS

Case managers must contact each professional involved in the child's care as needed to solicit the professional's observations and recommendations regarding the child and the child's caregivers. These contacts must be documented in the social work contacts and the information obtained must be detailed in the appropriate section of the case service plan.

In addition, all professional reports for the child and parents including, but not limited to, psychiatric and psychological evaluations, therapy and treatment plans, substance abuse screens and treat-

ment summaries, Early On® or other child developmental assessments must be reviewed and summarized in the case service plan and uploaded on the electronic case record.

Physician Review of Case Service Plan

The case manager must review the child's case service plan with the child's primary care physician, or the attending physician if the child is hospitalized and is diagnosed with any of the following conditions:

- Failure to thrive.
- Medical child abuse.
- Severe brain injury that is diagnosed as being the result of abuse, such as pediatric abusive head trauma.
- Substance exposure in utero.
- A bone fracture that is diagnosed by a physician as being the result of abuse or neglect.

This is to ensure the case service plan addresses the child's medical needs specific to the child abuse and/or neglect.

The court of jurisdiction must notify the physician of the time and place of a hearing where consideration is given to returning the child to their home; see FOM 722-10, Court Review.

CONTACT WITH CERTIFICATION CASE MANAGER

When a child is placed with an unlicensed caregiver and the caregiver is pursuing licensure, case managers must have monthly contact with the certification case manager until the family becomes licensed. The case manager must assess any barriers that are impeding licensure, assist in rectifying the barriers, and document both the barriers and efforts in the case service plan; see FOM 923, Relative Licensing.

CONTACT WITH SUPERVISOR (SUPERVISION)

The case manager must meet with their supervisor at least monthly for case consultation on every assigned case. Monthly case consultation may be conducted in person or by video conference.

Exception: The case manager must meet weekly with their supervisor for case consultation on any case where a child is placed in an emergency shelter facility; see *Child in an Emergency Shelter Facility* in this item.

Case Service Plan Approval

Supervisors must review and approve each case service plan. Case service plans cannot be approved until the supervisor has a meeting with the case manager, which can occur during the monthly case consultation. Meetings for case plan approval may be conducted in person or by video conference.

Supervisory approval indicates agreement with the:

- Thoroughness, completeness, and accuracy of the report.
- Assessment or reassessment of risk and safety of the child.
- Identified needs and strengths of the child and family.
- Progress to permanency, including barrier reduction and parenting time.
- Appropriateness of current placement.
- Current treatment plan for the child and parents.
- Recommendations to the court.
- Compliance with Structured Decision Making.
- Efforts to place with relatives and reunify with siblings, as applicable.
- Appropriateness of continued provision of services or program type closure.

Foster Care Supervisory Guide & Tool

The DHS-1154, Foster Care Supervisory Guide, and DHS-1155, Foster Care Supervisory Tool, are available to assist supervisors during case consultations in gathering information and assessing whether a child's needs of safety, permanency, and well-being are met.

The DHS-1154, Foster Care Supervisory Guide, contains the information that **must** be covered during case consultations, but is not intended for recording notes. The items in the guide are listed as prompts to guide discussion and should be supported by case documentation.

The DHS-1155, Foster Care Supervisory Tool, **may** be used to take notes on items for follow-up.

Note: The guides and tools are not to be uploaded in the electronic case management record.

Electronic Case Record Documentation

Monthly case consultations must be identified in the electronic case record with the case contact type of supervision.

TIMELY ENTRY OF CASE CONTACTS

All case contacts must be entered in the electronic case record, **including attempted contacts, and missed appointments.** The case contact narrative should consist of a brief summary of the contact. **Significant information obtained during the contact must be summarized in the appropriate section of the case service plan.**

The case manager must enter the required face-to-face contacts listed below in the electronic case record within five business days of the contact. This includes attempted and missed face-to-face contacts.

- Any face-to-face contact with children, parents, or caregivers made by any of the following:

- Foster care case manager or supervisor.
- Child protective services (CPS) case manager or supervisor.
- Adoption case manager or supervisor.
- Permanency resource monitors (PRM).
- Michigan Youth Opportunities Initiative (MYOI) coordinators.

- Parent-child face-to-face contacts.
- Sibling face-to-face contacts.

All other case contacts must be entered prior to the report period end date on the applicable case service plan.

Interstate Compact on the Placement of Children (ICPC) Contacts

Children Placed in Michigan by Another State

Case contacts for children in foster care placed in Michigan by another state through the ICPC office must be entered in the electronic case record as outlined above.

Michigan Children Placed in Another State

Case contacts for children in foster care who are placed out-of-state through the ICPC office must be entered in the electronic case record prior to the report period end date of the applicable case service plan.

Family Reunification/ Families First

Family Reunification and Families First contractors must submit all face-to-face contacts with children, parents, and caregivers to the assigned case manager by the third business day of each month. Family Reunification and Families First face-to-face contacts must

be entered in the electronic case record within five business days of receipt.

Note: Families first case manager and family reunification case manager are association types in the electronic case record and must be used when documenting case contacts for families participating in either of these programs.

FIREARM ASSESSMENT

A firearm assessment is intended to be used when a case manager becomes aware of a firearm in a home during an open case. The goal of this assessment is to assess the safety of the child, help ensure child safety, and guide caregivers through the safe storage of firearms. See PSM 713-01, CPS Investigation - General Instructions for guidance on assessing firearm safety.

Note: Child welfare staff must continue to utilize licensing rules for licensed foster homes. Child welfare staff must also follow criteria regarding weapons, firearms, and/or ammunition outlined in the MDHHS-5770, Relative Placement Safety Screen, and MDHHS-3130-A, Relative Placement Home Study.

LEGAL AUTHORITY

Federal

Social Security Act, 422(b)(17)

Videoconferencing or any other similar form of technology between the child and caseworker does not serve as a monthly case manager visit for the purposes of meeting the requirements of section 422(b)(17) of the Social Security Act. A monthly caseworker visit must be conducted face-to-face and held in person.

Child and Family Services Improvement Act of 2006, P.L. 109-288

Requires the state to describe standards for the content and frequency of caseworker visits for children in foster care, that, at a minimum, ensure that the children are visited on a monthly basis, and that the visits are well-planned and focused on issues pertinent to case planning and service delivery to ensure the children's safety, permanency, and well-being.

Safe and Timely Interstate Placement of Children Act of 2006, PL 109-239

Requires state courts to ensure that foster parents, pre-adoptive parents, and relative caregivers of a child in foster care under the responsibility of the state are notified of any proceeding to be held with respect to the child and to allow caregivers the right to be heard in any proceeding held in reference to the child.

State

Probate Code, 1939 PA 288, as amended, MCL 712A.18f

Review by child's physician in cases of abuse and neglect.

Foster Parent Bill of Rights, 2014 PA 524, MCL 722.958a

An act to establish certain standards for foster care and adoption services for children and their families; and to prescribe powers and duties of certain state agencies and departments and adoption facilitators.

Dwayne B. v. Whitmer, 2:06-cv-13458

Supervisors shall meet at least monthly with each assigned worker to review the status and progress of each case on the worker's caseload. Supervisors shall review and approve each service plan. The plan can be approved only after the supervisor has a face-to-face meeting with the worker, which can be the monthly meeting. Video conferences may be used for meetings between caseworkers and supervisors as required under the Modified Implementation, Sustainability, and Exit Plan (MISEP). Video conference is defined as a two-way audio and video communication through a platform such as Microsoft Teams, FaceTime, Skype, Zoom, or similar videoconferencing technologies.

Licensing Rule

Child Placing Agency Rule 400.12421

Visitation and parenting time.

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

APPENDIX

Child in Out-of-Home Placement

FIRST 60 DAYS FOLLOWING INITIAL OUT-OF-HOME PLACEMENT OR A PLACEMENT CHANGE Day 1 = Date of Removal or Date of Placement Change	
Timeframe	**Requirement**
Business days 1-5	1 face-to-face contact by the **assigned foster care case manager** assigned to the case.
Calendar days 1-30	1 face-to-face contact by the **assigned foster care case manager** assigned to the case. **Note:** This equals a total of two contacts required in the first 30 calendar days. **One of these contacts must occur in the child's placement setting.**
Calendar days 31-60	2 face-to-face contacts, with at least one contact occurring in the child's placement setting, by the **assigned foster care case manager** assigned to case.
Subsequent Calendar Months	
Each calendar month	1 face-to-face contact in the child's placement setting by the **assigned foster care case manager** assigned to the case.

Child Placed with a Respondent Parent

FIRST 30 DAYS FOLLOWING PLACEMENT WITH A RESPONDENT OR ADJUDICATED PARENT Day 1 = Date of Placement	
Timeframe	**Requirement**
Without Families First or Family Reunification Services	
Weekly	1 face-to-face contact in the home by the **assigned foster care case manager** assigned to the case.

With Families First or Family Reunification Services	
Calendar Days 1-30	1 face-to-face contact in the home by the **assigned foster care case manager** assigned to the case.
Subsequent Calendar Months	
Without Families First or Family Reunification Services	
Each calendar month	2 face-to-face contacts in the home, by the **assigned foster care case manager** assigned to the case, until case closure.
With Families First or Family Reunification Services	
Each calendar month	1 face-to-face contact in the home, by the **assigned foster care case manager** assigned to the case, until case closure.

Child Placed with a Non-Offending Parent

FIRST 60 DAYS FOLLOWING PLACEMENT WITH A NON-OFFENDING PARENT

Day 1 = Date of Removal or Date of Placement Change

Timeframe	Requirement
Business days 1-5	1 face-to-face contact by the **assigned foster care case manager** assigned to the case.
Calendar days 1-30	1 face-to-face contact by the **assigned foster care case manager** assigned to the case. **Note:** This equals a total of two contacts required in the first 30 calendar days. **One** of these contacts must occur in the child's placement setting.
Calendar days 31-60	2 face-to-face contacts, with at least one contact occurring in the home, by the **assigned foster care case manager** assigned to case.

FIRST 60 DAYS FOLLOWING PLACEMENT WITH A NON-OFFENDING PARENT Day 1 = Date of Removal or Date of Placement Change	
Timeframe	**Requirement**
Subsequent Calendar Months	
Each calendar month	1 face-to-face contact in the home by the **assigned foster care case manager** assigned to the case.

OVERVIEW

Unless harmful, children in foster care should have daily or near daily contact with their families. Maintaining family contact and parenting time is essential to child and family attachment and well-being.

Family time is interactive in-person contact among children and their parents, siblings, and other family members. It is separate from counseling, therapy, assessments, case reviews, family team meetings or court hearings. Family time can be supplemented with other types of contact such as phone calls, video calls, letters, email, pictures, and gifts. Frequent supplemental contacts must be encouraged and allowed unless they are harmful.

PARENTING TIME

Families with children under the Michigan Department of Health and Human Services (MDHHS) care and supervision who have a permanency goal of reunification must be provided parenting time unless an approved exception exists; see *Parenting Time Exceptions* in this item. Parenting time among parent(s) and their child(ren) is facilitated by the supervising agency.

One of the best predictors of timely and successful reunification is the frequency and quality of visits between a child and their parents. It is essential for children and parents to have contact as soon as possible after removal; see *Parenting Time Plan* in this item. When reunification is the goal, the plan should include progressively increased parental responsibility for the daily care of the child.

Parenting time must never be used as a reward or withheld as punishment for either the child(ren) or parent(s); see *Suspension of Parenting Time* in this item.

Expansion of In-Person Parenting Time

For children with the goal of reunification, there must be a written plan for increased in-person parenting time, which **must** be reassessed monthly during supervision and documented quarterly in the parenting time plan within the case service plan. Ongoing assessment of the parent's ability to safely care for and interact with the child must be used to guide expansion of parenting time.

Parameters for parenting time should be expanded as soon as safely possible to support and sustain the parent-child bond and attachment. Expansion of parenting time includes:

- Increasing the frequency and/or duration of in-person parenting time.
- Changing the location to support a more family friendly environment to encourage typical parent/child interaction.
- Moving to unsupervised parenting time as soon as possible.

Supplementing In-Person Parenting Time

Parents should continually be involved in activities and planning for their child, unless documented as harmful to the child. These activities may be used to supplement in-person parenting time above the minimum number of required visits. Examples of acceptable activities include but are not limited to:

- Involvement in medical and dental appointments.
- Attendance at school conferences, sporting events, plays, recitals, etc.

Virtual Parenting Time

In addition to in-person parenting time, children in foster care with a goal of reunification should have frequent virtual contact, such as video or phone calls, with their parents. Caseworkers must document plans for virtual family time in the parenting time plan.

Parenting Time Plan

Caseworkers must engage the family in creation of the parenting time plan, including:

- The frequency, duration, and location of in-person and virtual parenting time.
- Specific behaviors expected of the parent(s) during parenting time.
- Supports needed from others, such as the caseworker and child's foster parent(s)/relative caregiver(s) for successful implementation of the parenting time plan.

In the case service plan, the caseworker must document:

- The frequency, location, and duration of in-person parenting time.
- The frequency, duration, and methods for virtual parenting time.
- The action steps required for expansion of in-person parenting time.

Caseworkers must schedule parenting time with primary consideration for the child's needs and the parent's time commitments, including employment and mandated service requirements. The supervising agency must institute a flexible schedule to provide hours outside of the traditional workday to accommodate the schedules of the individuals involved.

Frequency of In-Person Parenting Time

The initial in-person parenting time must occur as soon as possible but no later than seven calendar days following placement.

Frequency of in-person parenting time is determined by the age of the child when they are initially placed out of home.

For sibling groups placed out of home on the same date, the number of required visits is determined by the youngest child's age. When a child is born or enters an out-of-home placement on a later date, the frequency of visits for that child will be based on the child’s individual age and does not affect the already established visitation schedule of the other sibling(s).

The **minimum** frequency guidelines for in-person parenting time detailed below are to be followed **immediately** upon out-of-home placement, unless otherwise ordered by the court:

- **Newborn to age five:** twice per week.
- **Six years and older:** once per week.

Note: The caseworker must not reduce the frequency of an existing parenting time plan due to a child reaching age 6.

If parenting time is not occurring as outlined above, the barriers that are contributing to less frequent parenting time and how those barriers are being addressed must be documented in the case service plan.

Frequency of Virtual Parenting Time

Virtual parenting time must occur as soon as possible after placement and as frequently as possible while the child is placed out-of-home with a goal of reunification.

Duration

Parenting time should be long enough to promote parent-child attachment. At a minimum, in-person parenting time should last for at least one hour. The duration of virtual parenting time may vary in accordance with the child's needs and development.

Note: Parenting time that last overnight or for multiple days, such as over a weekend, are not considered a temporary break placement; see FOM 722-03D, Placement Change.

Location

Parenting time should occur in a child and family friendly setting conducive to normal interactions between the child and parent(s). When safety permits, in-person parenting time should occur in settings outside of the agency, such as:

- The parent's home.
- Relative/caregiver homes.
- Parks.
- Malls and shopping centers.
- Restaurants or fast food establishments.
- Early-On appointments, play groups, etc.

If in-person parenting times are not occurring in the parent's home, the caseworker must document in the plan where the parenting time is occurring and what conditions must exist for in-person parenting time to occur in the parental home.

Note: Foster parents and relative caregivers can be reimbursed for transportation expenses when it involves parent and sibling visits; see FOM 903-09, Case Service Payments.

Observation and Supervision

Parenting time must be supervised or unsupervised as ordered by the court. Caseworkers may periodically **observe** unsupervised parenting time to assess family functioning and relationships, parenting skills, and adherence the parenting time plan.

If the court grants MDHHS discretion to provide supervised or unsupervised parenting time, parenting time must be provided with the lowest level of supervision needed to reasonably ensure child safety.

Parenting time must be supervised if any of the following harm factors were identified on the **most recent** safety assessment:

- Caregiver(s) caused serious harm to the child and/or made a plausible threat to cause serious physical harm in the current investigation or report period.
- The family has refused access to the child or the parent has threatened to flee with the child.
- Caregiver's behavior toward child is violent or out-of-control.

Note: Safety assessments must be completed with all updated case service plans when the parents have made at least partial progress in overall barrier reduction and parenting time; see FOM 722-09C, Safety Assessment. If the foster care caseworker has not been required by policy to complete a safety assessment, the above determination must be made using the most recent CPS safety assessment completed prior to the child's removal.

If none of the above harm factors have been identified on the most recent safety assessment and the caseworker and supervisor believe that serious harm to the child is likely to occur if parenting time is unsupervised, the caseworker must document, in behaviorally specific terms, the risk and safety concerns that must be rectified in order to safely reduce the level of supervision during parenting time until unsupervised parenting time is determined safe; see FOM 722-08F, Visitation Plans.

Supervised Parenting Time

When unsupervised parenting time cannot occur for one of the reasons above, supervised parenting time ensures the child's safety and allows the caseworker to assess the parent/child interactions and provide support and guidance.

In addition to the assigned caseworker, case aides, foster parents/caregivers, relatives, and others may supervise parenting time. The caseworker must communicate the expectations of the parent during parenting time to the supervising individuals. The caseworker must obtain updates on the quality of the parent/child

interactions during the visits from the individuals who supervise the parenting times.

Caseworkers must reevaluate the need for supervision of parenting time during monthly supervision with their supervisor; see *Supervisor Review* in this item.

Required Supervision by the Caseworker

If parenting time is supervised by individuals other than the assigned caseworker, the assigned caseworker must observe parenting time at least once during the first 30 days after removal and at least once per quarter thereafter to assess parenting skills and attachment.

Review and Reassessment of Parenting Time Plan

The caseworker and supervisor must review the parenting time plans for both in-person and virtual contact during monthly supervision to discuss expansion opportunities and barriers to expansion of and compliance with the parenting time plan.

The caseworker must reassess the parenting time plan, and the parent's compliance with the plan, quarterly in the case service plan; see FOM 722-09, Foster Care - Updated Service Plan, and FOM 722-09A, Foster Care - Reunification Assessment.

If the parenting time plan was not expanded during the report period, or if barriers exist that prevent the parent from complying with the parenting time plan the caseworker must document the reason(s) and/or barriers in the case service plan, as well as the agency's efforts to rectify those barriers.

The supervisor must assist the caseworker in evaluating the parent's progress in order to determine if the parenting time plan should be expanded. The supervisor's approval of the case service plan indicates approval of the parenting time plan; see FOM 722-6H, Case Contacts.

In-Person Parenting Time Exceptions

Families with children in foster care who have a goal of reunification must have in-person parenting time unless an approved exception exists. Exceptions to this requirement include:

- The court orders less frequent parenting time.
- One or both parents cannot attend due to compelling circumstances such as hospitalization or incarceration.
- The child is above the age of 16 and refuses to participate.
- The parents are not attending despite the caseworker taking adequate steps to ensure the parents' ability to participate.

  Note: This exception must only be used when a parent is chronically and habitually missing parenting time. When this exception is used, the caseworker must document (in the case service plan) efforts to assist the parent in resolving the barriers to attending parenting time.

Caseworkers must record all exceptions in MiSACWIS. Caseworkers must document all reasonable efforts to ensure in-person parenting time in the case service plan. When an exception is recorded, the caseworker must review the child's permanency goal; see FOM 722-09A, Foster Care - Reunification Assessment.

Exceptions must be reevaluated quarterly **or** anytime circumstances necessitate a change to the parenting time plan.

Caseworker Discussion with Parents

Prior to completion of the initial DHS-441, Case Service Plan, the assigned caseworker must discuss with the parents:

- The critical importance of parenting time with the child.
- The likely positive and negative effects of parenting time on the child.
- That parenting time is a good indicator of an early reunification of the family unit.
- That separation of a child from a parent can be traumatic. A child may regress behaviorally or act out in anger against the parent and others. Parent(s) may view this as a betrayal by the child and may also express anger towards the system. Caseworkers should assist the parent and child in understanding their grief as a common reaction to the stress of separation.

- The specific behaviors and expectations during parenting time.
- Circumstances necessary to expand parenting time.
- The logistics of parenting time; for example, location, duration, frequency, and supervision requirements.
- Additionally, caseworkers and parents must work together to identify the needs of the child that should be met during parenting time and discuss the changes in parenting necessary for reunification. These changes must be:
  - Behaviorally specific and measurable.
  - Developmentally appropriate.
  - Documented in the visitation plan in MiSACWIS.

Caseworker Discussion with Foster Parent/Caregiver

Children may display challenging behaviors before and after parenting time. These behaviors are often due to the child's difficulty processing and expressing their emotions surrounding the loss experienced during out-of-home placement. Caseworkers should assist the foster parent(s)/relative caregiver(s) in understanding the child's reaction to parenting time so that the foster parent(s)/caregiver(s) can support the child.

Caseworkers should also assist foster parent(s)/relative caregivers in understanding the expectations for frequent virtual contact between children and their parents, as well as the temporary caregiver's role in facilitating virtual contacts with young children.

SUSPENSION OF PARENTING TIME

The caseworker may not cancel, postpone, or deny in-person or virtual parenting time as a disciplinary measure for children or punishment of parents. Parents must not be prevented from interaction with their children because they are unable to pay for necessary transportation or if they have not complied with the treatment plan; for example, when a parent has a missed or positive drug screen.

The court may order less frequent or no parenting time, if parenting time, even when supervised, may be harmful to the child. The court may order the child to have a psychological evaluation, counseling,

or both, to determine the appropriateness and the conditions of parenting time. Parenting time must continue to the extent allowed by the court during this time.

If the court orders a psychological evaluation, trauma assessment, or counseling for the child to assess parenting time, the costs for such assessments are the responsibility of the supervising agency; see FOM 903-09, Case Service Payments.

Termination of Parental Rights

Parenting time is not automatically suspended at the time a petition to terminate parental rights is filed. The court must determine parenting time rights when the termination petition is filed.

Parenting Time Recommendations

At the court hearing involving the termination of parental rights petition, the caseworker must be prepared to offer testimony on what is best for the child regarding the issue of parenting time. Also, if a court hearing regarding the termination petition is a hearing at which a case service plan is required, the caseworker's parenting time recommendation must be in the recommendations to the court section of the case service plan. Caseworkers should consult with the parent(s), and child(ren) if age- and developmentally-appropriate, regarding their wishes for continued parenting time, and include that information in their recommendation.

INCARCERATED PARENTS

Unless there is documented evidence that parenting time or contact would be harmful to the child or there is a no-contact order in place, the caseworker must arrange for regular parenting time **or** contact between a parent who is incarcerated and the child. Alternatives to in-person parenting time at a jail or prison facility include, but are not limited to:

- Letters/pictures sent through the caseworker.
- Phone contact.
- Video visitation via a JPay account; see the JPay Video Visitation website for more information.

LAW ENFORCEMENT INFORMATION NETWORK (LEIN) CHECKS

Law Enforcement Information Network (LEIN) checks must be conducted on all household members when a child will be having parenting time at the parent's home; see SRM 700, Law Enforcement Information Network.

DOCUMENTATION

The frequency, location, duration, specific behavioral expectations, and other requirements for in-person and virtual parenting time described above must be documented in the parenting time plan.

Parenting time and sibling contact must be documented in social work contacts; see FOM 722-06H, Case Contacts.

Note: If in-person parenting time occurs less frequently than required in the *Frequency of In-Person Parenting Time* section of this item, the reasons must be documented in the parenting time plan.

SIBLING CONTACT AND ONGOING INTERACTION

Siblings in foster care who are not placed together must have regular contact. At **minimum**, siblings placed apart must have one in-person contact within the first 30 days of the placement that results in separation and one in-person contact per calendar month thereafter. Virtual contact, such as video calls and phone calls, should occur as frequently as possible and desired by the siblings.

Note: Requirements for sibling contact continue after termination of parental rights until case closure.

Caseworkers must:

- Coordinate with the caregiver(s) to develop a plan for in-person and virtual sibling contact.
- Detail the plan for sibling visits and other contacts within the sibling visitation section of the case service plan. The sibling visitation plan must include specific:

- Dates of visits or contacts.
- Location of visits or contacts.
- Duration of visits or contacts.

Sibling Visitation Exceptions

Caseworkers must engage caregivers, and children when age- and developmentally appropriate, in development of the in-person and virtual sibling contact plans.

Monthly in-person sibling contact is required unless:

- The visit may be harmful to one or more of the siblings.

  Note: Document the reason contact between siblings is contrary to their safety or well-being in the sibling visitation section of the case service plan.

- The sibling is placed out-of-state in compliance with the Interstate Compact on Placement of Children (ICPC).

- The distance between the sibling's placements is more than 50 miles and one child is placed with a relative.

  Note: When distance or interstate placement prevent in-person sibling contact, the caseworker must ensure monthly virtual sibling contacts if no other exception grounds exist.

- One of the siblings is above the age of 16 and refuses.

  Note: The caseworker must document the reasons for refusal in the case service plan.

All exceptions must be recorded in MiSACWIS. The caseworker must document reasonable efforts to ensure in-person sibling contacts in the case service plan.

GRANDPARENTING TIME

MCL 710.60 and MCL 722.27b, allow for grandparenting time orders to be entered under two circumstances:

- A circuit court may enter such an order as a result of a custody dispute unrelated to the reason the child came into foster care.

- A family division of the circuit court may enter a grandparenting time order in stepparent adoptions.

In addition to honoring court-ordered grandparenting time of children in foster care, caseworkers must also carefully consider all requests from grandparents for in-person and virtual contact and honor such if they are in the best interests of the child.

If the caseworker believes that court-ordered grandparenting time is not in the best interests of the child, the local office should attempt to negotiate the matter with the court. When resolution is not possible at the local level, the local office may request assistance from MDHHS Children's Services Legal Division (CSLD); see FOM 722-10, Court Review.

LEGAL AUTHORITY

Federal Law

Fostering Connections to Success and Increasing Adoptions Act of 2008, 42 USC 620 et seq.

Requires that whenever siblings are not placed together, reasonable efforts must be made to provide frequent visitation or other ongoing interaction between the siblings.

State Law

Probate Code, 1939 PA 288, MCL 712A.13a(13)

If a juvenile is removed from the parent's custody at any time, the court shall permit the juvenile's parent to have regular and frequent parenting time with the juvenile. Parenting time between the juvenile and parent shall not be less than 1 time every 7 days unless the court determines either that exigent circumstances require less frequent parenting time or that parenting time, even if supervised, may be harmful to the juvenile's life, physical health, or mental well-being. If the court determines that parenting time, even if supervised, may be harmful to the juvenile's life, physical health, or mental well-being, the court may suspend parenting time until the risk of harm no longer exists. The court may order the juvenile to have a psychological evaluation or counseling, or both, to determine the appropriateness and the conditions of parenting time.

Probate Code, 1939 PA 288, MCL 712A.18f(e)

Except as otherwise provided in this subdivision, unless parenting time, even if supervised, would be harmful to the child as determined by the court under section 13a of this chapter or otherwise, a schedule for regular and frequent parenting time

between the child and parent, which shall not be less than once every 7 days.

Probate Code, 1939 PA 288, MCL 712A.19b(4)

If a petition to terminate the parental rights to a child is filed, the court may enter an order terminating parental rights under subsection (3) at the initial dispositional hearing. If a petition to terminate parental rights to a child is filed, the court may suspend parenting time for a parent who is a subject of the petition.

Probate Code, 1939 PA 288, MCL 712A.19b(5)

If the court finds that there are grounds for termination of parental rights and that termination of parental rights is in the child's best interests, the court shall order termination of parental rights and order that additional efforts for reunification of the child with the parent not be made.

Foster Care and Adoption Services Act, 1994 PA 203, MCL 722.952(l)

"Sibling" means a child who is related through birth or adoption by at least 1 common parent. Sibling includes that term as defined by the American Indian or Alaskan native child's tribal code or custom.

Probate Code, 1939 PA 288, MCL 710.60 and Child Custody Act, 1970 PA 91, MCL 722.27b

Provisions for court ordered grandparenting time.

Modified Implementation, Sustainability, and Exit Plan, Dwayne B. vs. Whitmer, No. 2:06-cv-13548, 6.23 Visits, Parent-Child (Commitment 77)

DHHS shall ensure that children in foster care with a goal of reunification shall have at least twice-monthly visitation with their parents unless an exception exists.

Modified Implementation, Sustainability, and Exit Plan, Dwayne B. vs. Whitmer, No. 2:06-cv-13548, 6.24 Visits, Between Siblings (Commitment 78)

DHHS shall ensure that children in foster care who have siblings in custody with whom they are not placed shall have at least monthly visits with their siblings who are placed elsewhere in DHHS foster care custody unless an exception exists.

Licensing

Mich Admin Code R 400.12421(c)

An agency shall have a policy regarding visitation and parenting time that contains provisions for visits between parents and children except where parental rights have been terminated or when there is a court determination that visits are detrimental to the child.

Mich Admin Code R 400.12421(d)

An agency shall have a policy regarding visitation and parenting time that contains provisions for visits between siblings who are not placed together except when there is a court determination that visits are detrimental to either child

OVERVIEW

Children in out-of-home placement can be their own best advocate if they have a full understanding of the system. When government and private agencies are entrusted with their care, it is critical that every effort be made to assure their safety and well-being, which includes taking steps to fully inform children and youth about their care and provide them with opportunities to express their wishes.

REVIEW AND DISTRIBUTION

The DHS-5307, Rights and Responsibilities for Children and Youth in Foster Care, must be used to inform youth in out-of-home placements, including abuse/neglect, juvenile justice, and dual wards, of their rights and responsibilities.

Initial Discussion and Review

Within 30 calendar days of removal, the caseworker must review and explain the DHS-5307, Rights and Responsibilities for Children and Youth in Foster Care, and the agency's grievance policy with the child, foster parents, caregivers, and parents. The caseworker must be prepared to answer any questions the child, parents, and caregivers may have.

After the document is reviewed the signatures of the child and caseworker must be obtained. The parent or caregiver must sign on behalf of the child, if the child is younger than 11 years old or is unable to sign the document. The caseworker must complete the information on the last page of the document with the applicable contact information and provide all participants with a signed copy and upload a copy to MiSACWIS.

Ongoing Discussion and Review

The DHS-5307 may be used as a tool during the monthly home visit to facilitate ongoing discussions with the child about their rights while in foster care. The caseworker must be available to discuss with the child when they express curiosity or concern about their rights. The rights are to be discussed in an age-appropriate manner.

Placement Change

When a child under age 11 or who is otherwise unable to sign the DHS-5307 changes placement, the caseworker must review the DHS-5307 and the agency's grievance policy with the new caregiver and obtain their signature on the DHS-5307 within 30 days of the placement change.

Note: Placement changes do not require a new DHS-5307 if the youth is over age 11 and was able to sign the most recent DHS-5307.

Documentation

The DHS-5307 must be reviewed and re-signed annually. The caseworker must document the review in the social work contacts, and the caseworker must upload the DHS-5307 to the *Documents* hyperlink in MiSACWIS.

Concerns/ Grievance Process

The caseworker must provide a copy of the supervising agency's grievance policy to the child, parent, or caregiver, with the DHS-5307, at the initial discussion and annually thereafter.

If a child, parent, or caregiver expresses concern about a child's rights, the caseworker and/or supervisor must assist in resolving those concerns. If a consensus is not reached, the caseworker must assist the child, parent, or caregiver in following the agency's grievance procedure.

If the agency is unable to resolve the concerns, the child, parent, or caregiver can contact the MDHHS Office of Family Advocate at 517-241-9894.

LEGAL BASE

Federal

Preventing Sex Trafficking and Strengthening Families Act, P.L. 113-183

Section 113 of this act requires case plans for all children 14 years of age and older to include a document that describes the rights of the child with respect to education, visitation, health, court participation, staying safe, and avoiding exploitation and a signed acknowledgement by the child that the child has been provided with

a copy of the document and that the rights have been explained to the child in an age-appropriate way.

Section 111 of this act establishes standards for normalcy for a child who is in the custody of the state and includes a reasonable and prudent parent standard and normalizing activities for children which are expressed through the foster child bill of rights. Licensed foster homes and Child Caring Institutions are to parent under the Reasonable and Prudent Parent Standard.

State

Foster Care and Adoption Services Act, 1994 PA 203, MCL 722.953 et seq.

Establishes certain standards for foster care and adoption services for children and their families. Prescribe powers and duties of certain state agencies and departments and adoption facilitators.

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox.

OVERVIEW

Caseworkers must verify the citizenship or immigration status of all children entering foster care. Foreign-born children, particularly those who are undocumented residents, should be identified as early as possible to ensure appropriate services are provided.

Legal Authority

Tax Relief and Health Care Act (P.L. 109-432)

Amends SSA title IV-E to require a state plan to have procedures for verifying the citizenship or immigration status of a child in foster care.

The Immigration and Nationality Act at (8 USC 1101(a) (27) (J))

Addresses immigrants present in the U.S. who have been made a dependent of a juvenile court, have had a best interest determination to not return to their home country, and to whom the Secretary of Homeland Security has granted status.

In re B & J, Minors, 279 Mich App 12; 756 NW2d 234 (2008)

Affirmed it is a violation of a parent's due process rights for a caseworker to deliberately act with the purpose of virtually assuring the creation of a ground for termination of parental rights.

William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 (P.L.110-457)

Establishes protocols and provisions for the treatment of unaccompanied minors and services for victims of severe forms of trafficking. Michigan Department of Health and Human Services has published a Human Trafficking of Children Protocol that can be reviewed for more information.

Vienna Convention on Consular Relations and Optional Protocol on Disputes, 21 UST 77 (U.S. Treaty), ratified December 14, 1969. Article 36

When a foreign national is taken into protective custody, or placed with the department for care and supervision, caseworkers are required to notify the appropriate consular office within 48 hours.

Definitions

Asylee

An individual already in the U.S., from any country of origin, who is seeking admission based on a humanitarian claim for asylum.

Foreign national

A foreign-born individual who is residing in the U.S. regardless of immigration status.

Qualified non-Citizen

See FOM 902, Funding Determinations and Title IV-E Eligibility.

Refugee

An individual from any country admitted as a refugee under section 207 of the Immigration and Nationality Act, 8 USC 1152. To qualify as a refugee, one must have a well-founded fear of returning to their country due to persecution based on race, religion, nationality, or affiliation with a political or social group.

Unaccompanied children

Children who are apprehended by the U.S. Department of Homeland Security (USDHS) and transferred to the care and custody of the U.S. Office of Refugee Resettlement (ORR). ORR makes and implements placement decisions in the best interests of the child to ensure placement in the least restrictive setting possible while in federal custody.

Unaccompanied Refugee Minor (URM)

Refugee minors, identified by the U.S. Department of State, who are eligible for resettlement in the U.S. but do not have a parent or adult relative available/willing to commit to provide long-term care.

Note: There are other unaccompanied minors with additional specific immigration statuses that may be eligible for the URM program; see *URM Reclassification* in this item.

Undocumented resident

A foreign-born individual who is residing in the U.S. without permission or authorization from USDHS or the U.S. Department of State.

INTERPRETER SERVICES

For information on the obligation and procedures to provide interpreter or translation services for children and families with limited English proficiency; see SRM 402, Limited English Proficiency and Bilingual Interpreter Services.

VERIFICATION OF CITIZENSHIP OR IMMIGRATION STATUS

During initial meetings with all parent(s), regardless of citizenship, the caseworker must obtain and record information regarding the child's background, including place of birth, in order to acquire the child's birth certificate for the case record.

For foreign-born children, the caseworker must ask the parent(s) to provide documentation to verify U.S. citizenship or immigration status of the child. **The request for this information must be conducted in a non-judgmental, non-discriminatory way.** Detailed information on documentation requirements can be found in FOM 902, Funding Determinations and Title IV-E Eligibility. Caseworkers must scan both sides of any verification document(s) and upload the verification to the electronic case management system.

Note: The caseworker must not use a parent's citizenship or immigration status to determine a child's status.

NOTIFICATION TO USDHS

Parents who are undocumented residents are not to be reported to the United States Department of Homeland Security (USDHS), as it is a violation of their due process rights for the supervising agency to deliberately take action with the purpose of virtually assuring the creation of a ground for termination of parental rights.

Additionally, the supervising agency must not report children or identified relatives who are undocumented residents to USDHS.

NOTIFICATION TO CONSULATE

When a foreign national is taken into protective custody or placed with the department for care and supervision, Article 36 of the Vienna Convention on Consular Relations requires that the appropriate consulate receive notification within 48 hours. Caseworkers are required to complete and submit the DHS-0914, Notice to Foreign Consulate/Embassy, to the appropriate consulate. The U.S. Department of State Bureau of Consular Affairs maintains an online directory of contact information for foreign embassies and consulates.

When a child who is U.S. citizens is taken into protective custody and the child's parent(s) is/are detained by USDHS officials, caseworkers are not required to contact the consulate but may do so at the request of the parent(s).

Consulates' Assistance with Placement in Foreign Countries

Notifying a foreign consulate may facilitate the location of family members, as well as the identification of an agency or resources in the child's home country, which may be able to assist in finding permanent placement options.

If a potential placement in a foreign country is identified, the caseworker must communicate with the relevant consulate to determine the social service agency in the area of the potential placement and request the agency provide a home study. Caseworkers must specify desired content when requesting a home study in a foreign country and may use the DHS-197, Home Study Outline, as a guide.

NOTIFICATION TO FOSTER CARE PROGRAM OFFICE

Children in the child welfare system who are undocumented residents **may** be eligible for immigration and legalization services. If it is determined that a child is not a U.S. citizen or a lawful permanent resident, caseworkers must immediately contact the Child Welfare Policy Mailbox at Child-Welfare-

Policy@michigan.gov to determine whether a referral to an immigration clinic or an immigration attorney is appropriate.

LONG-TERM PLACEMENT DECISIONS FOR UNDOCUMENTED CHILDREN

The child's caseworker must consult with their supervisor, the child (if age appropriate), the child's guardian ad litem, and the child's assigned immigration attorney, to collectively decide whether it is in the child's best interests to return to their country of nationality or former residence. When making this determination, the following conditions must be considered and documented in the case service plan:

- Circumstances of the child.
  - Age.
  - Ability to protect self.
  - Medical needs.
  - Time spent in each country.
  - Language ability.
  - Cultural identity.
  - Familial and other significant relationships.
  - Eligibility for a legal immigrant status in the U.S.
- Circumstances of the child's parents, relatives, and if applicable, fictive kin.
  - Immigration statuses and options.
  - Living arrangements.
  - Relationship with child.
  - Interest in becoming the child's caregiver.
  - Criminal history.
  - Ability to meet any special needs of the child.
- Safety of placement possibilities abroad without the supervision typically provided by MDHHS.

Return to Country of Nationality or Former Residence

If it is determined that it is in the child's best interest to return to his or her country of nationality or former residence, the caseworker must make arrangements to obtain an appropriate home study for a placement in the relevant country; see *Consulates' Assistance with Placement in Foreign Countries* in this item.

Remain in the United States

If it is determined that it is not in the child's best interest to return to their country of nationality or former residence, and it is determined by the child's assigned immigration attorney that the child is eligible for a legal immigration status, then the application process for legal immigration status will be initiated by the assigned immigration attorney.

Note: If the application process for a legal immigration status is initiated, the caseworker must assist the assigned immigration attorney in obtaining information required to apply for a legal immigration status.

Special Immigrant Juvenile Status

Special Immigrant Juvenile Status (SIJS) allows undocumented children a legal presence. To be eligible, youth must be under the jurisdiction of a juvenile court due to abuse, neglect, or abandonment and cannot be reunified with a parent.

Youth who have been granted SIJS will have the opportunity to apply for an adjustment of status to that of a lawful permanent resident. Acquiring a lawful permanent resident status can benefit youth in many ways, including the receipt of the following rights:

- Remain in the U.S. without threat of deportation.
- Receive governmental benefits.
- Permanently work legally in the U.S.
- Qualify for in-state tuition when attending a state college.
- Have the opportunity to apply for U.S. citizenship.

See the Immigrant Legal Resource Center's Special Immigrant Juvenile Status webpage for more information.

MEDICAID

Medical assistance coverage for children who are not U.S. citizens or who do not meet the definition of a qualified non-citizen is limited to emergency services only; see FOM 803, Medicaid - Foster Care.

FUNDING

Receipt of title IV-E funds is limited to U.S. citizens and qualified non-citizens. If the caseworker determines that a child is not a U.S citizen or a qualified non-citizen at the time of removal, the child is not title IV-E eligible; see FOM 902-05, Title IV-E Funding Denial or Cancellation.

SERVICES FOR NON-URM REFUGEE MINORS

Generally, refugee minors arrive in the U.S. as part of a family unit. Refugee minors who are part of a family unit and who subsequently enter foster care are **not** undocumented or unaccompanied, are **not** eligible for the Unaccompanied Refugee Minors (URM) program, and must **not** be coded as such in the electronic case management system. The supervising agency must serve refugee minors who are not in the URM program in the same manner as they would serve any other child in the general foster care population.

Note: In certain cases, a refugee minor may be eligible for reclassification as an URM. Upon reclassification, the youth would then be URM program-eligible; see *URM Reclassification* in this item.

URM RECLASSIFICATION

When a caseworker identifies a minor **with one of the verified humanitarian statuses identified below** who needs culturally appropriate foster care services, the caseworker must contact the Michigan Department of Labor and Economic Opportunity Office of Global Michigan (OGM) mailbox at Newamericans@michigan.gov regarding a referral for reclassification. The OGM will review the request and if appropriate, initiate the request to the director of the U.S. Office of Refugee Resettlement (ORR) for reclassification.

ORR will reclassify a minor to unaccompanied status if the following conditions are met:

- The minor is eligible for ORR-funded benefits and services; that is, the youth must have one of the following humanitarian statuses:

  - Refugee.
  - Asylee.
  - Cuban or Haitian entrant.
  - An ORR-certified victim of a severe form of trafficking.

  Note: See FOM 902, Funding Determinations and Title IV-E Eligibility, for acceptable forms of verification.

- No parent of the minor has lived in the U.S. since the child's arrival here **or** the parental rights have been terminated or the parent is deceased.

- No relative or non-related adult has ever established legal custody of the child in the U.S.

- With respect to a child who entered the U.S. accompanied by a non-parental relative or non-related adult, or who entered the U.S. for the purpose of joining a non-parental relative or non-related adult, the child is not currently living in the home of such a relative or adult.

- An appropriate court has placed legal responsibility for the child with the department or local public child welfare agency or with a licensed non-public agency under contract with the state to provide services to unaccompanied minors.

Requests for reclassification are considered on a case-by-case basis. ORR will evaluate and process reclassification requests after receiving all pertinent information. In some cases, the director of the ORR may waive one or more conditions of eligibility.

Example: ORR has waived the second condition for refugee children whose parents died shortly after arrival in the U.S.

If the ORR approves the reclassification request, the determination is effective with the date of OGM's request. OGM is responsible for arranging the transfer of the minor's case to the receiving agency; see FOM 722-17, Unaccompanied Refugee Minor (URM) Program.

POLICY CONTACT

Questions about this item may be directed to the Child Welfare Policy Mailbox at Child-Welfare-Policy@michigan.gov.

OVERVIEW

The primary goal for children in the foster care system is permanency. Children need a safe, stable home in which to live and grow, including a life-long relationship with a nurturing caregiver. Permanency planning involves the caseworker's efforts to move the child from a temporary foster care placement to a stable and permanent home. It is essential for the child that permanency is established in a timely manner.

Federal Law

The Adoption and Safe Families Act (ASFA) of 1997, PL 105-89

The act redefines reasonable efforts and requires termination petitions in certain circumstances. The act requires that permanency planning begin as soon as possible in the foster care case, with quality services being provided to families in a timely manner.

State Law

Juvenile Code, 1939 PA 288, MCL 712A.19a

Explains permanency planning hearing requirements.

FEDERAL PERMANENCY PLANNING GOALS

The only allowable permanency planning goals are the permanency goals recognized by the federal government. The goals, in order of legal preference are:

- Reunification; see FOM 722-07B, Permanency Planning - Reunification.
- Adoption; see FOM 722-07D, Permanency Planning - Adoption.
- Guardianship; see GDM 600, Juvenile Guardianship.
- Permanent Placement with a Fit and Willing Relative (PPFWR); see FOM 722-07F, Permanency Planning, Permanent Placement with a Fit and Willing Relative (PPFWR).

- Another Planned Permanent Living Arrangement (APPLA); see FOM 722-07F, Permanency Planning - Another Planned Permanent Living Arrangement (APPLA).

Reunification is the process of reuniting the child with his/her parents and is widely recognized as the initial objective in foster care. When, for reasons of safety or other considerations, children cannot return to their homes, adoption or a permanent legal guardianship offer opportunities for long-term stability with relatives, adoptive families or foster parents. Adoption must be ruled out in order to pursue guardianship. If there are barriers to adoption or guardianship, the goals of permanent placement with a fit and willing relative (PPFWR) or another planned permanent living arrangement (APPLA) may be established under consistent standards that demonstrate the appropriateness and the permanency of the placement. It is critical that children move to permanency through these goals in the shortest time possible while ensuring safety and positive adjustment.

Process for Achieving Permanency

Throughout the life of the case, the caseworker must continue to assess the appropriateness of the permanency goal. The structured decision-making tools help guide that process; see FOM 722-09A, Permanency Planning Decision Tree.

Most foster care cases will start with the goal of reunification. Additionally, the caseworker must concurrently consider a second permanency goal for the child if reunification cannot occur. The practice of concurrent planning can help achieve timely permanency outcomes for children; see FOM 722-07A, Permanency Planning - Concurrent Permanency Planning.

The permanency goal must be reviewed and determined to be appropriate during monthly case consultations and upon approval of each case service plan; see FOM 722-06H, Caseworker Contacts with Supervisor, and FOM 722-09, Supervisory Approval. Permanency for children must be achieved within the established time frame; see FOM 722-07A Permanency Planning-Reunification.

The supervising agency must seek to achieve the permanency planning goal for the child within 12 months of the child being removed from his/her home. The court must hold a permanency

planning hearing within those 12 months to review and finalize the permanency plan. Subsequent permanency planning hearings must be held within 12 months of the previous hearing; see FOM 722-10, Court Review.

For permanency planning for American Indian/Alaska Native children; see NAA 245, Permanency Planning.

Standards for Achieving Permanency when Reunification is Not an Option

If termination of parental rights occurs, adoption should be the preferred goal with legal guardianship as an alternate goal if in the best interest of the child. If a determination has been made that termination of parental rights is not in the best interest of the child, legal guardianship should be the goal. Adoption and guardianship both offer the child legal permanency, a sense of security and family attachment and allow the adoptive parent or guardian to make decisions on the child's behalf.

OVERVIEW

Concurrent permanency planning (CPP) is the practice of working towards reunification while simultaneously establishing an alternative plan for permanent placement. CPP emphasizes reunification efforts by providing support, structure, and clear time lines to families while keeping the focus on the child's need for safety and permanence. CPP must never be used to circumvent or limit reunification efforts; caseworkers must diligently pursue reunification, however if the Juvenile Court determines that reunification is not possible the alternative plan is implemented. Simultaneously developing two permanency plans for a child reduces the number of foster care placements and allows permanency to be achieved in a timely manner.

Federal Law

The Adoption Safe Families Act of 1997 (ASFA), P.L. 105-89

Emphasizes moving children safely and quickly from the uncertainty of foster care to the security of a safe and stable family. In order to achieve timely permanency for children it may be necessary to develop, communicate, and work simultaneously on two types of plans. ASFA requires agencies to make reasonable efforts to find permanent families for children in foster care should reunification not occur and these efforts could be made concurrently with reunification efforts.

State Law

Probate Code, 1939 PA 288, MCL 712A.19(12)

Reasonable efforts to finalize an alternate permanency plan may be made concurrently with reasonable efforts to reunify the child with the family.

Probate Code, 1939 PA 288, MCL 712A.19(13)

Reasonable efforts to place a child for adoption or with a legal guardian, including identifying appropriate in-state or out-of-state options, may be made concurrently with reasonable efforts to reunify the child and family.

CONCURRENT PERMANENCY PLANNING COMPONENTS

Concurrent permanency planning includes multiple components, each of which contributes to the overall objective of achieving timely permanency. Components of effective concurrent permanency planning include:

- Individualized and early assessment of the core conditions that led to out-of-home placement and the strengths of the family; see FOM 722-08A, Family Assessment of Needs and Strengths.
- Identification of absent parents; see FOM 722-06G, Efforts to Locate Absent or Putative Parents.
- Diligent relative search and engagement; see FOM 722-06B, Relative Engagement and Placement, and PSM 715-2, Relatives.
- Family Team Meetings; see FOM 722-06B, Family Team Meeting.
- Full disclosure of Plan A and Plan B; see Plan A and Plan B in this item.
- Front loading services; see Front Loading Services; see FOM 722-06, Case Planning.
- Enhanced parent/child contacts; see FOM 722-06I, Maintaining Family Connections.
- Identification of a concurrent permanency goal; see FOM 722-07, Permanency Goals and *Plan A and Plan B*, within this item.
- Identification of a Plan B caregiver to achieve the concurrent goal; see Plan B Caregiver in this item.
- Effective and timely court reviews; see FOM 722-10, Court Review.
- Ongoing evaluation of progress; see FOM 722-09, Updated Service Plan.

FULL DISCLOSURE

Full disclosure is the process of open and honest communication between the caseworker and all parties (parents, relatives, foster parents, etc.) about the concurrent permanency planning process. The caseworker must ensure full disclosure with the parties by:

- Having open and genuine communication regarding the child welfare process and the CPS and foster care case.
- Promoting early permanency through reunification as the primary goal and most preferred outcome.
- Introducing the process of concurrent permanency planning to the parties as early as possible, but no later than the first Case Plan Reassessment Family Team Meeting; see FOM 722-06B, Family Team Meetings.
- Explaining to parent(s) the negative impacts of out-of-home placement on the child and the importance of obtaining permanency timely.
- Explaining parental rights, responsibilities, available assistance, and consequences for actions.
- Engaging the family in the development of a concurrent permanency plan for the child. This includes, but is not limited to allowing the family input regarding who their child will be residing with, transitional planning and services provided to their children.
- Explaining legal time limits to achieve permanency.
- Providing regular progress updates on the Parent Agency Treatment Plan, acknowledging strengths, and addressing continued safety concerns.

PLAN A AND PLAN B

When a child is placed in an out-of-home placement and has a goal of reunification, two permanency plans for the child must be developed. Plan A is reunification and Plan B is the alternative permanency plan for the child. Plan B must be one of the federally approved permanency goals listed below. The permanency goals must be explored in the order listed below, with adoption being the most preferred goal.

- Adoption.
- Guardianship.
- Permanent Placement With a Fit and Willing Relative.
- Another Planned Permanent Living Arrangement (APPLA).

The assigned caseworker must develop Plan B with input from the parent, foster parent/caregiver, and child (when appropriate).

Time Frame

A specific concurrent goal must be identified no later than 120 days from initial out-of-home placement. Identification of a concurrent goal at 120 days must be flexible for Indian children to allow tribal involvement and to respect cultural differences; see Concurrent Permanency Planning and Indian Children, in this item.

Plan B Caregiver

The Plan B Caregiver is the person the caseworker identifies, in collaboration with the parents and child, to undertake responsibility for managing the well-being and supervision of the child in the event that the alternative permanency plan must be implemented.

Intensive and exhaustive efforts must continue until a Plan B caregiver is identified. The caseworker must clearly document all efforts to identify a Plan B caregiver in the case service plan.

Optimally, the Plan B caregiver will be the initial placement for the child, and every effort must be made to place a child in a placement that will provide permanency. Children not placed with the Plan B caregiver are encouraged to maintain a relationship through visitation, phone calls, letter writing, etc. The assigned caseworker must assist in facilitating such contact, if necessary.

Implementing Plan B

If progress towards reunification is poor or refused, consideration must be given to recommending a goal change to the identified alternative permanency goal, referred to as Plan B. This discussion must occur during the Case Plan Reassessment Family Team Meeting. The Structured Decision Making (SDM) guidelines for goal change recommendations must be followed when considering a goal change; see FOM 722-09, Foster Care - Updated Service Plan.

If a goal change recommendation is warranted, and the child is not currently placed with the Plan B caregiver, a discussion must take place during the FTM exploring the best interest of moving the child. If it is determined that the child should not move at this time, a time frame must be identified as to when the child will be moved.

Note: Plan B is not fully implemented until the court has ruled that reunification is no longer a viable option. Concurrent permanency planning activities must continue until the court issues a written order that discontinues reunification efforts.

CONCURRENT PERMANENCY PLANNING AND INDIAN CHILDREN

In cases involving a child who is a member of or eligible for membership in a federally recognized tribe, tribal government will be involved in all aspects of case planning, placement, and interventions. In these situations, sequential planning rather than concurrent planning may be the process of choice.

As soon as affiliation in an Indian tribe is identified, the tribe must be included in every aspect of the process. Indian Outreach Services (IOS), tribal representation, and/or urban Indian organizations (where applicable) must be invited to all FTMs where a family has or declares tribal membership or Native American heritage.

All recommendations must be made in consultation with the tribe for families who have or declare tribal membership or Native American heritage. Due to cultural customs, family members may not become involved at the onset of the case in order to not appear as interfering. If the family wants to be considered at a later date, the caseworker must assess the family that comes forward. Caseworkers must understand that culturally, absence of involvement at the beginning of a case is not a lack of interest, but rather respect for the family. Indian culture traditionally values lifelong connections to the tribe over any attachment that may be developed in placement. Placement in an Indian home supersedes any connection or attachment developed in a foster placement (including Concurrent Permanency Planning); see the Native American Affairs (NAA) policy manual for all American Indian/Alaska Native (AI/AN) and Canadian Indian case requirements.

OVERVIEW

Once it has been determined that the presenting problem has been alleviated and a safe return of the child to their parent is possible, the caseworker must begin a planned process to reunite the family.

PERMANENCY PLANNING TIMEFRAMES

The goal of reunification must be formally reassessed at different decision points throughout the case to determine if the current goal is still appropriate. Caseworkers must use the Structured Decision Making (SDM) Permanency Planning Decision Tree each reporting period when determining whether to recommend return of the child to the parent or a goal change from reunification to another permanency goal; see FOM 722-09B, Reunification Assessment and FOM 722-09C, Safety Assessment.

Permanency Planning at Six Months

Once a child has been in out of home care for six months with a goal of reunification, the caseworker must hold a family team meeting (FTM) to review the permanency goal, progress, and barriers; see FOM 722-06B, Family Team Meeting. This meeting can also be an opportunity to review the concurrent permanency plan and whether the permanency goal needs to change; see FOM 722-07A, Concurrent Permanency Planning.

Permanency Planning at 12 Months

The caseworker must complete a formal permanency goal review annually from the acceptance date, or at any time a goal change is being considered. The caseworker must use the DHS-643, Permanency Goal Review, to document the current permanency goal, any barriers to the goal, and the action steps that will be taken to meet the goal. A copy of the form must be uploaded in the electronic case record.

Maintaining a Permanency Goal of Reunification Beyond 12 Months

For any child who has a permanency goal of reunification for more than 12 months, the child's caseworker, with written approval from the supervisor, must include a written explanation in the case service plan justifying the continuation of the goal. The explanation must include any other services necessary or circumstances that must occur to achieve the goal.

No child may have a permanency goal of reunification for more than 15 months unless there are compelling reasons to believe that the child can be returned home within a specified and reasonable time. Compelling reasons must be documented in the record and approved by the caseworker's supervisor; see FOM 722-07C, Permanency Planning - Termination of Parental Rights.

The reunification goal must not be extended or delayed due to a change in caseworker or supervising agency. A parent's resumption of contact or overtures toward participating in the case service plan in the days or weeks immediately preceding the permanency planning hearing, in the absence of other compelling reasons, are not sufficient grounds for maintaining a goal of reunification.

CASEWORKER RESPONSIBILITIES IN REUNIFICATION

Prior to returning a child to the home of a parent, the caseworker must:

- Determine the motivation and capability of the parent or legal guardian to ensure the ongoing safety and well-being of the child.
- Consider whether return home would cause a substantial risk of harm to the child's life, physical health, or mental well-being. When the child is placed with a parent, the court must make a written finding that the "Conditions of the placement are adequate to safeguard the child from the risk of harm to the child's life, physical health or mental well-being."
- Document benefit from services provided to the parent, other relevant adults in the home, and the child that minimizes the

potential for further abuse or neglect. Overall barrier reduction must be either partial or substantial; see FOM 722-09B, Reunification Assessment.

- Caseworkers must obtain information from service providers when assessing the parent's progress towards rectifying the barriers to reunification. Caseworkers must document collateral contacts with service providers in social work contacts and include the service providers' assessment of the parent's progress in the case service plan.
- Supervisor approval of the case service plan indicates supervisory approval of the recommendation to return the child to a parent.

Parenting Time

For all cases with a goal of reunification, the caseworker and family must establish a parenting time plan that includes specific behaviors expected of the parent during parenting time and conditions necessary to expand parenting time prior to reunification; see FOM 722-06I, Maintaining Connections: Parenting Time, Sibling Visitation, and Contact.

Case Planning

Within 30 days of the child's removal and at a maximum of every 90 days thereafter, the caseworker and family must develop and review the case plan; see FOM 722-06, Case Planning. The case service plan and associated Parent-Agency Treatment Plan (PATP) must outline:

- The circumstances that must exist for the caseworker to recommend return of the child to the parent.
- The services needed to achieve those circumstances.
- Parental progress and barriers towards achievement of the goals in the case plan and overall permanency goal.

Prior to the child's return home, the caseworker and family must negotiate post-reunification services that will support the child and family in maintaining the child safely at home after reunification and address any unmet needs prior to case closure; see *Post-Reunification* in this item.

Community Supports

Caseworkers must assist the family with establishing, or re-establishing, community support systems for the family, such as prevention services, educational services, childcare, employment services, or recreational services.

Law Enforcement Information Network Clearances

Caseworkers must request a Law Enforcement Information Network (LEIN) clearance on all adult household members and non-parent adults within the parental home; see SRM 700, Law Enforcement Information Network (LEIN).

Safety Assessment

Caseworkers must determine which safety interventions will be necessary to ensure the child's safety if the child is returned to or maintained in the parental home. Caseworkers must recommend return home when the safety decision is *safe* or *safe with services*; see FOM 722-09C, Safety Assessment.

POST REUNIFICATION

Services to the family must continue until safety and stability are achieved and the child is not at risk for re-removal.

Note: Post placement services that are paid for through MDHHS are not to continue beyond 90 days without documented supervisory approval or a court order.

Prevention Services: Family First Prevention Services Act

Children who return home to a parent may be eligible for evidence-based services to prevent re-removal under the Family First Prevention Services Act (FFPSA) for up to 12 months after reunification; see SRM 108, Prevention Services: Family First Prevention Services Act.

Visitation Requirements

The caseworker must continue regular contact with the child and family after they are returned home until case closure; see FOM 722-06H, Case Contacts.

Family Reunification/Families First

If the family is receiving services from Family Reunification Program (FRP) or Families First of Michigan (FFM), those programs are responsible for complying with some visitation requirements; see FOM 722-06H, Case Contacts, and FOM 903-17, Support Services to Families.

Continued Relationships

Caseworkers must be sensitive to the relationship that has developed between the child and caregiver(s). Whenever it is possible and constructive, caseworkers, families, and out-of-home placement providers should discuss opportunities for maintaining relationships after reunification.

Post Placement Safety

If the caseworker finds that the parent has not benefitted from services and the child is at imminent risk of harm after return home, the caseworker must file a motion for a re-hearing or a petition for removal with the court.

If the caseworker has reasonable cause to suspect that the parent has abused or neglected the child, the caseworker must make an immediate report of suspected abuse or neglect to Centralized Intake; see FOM 722-13, Referrals to Children's Protective Services.

If CPS determines that the child has been abused or neglected, CPS must file a supplemental petition with the court; see PSM 714-5, Maltreatment in Care.

Medicaid Coverage

Children who are no longer in an out-of-home placement are not categorically eligible for Foster Care Dependent Ward Medicaid (MA-FCDW). If a parent wishes to continue Medicaid coverage for

a child after the child's return home, the parent must apply for assistance online through the MI Bridges website or by submitting a MDHHS-1171, Assistance Application, to their local MDHHS office prior to the child's return. Caseworkers must assist parents with this process if necessary.

The eligibility determination will be completed by an eligibility specialist to ensure Medicaid can be redetermined without a lapse in medical coverage for the child; see FOM 803, Foster Care - Medicaid.

CONTACT

Direct questions about this item to the Child Welfare Policy mailbox.

OVERVIEW

Every child has the right to a permanent home which properly provides for his/her physical, mental, and emotional well-being in an environment free from abuse and neglect. When a child's parents are unable or unwilling to provide the child with such a home and when adoption is determined to be the appropriate plan for the child, termination of parental rights becomes necessary. Termination of parental rights, achieved either voluntarily or involuntarily, completely severs the parents' legal ties to the child and transfers such legal rights, including the right to consent to the child's adoption, to the Department of Human Services, the courts, or the Michigan Children's Institute.

LEGAL AUTHORITY

Federal Law

The Adoption and Safe Families Act of 1997 (ASFA), P.L. 105-89

AFA requires permanency hearings be held for children no later than 12 months after they enter foster care. The Act also requires that termination of parental rights be initiated for any child who has been in state custody for 15 out of the most recent 22 months.

State Law

Juvenile Code, 1939 PA 288, MCL 712A.19a

Permanency Planning Requirements.

Juvenile Code, 1939 PA 288, MCL 712A.19b(3)

Explains the legal grounds for termination of parental rights.

Child Protection Law, 1975 PA 238, MCL 722.638(2)

If a parent is a suspected perpetrator or is suspected of placing the child at an unreasonable risk of harm, a request for termination of parental rights can be requested at initial dispositional hearing.

PETITION TO TERMINATE PARENTAL RIGHTS

The following circumstances require a petition for termination of parental rights be filed with the court:

- CPS is mandated to file a petition to terminate parental rights under the Child Protection Law; see Request for Termination at Removal Hearing, in this item.

- The court orders the supervising agency to file a petition to termination parental rights. This will often occur if a child is not returned home at or before the permanency planning hearing. The petition must be filed with the court no later than 28 days from the permanency planning or review hearing; see FOM 722-10, Court Review.

- The child has been in foster care for 15 of the most recent 22 months, unless the case service plan submitted to the court contains a compelling reason why termination is not in the child's best interest; see Termination of Parental Rights for a Child Out-of-Home for 15 of the Last 22 Months, in this item.

Unless mandated or ordered by the court in a written order, a petition to terminate parental rights must be filed only when it is clearly in the child's best interest and the health and safety of the child can be ensured in a safe and permanent home. The filing of the petition to terminate parental rights does not need to be delayed until a Permanency Planning Hearing; see FOM 722-10, Permanency Planning Hearing, for timeframes which to file a termination petition. Consultation with legal counsel (generally the prosecuting attorney) is necessary to determine if the case is appropriate and if there are sufficient legal grounds to pursue termination of parental rights.

If the supervising agency is mandated or ordered to file a petition to terminate parental rights and the agency does not believe it is in the child's best interest to terminate parental rights, the case service plan must document the compelling reasons; see Compelling Reasons, in this item.

A petition must allege and contain information supporting the allegation that termination of parental rights is, or is not, in the child's best interest. At the termination hearing, if the court finds that there are grounds for termination of parental rights and that termination of parental rights is in the child's best interest the court must terminate parental rights and order that additional efforts to reunify the child and parent(s) not be made.

The Indian Child Welfare Act applies to American Indian/Alaska Native children when considering a petition to terminate parental rights; see NAA 255 Termination of Parental Rights.

Individuals Who May Petition for Termination

In addition to the department, the following individuals may petition for termination of parental rights:

- The prosecuting attorney.
- The child.
- The child's guardian or custodian.
- The child's attorney or guardian ad litem.
- The children's ombudsman.
- A concerned person.

  Note: The term "concerned person" includes the foster parent with whom the child is living or has lived, who has knowledge of specific behavior by the parent(s) which would provide grounds for termination of parental rights under MCL 712A.19b(3)(b) (physical or sexual abuse) or (3)(g)(neglect). Before the concerned person can file such a petition, that person must have contacted the department, the prosecuting attorney, the child's attorney, and the child's guardian ad litem, to ensure that none of them are planning to file the petition.

If a termination of parental rights petition is filed by another party, the supervising agency must also file a petition for termination of parental rights if the department believes it is in the child's best interest to terminate parental rights.

Termination of Parental Rights in a Case Involving an Incarcerated Parent

Michigan Court Rule (MCR) 2.004 requires the petitioner in a child protection proceeding to notify the court that a party to the proceeding is incarcerated by the Michigan Department of Corrections (MDOC). When a caseworker or the department's legal representative files a supplemental petition requesting termination of parental rights in a case involving a parent incarcerated by the MDOC, the petition must contain a clause, near the top of the body of the petition, stating "A telephonic hearing is required pursuant to MCR 2.004." The clause must also contain the parent's prisoner number and location. If a parent is incarcerated in a county jail or a prison or jail in another state, the court may determine how the parent will

participate in the hearing, but the supervising agency is not required to raise the issue in the petition.

Parenting Time

Parenting time is not automatically suspended at the time a petition to terminate parental rights is filed. Public Act (PA) 199 of 2008 amended MCL 712A.19b(4) and MCL 712A.19b(5). This law revises child welfare procedure by:

- Eliminating the automatic suspension of parenting time when a termination petition is filed.
- Requiring the court to find that terminating parental rights is in the child's best interests.

REQUEST FOR TERMINATION AT REMOVAL HEARING

The Child Protection Law mandates that CPS include a request for termination of parental rights within the initial petition filed with the court, if a parent is a suspected perpetrator or a parent is suspected of placing the child at an unreasonable risk of harm due to the parent's failure to take reasonable steps to intervene to eliminate that risk; see PSM 715-3, Mandatory Petition-Request for Termination of Parental Rights, for a complete list of circumstances when a mandatory request for termination of parental rights must be made.

If parental rights are not terminated at the original dispositional hearing and the court orders the parent to participate in services to reunify the family, the caseworker must provide services and follow the court's orders. If the parent refuses to cooperate or there are new allegations of abuse or neglect which threaten the child's safety, the caseworker must consult with the attorney representing the department concerning filing a supplemental petition to terminate parental rights to achieve permanency for the child within a reasonable time frame; see FOM 722-13, Referrals to CPS, if there are new allegations of abuse or neglect.

LEGAL GROUNDS FOR TERMINATION OF PARENTAL RIGHTS

The following are the legal grounds for termination of parental rights contained within the Juvenile Code:

1. The child has been deserted under either of the following circumstances:

   - The child's parent is unidentifiable, has deserted the child for 28 or more days, and has not sought custody of the child during that period. For the purposes of this section, a parent is unidentifiable if the parent's identity cannot be ascertained after reasonable efforts have been made to locate and identify the parent.

   - The child's parent has deserted the child for 91 or more days and has not sought custody of the child during that period.

2. The child or a sibling of the child has suffered physical injury or physical or sexual abuse under one or more of the following circumstances:

   - The parent's act caused the physical injury or physical or sexual abuse and the court finds that there is a reasonable likelihood that the child will suffer from injury or abuse in the foreseeable future if placed in the parent's home.

   - The parent who had the opportunity to prevent the physical injury or physical or sexual abuse failed to do so and the court finds that there is a reasonable likelihood that the child will suffer injury or abuse in the foreseeable future if placed in the parent's home.

   - A non-parent adult's act caused the physical injury or physical or sexual abuse and the court finds that there is a reasonable likelihood that the child will suffer from injury or abuse by the non-parent adult in the foreseeable future if placed in the parent's home; see FOM 721, Definitions of Terms, for a definition of a non-parent adult.

3. The parent was a respondent in a proceeding brought under this chapter, 182 or more days have elapsed since the

issuance of an initial dispositional order, and the court, by clear and convincing evidence, finds either of the following:

- The conditions that led to the adjudication continue to exist and there is no reasonable likelihood that the conditions will be rectified within a reasonable time considering the child's age.

- Other conditions exist that cause the child to come within the court's jurisdiction, the parent has received recommendations to rectify those conditions, the conditions have not been rectified by the parent after the parent has received notice and a hearing and has been given a reasonable opportunity to rectify the conditions, and there is no reasonable likelihood that the conditions will be rectified within a reasonable time considering the child's age.

4. The child's parent has placed the child in a limited guardianship under section 5205 of the estates and protected individuals code, 1998 PA 386, MCL 700.5205, and has substantially failed, without good cause, to comply with a limited guardianship placement plan described in section 5205 of the estates and protected individuals code, 1998 PA 386, MCL 700.5205, regarding the child to the extent that the noncompliance has resulted in a disruption of the parent-child relationship.

5. The child has a guardian under the estates and protected individuals code, 1998 PA 386, MCL 700.1101 to 700.8102, and the parent has substantially failed, without good cause, to comply with a court-structured plan described in section 5207 or 5209 of the estates and protected individuals code, 1998 PA 386, MCL 700.5207 and 700.5209, regarding the child to the extent that the noncompliance has resulted in a disruption of the parent-child relationship.

6. The child has a guardian under the estates and protected individuals code, 1998 PA 386, MCL 700.1101 to 700.8102, and both of the following have occurred:

   - The parent, having the ability to support or assist in supporting the minor, has failed or neglected, without good cause, to provide regular and substantial support for the minor for a period of 2 years or more before the filing of the petition or, if a support order has been entered, has

failed to substantially comply with the order for a period of 2 years or more before the filing of the petition.

- The parent, having the ability to visit, contact, or communicate with the minor, has regularly and substantially failed or neglected, without good cause, to do so for a period of 2 years or more before the filing of the petition.

7. The parent, without regard to intent, fails to provide proper care or custody for the child and there is no reasonable expectation that the parent will be able to provide care and custody within a reasonable time considering the child's age.

8. The parent is imprisoned for such a period that the child will be deprived of a normal home for a period exceeding two years, and the parent has not provided for the child's proper care and custody, and there is no reasonable expectation that the parent will be able to provide proper care and custody within a reasonable time considering the child's age.

9. Parental rights to one or more siblings of the child have been terminated due to serious and chronic neglect or physical or sexual abuse, and prior attempts to rehabilitate the parents have been unsuccessful.

10. There is a reasonable likelihood, based on the conduct or capacity of the child's parent, that the child will be harmed if he or she is returned to the home of the parent.

11. The parent abused the child or a sibling of the child and the abuse included one or more of the following:

    - Abandonment of a young child.
    - Criminal sexual conduct involving penetration, attempted penetration, or assault with intent to penetrate.
    - Battering, torture, or other severe physical abuse.
    - Loss or serious impairment of an organ or limb.
    - Life threatening injury.
    - Murder or attempted murder.
    - Voluntary manslaughter.

- Aiding and abetting, attempting to commit, conspiring to commit, or soliciting murder or voluntary manslaughter.
- Sexual abuse as that term is defined in section 2 of the child protection law, 1975 PA 238, MCL 722.622.

12. The parent's rights to another child were terminated as a result of proceedings under section 2(b) of this chapter or a similar law of another state.

13. The parent's rights to another child were voluntarily terminated following the initiation of proceedings under section 2(b) of this chapter or a similar law of another state.

14. The parent is convicted of one or more of the following, and the court determines that termination of parental rights is in the child's best interest because continuing the parent-child relationship with the parent would be harmful to the child:

    - A parent is convicted of a violation of the Michigan Penal Code, P.A. 328 of 1931, sections:
        - MCL 750.316 - 1st degree murder.
        - MCL 750.317 - 2nd degree murder.
        - MCL 750.520b - 1st degree criminal sexual conduct (CSC).
        - MCL 750.520c - 2nd degree CSC.
        - MCL 750.520d - 3rd degree CSC.
        - MCL 750.520e - 4th degree CSC.
        - MCL 750.520g - Assault with intent to commit CSC.
    - A parent is convicted of a violation of a criminal statute, an element of which is the use of force or the threat of force, and the parent is subject to sentencing under the following sections of the Code of Criminal Procedure, P.A. 175 of 1927 as a habitual offender:
        - MCL 769.10 - Subsequent felony.
        - MCL 769.11 - Subsequent felony of persons convicted of 2 or more felonies.

- MCL 769.12 - Subsequent felony of persons convicted of 3 or more felonies.

- A parent is convicted of a violation of a federal law or another state's law with provisions substantially similar to a crime or procedure listed in (i) or (ii) above.

Note: Caseworkers must refer to MCL 712A.19b by following the link: http://legislature.mi.gov/doc.aspx?mcl-712A-19b for an exact citation of the legal grounds for termination and they must consult with legal counsel to determine if conditions stated above apply before filing a termination petition.

TERMINATION OF PARENTAL RIGHTS FOR A CHILD OUT-OF-HOME FOR 15 OF THE LAST 22 MONTHS

The supervising agency must file or join in filing a petition requesting termination of parental rights if the child has been in foster care for 15 of the most recent 22 months, unless:

- The child is being cared for by relatives.

Compelling Reasons

- The written court order and case service plan documents a compelling reason for determining that a filing a petition to terminate parental rights would not be in the best interest of the child. Compelling reasons include but are not limited to:

  - Adoption is not the appropriate permanency plan for the child.

  - No grounds to file the termination exist.

  - The child is an unaccompanied refugee minor.

  - There are international legal obligations or compelling foreign policy reasons that preclude terminating parental rights.

  - The state has not provided the child's family, consistent with the time period in the case service plan, with the

services the state considers necessary for the child's safe return home, if reasonable efforts are required.

- Other. If this is the compelling reason, there must be a clear documentation within the case service plan.

The specific compelling reason must also be cited in the written court order.

If a petition is filed, it must be filed by the end of the 15th month that the child has been out of home, with the date the child entered care being the date the original petition was filed requesting removal of the child from his/her home.

Note: The caseworker does not have to wait until the end of the 15th month to document a compelling reason; this mandate can be met at the permanency planning hearing.

Calculating Time Out of Home

When calculating the length of out of home placements, time spent in the living arrangements listed below should not be counted in the 15 months.

- Child's own home.
- Legal guardian.
- Out-of-state parent.
- Absent without legal permission (AWOLP).

When calculating the 15 months for children with multiple placement episodes, the caseworker must use a cumulative method.

Example: A child enters foster care on January 15, 2002, and is returned home or discharged from court jurisdiction three months later on April 15, 2002. She/he remains home for six months and then enters foster care again on October 15, 2002. The caseworker must use the date entered foster care as January 15, 2002, although when calculating the 15 months, the six months spent at home do not count.

If this child remains out of home for another 12 months, until October 15, 2003, the caseworker must either file a termination petition or document compelling reasons within the service plan, because the child will have been in foster care for a cumulative total of 15 out of the previous 22 months.

If the child in the above scenario does not return to foster care (out-of -home placement), until January 15, 2004, the caseworker would begin calculating a new 15 out of 22 month period, because the most recent date entered care is more than 22 months after the date the child previously entered foster care.

Therefore, if a child has been in foster care for 15 of the most recent 22 months, the caseworker must consult with the attorney representing the agency about filing a petition to terminate the parent's rights.

REFUSAL TO ACCEPT, AUTHORIZE OR DISMISSAL OF A PETITION

The local office must develop and maintain a protocol between the local offices, the prosecuting attorney's office, and the Family Division of Circuit Court outlining procedures for submitting petitions.

If the judge/referee refuses to accept, authorize, or dismisses a petition, with or without warning and regardless of the basis for dismissal, the Office of Children's Legal Services must be notified **immediately** to determine if the court's decision should be appealed or if other additional steps are required. The petition along with the pertinent court order must be forwarded to the Office of Children's Legal Services for review. Contact information for the Office of Children's Legal Services is as follows:

The Office of Children's Legal Services
Phone: 517-373-2082
Fax: 517-241-7340

In situations in which the supervising agency presents a mandatory petition to the prosecuting attorney's office for filing with the court and the prosecutor refuses to file the petition, the supervising agency must file the petition directly with the court. The prosecuting attorney's refusal and the department's actions must be documented in the case record, and the Office of Children's Legal Services must be notified **immediately**. The petition along with the pertinent court orders must be forwarded to the Office of Children's Legal Services for review.

Note: Direct filing of a mandatory petition is a legal requirement and is not open to local office interpretation.

Representation by the Attorney General or Private Attorney

If the local prosecuting attorney will not represent the department in a mandatory child welfare action, the local office can request representation by the Attorney General or a private attorney; see FOM 903-09, Non-Scheduled Payments.

OVERVIEW

Children are available for adoption following the termination of parental rights or following the voluntary release of parental rights with commitment to DHS. Adoption offers children a sense of security and permanency within a family.

Federal Law

The Adoption and Safe Families Act (ASFA) of 1997, Public Law 105-89.

The basic premise of the legislation is that safety, permanency and child well-being must be the major concerns of child welfare. Promotes the adoption of children in foster care.

State Law

Adoption Code, 1974 PA 296, (MCL 710.1 et seq.), also known as Michigan Adoption Code.

Provides that a release must be given only to a child placing agency or to DHS. When a child is released for adoption and committed to a child placing agency, that agency may release the child to DHS and DHS must accept the release. Upon release of a child to DHS, the child must become a state ward.

Changing Goal to Adoption

A foster child's permanency goal cannot be changed to adoption unless one of the following occurs:

- Parental rights of both parents are terminated and the written order of termination has been received by the worker.
- A judge issues a written order that the permanency goal be changed to adoption, even in the absence of an order terminating parental rights.

Referral/ Notification

Upon the receipt of orders terminating all parental rights, the referral process to adoption must begin. The process must be as follows:

1. The child welfare funding specialist (CWFS) enters the orders terminating all parental rights into Michigan Statewide Automated Child Welfare Information System (MiSACWIS) within 5 business days of receipt and notifies the caseworker when they have been entered.

2. The caseworker ensures that the order has been entered into Mi-SACWIS and changes the permanency goal to adoption within 3 business days of the receipt of the written orders terminating parental rights.

3. Assemble the referral packet and refer the case to Adoption Services, whether to a private contracted agency or DHS.

Note: Appeals of a termination of parental rights decision may delay adoption finalization but must not delay an adoptive placement. Appeals must not delay referrals to the adoption supervisor.

Referral Packet for Adoption

See ADM 210, Referral to Adoption.

Coordination Between Foster Care and Adoption Workers

Preparation of the child for an adoptive placement must include joint planning between the caseworker and adoption staff. Until the child is placed for adoption by the court, the foster care caseworker is the child's primary worker. The adoption worker is the secondary worker and must be coded as such in MiSACWIS. During this time, the adoption worker must provide the assigned caseworker with copies of the DHS-1926, Child Adoption Assessment, and the DHS-614, Quarterly Adoption Progress Report; see ADM 330, Quarterly Adoption Progress Reports, and ADM 300, Child Adoption Assessment.

The caseworker must file both the child’s adoption assessment and quarterly progress reports received from the adoption worker in the case file and must include information from these reports in the case service plan.

The adoption worker must provide the caseworker with the PCA 320, Order Placing Child After Consent, within 14 calendar days of

issuance or in the case of an immediate adoption confirmation, the PCA 321, Order of Adoption. Within 14 calendar days of receipt of the PCA 320 or 321, the child welfare funding specialist must enter the orders into MiSACWIS.

OVERVIEW

Juvenile guardianship is available for temporary and permanent court wards and state wards when reunification or adoption have been ruled out as permanency goals. Refer to the Child Guardianship Manual (GDM) for policy requirements.

OVERVIEW

There is a continuum of legal permanency, with reunification being the most preferred permanency goal, followed by adoption then guardianship. When legal permanency cannot be achieved, Permanent Placement with a Fit and Willing Relative (PPFWR) and Another Planned Permanent Living Arrangement (APPLA) are goals that can provide documented, long-term, achievable, permanent plans for youth in foster care.

Caseworkers must fully explore and document all reasonable efforts to finalize a permanency plan with the preferred goals of reunification, adoption, or guardianship. The caseworker may only consider PPFWR or APPLA as potential permanency goals when there are documented compelling reasons, which support the decision that reunification, adoption, and guardianship are no longer viable options for the youth. The youth's permanency plan must be based on their own best interests and individual needs and must be determined on a case-by-case basis.

Note: A youth's age, placement, or disability alone should never be a disqualifier for a more preferred permanency goal, such as adoption or guardianship.

For youth who cannot be reunified, adopted, or placed with a guardian, the permanency goal must reflect a permanent placement with a nurturing adult with whom there is a strong attachment and sense of belonging. In cases where the youth is not placed with an adult who is committed to their long-term care and welfare, every effort must be made to secure a network of supportive people who will assist and be responsive to the youth's needs while in foster care and after the foster care case closes.

DEFINITIONS

Electronic case record: all information and documents related to a specific case or person that are stored in an electronic case management system.

Electronic case management system: a system that supports a workflow, management collaboration, storage of images and content, decision formulations, and processing of electronic files or cases.

PERMANENT PLACEMENT WITH A FIT AND WILLING RELATIVE (PPFWR)

PPFWR was established to provide youth a permanent home with a relative, who may be unable or unwilling to pursue adoption or guardianship.

Note: The relative's reasons for not pursuing adoption or guardianship must be documented in the case service plan.

PPFWR does not provide youth with a permanent legal parent or guardian; however, when reunification, adoption, and guardianship have been ruled out, PPFWR is the preferred goal. When PPFWR is a youth's permanency goal, the goal **must** be reviewed annually to ensure that another goal is not more appropriate for the youth.

Note: The annual permanency goal review of PPFWR is required whether the relative becomes licensed.

ANOTHER PLANNED PERMANENT LIVING ARRANGEMENT (APPLA)

APPLA was established as a permanency option to be used when all other goals have been ruled out. *Planned* means the arrangement is intended and deliberate; *Permanent* means it will be enduring and stable; and *Living Arrangement* includes the physical placement of the youth **and** the quality of care, supervision, and nurturing the youth will be provided by a significant adult(s).

APPLA is the least preferred permanency goal, as it does not provide youth with a permanent legal parent/guardian. When APPLA is a youth's permanency goal, it must be reviewed annually to ensure another goal is not more appropriate for the youth.

A permanency goal of APPLA must include a stable, secure living arrangement that includes relationships with significant adults in the youth's life that will continue beyond foster care. **A youth with the goal of APPLA may continue to reside in their placement with a foster family, in a long/short term facility, or may choose to live independently.**

GENERAL REQUIREMENTS

PPFWR and APPLA requires documentation of the stability of the placement and the supportive relationships in the youth's life. The caregiver, youth, and supervising agency must acknowledge and agree to the conditions by which the youth will be provided with a safe, secure, and caring relationship, this is the key to healthy development and a sense of identity for the foster child.

PPFWR and APPLA require an open case with continued case management services and the court must continue to hold permanency hearings. Progress towards a youth's permanency goal must be reviewed during a family team meeting (FTM) quarterly and 30 calendar days prior to a goal change; see FOM 722-06B, Family Team Meeting.

For PPFWR or youth seeking APPLA approval but intend to remain in a foster home, the caseworker must discuss the expected role and responsibilities of the relative or foster parent and document all of the following within the case service plan:

- The relative or foster parent has a strong commitment to caring permanently for the youth.
- The relative or foster parent is able to meet the youth's physical, emotional, and developmental needs.
- The youth demonstrates a strong attachment to the relative or foster parent.
- The relative or foster parent has been fully informed of all other permanency options.
- For temporary wards, indicate whether the parent(s) has been informed of the decision to change the permanency goal.
- The relative or foster parent has been informed they must adhere to the *Prudent Parent Standard* guidelines; see FOM 722-11, Prudent Parent Standard and Delegation of Parental Consent.
- Indicate whether the relative or foster parent is aware the plan must be reviewed quarterly to determine whether a more permanent plan is possible for the youth. Also indicate whether they understand they may choose to adopt or move to guardianship at any time.

Living Arrangement (APPLA)

A youth may continue to reside in their placement with a foster family, in a long/short term facility, or may choose to live independently.

Age

Youth must be at least 16 years old for APPLA.

There is no minimum age requirement for PPFWR.

CHANGING THE PERMANENCY GOAL

The youth's permanency goal cannot be changed to PPFWR or APPLA in the electronic case management record, until the permanency goal has been submitted to and accepted by the court.

Note: The permanency ***goal established date*** is the date the order approving the goal change is signed.

Prior to Requesting a Goal Change

In order to determine PPFWR or APPLA is the best permanency goal for the youth, and that reasonable efforts have been made to ensure alternate, more permanent options, are no longer in the youth's best interest all the following must occur:

- The caseworker must meet separately with the youth and their caregiver(s) to discuss the benefits of adoption and guardianship, including the legal and possible financial benefits.
- Compelling reasons must be documented; see *Compelling Reasons* in this item.
- A supportive adult should be identified; see *Supportive Adult* in this item.
- Each case service plan must include the specific efforts to complete a full and ongoing relative search for both maternal

and paternal relatives for placement and permanent supportive connections. All relatives who the youth maintains contact with must be documented; see FOM 722-03, Relative Engagement and Placement.

- Schedule a FTM with all significant persons in the youth's life and discuss the plan during the meeting or within seven days of the meeting with persons who cannot attend; see FOM 722-06B, Family Team Meeting.

  FTM participants must include:

  - Youth.
  - Foster parent(s).
  - The identified supportive adult.
  - CASA, if applicable.
  - Lawyer-Guardian ad Litem (LGAL).
  - Youth's parents if termination has not occurred.
  - The youth's two case planning team members, if applicable.

  Note: Discuss or give written notification to the parent(s) about the plan to assess their agreement with the plan and determine their desire for ongoing contact. Parental agreement is desirable, but not required.

- Make a recommendation to the court for a permanency goal change.

- When the court order accepting the permanency goal change has been received from the court, complete the permanency plan approval packet; see *Documentation* in this item.

COMPELLING REASONS

Compelling reasons must be documented in the case service plans explaining how each subsequent permanency goal is not in the youth's best interest. Examples of compelling reasons include, but are not limited to:

- The youth is 16 years or older and refuses to consent to their adoption, guardianship, or permanent placement with a fit and willing relative.

- After an extensive and ongoing search, it is determined there are no fit and willing relatives currently available for placement.

- The parent suffers from a chronic illness and the youth is unable to return to the home, but there continues to be a close relationship between the youth and parent.

Note: There must be clear documentation within the case service plan describing the individual circumstances of the youth that necessitates the specified goal.

American Indian/Alaska Native

For compelling reasons for American Indian/Alaska Native (AI/AN) children; see NAA 245, Permanency Planning.

SUPPORTIVE ADULT

A supportive adult is a committed, caring adult who will be a lifeline for the youth, particularly those who are preparing to transition out of foster care to life on their own. The supportive adult must have a commitment to long-term care and responsibility for the youth but has legitimate reasons for not adopting or pursuing guardianship.

All youth with a permanency goal of PPFWR or APPLA **must** have a supportive adult identified as part of the permanency plan approval packet.

Youth may have more than one supportive adult. Each adult must sign an individual agreement and Permanency Pact (https://www.fosterclub.com) indicating which supports they will provide the youth. All agreements must be submitted together in the permanency goal approval packet; see *Documentation* in this item.

PPFWR

For youth with a permanency goal of PPFWR, the primary supportive adult must be the identified relative caregiver providing placement for the youth.

Role and Responsibilities for Relatives

The caseworker must discuss the expected role and responsibilities of the relative with the PPFWR agreement. The expectations for the relative include but are not limited to:

- Care for the youth as a member of the family.

- Assume day-to-day decisions and long-range planning for the youth.
- Provide safe and nurturing care and ongoing developmental opportunities for the youth.
- Inform the caseworker of significant events in the youth's life and request services when needed to support the placement.
- Adhere to the *Prudent Parent Standard* guidelines; see FOM 722-11, Prudent Parent Standard and Delegation of Parental Consent.
- Continue to meet all applicable legal, policy, licensing, payment, and administrative review requirements.

APPLA

For youth with a permanency goal of APPLA, the supportive adult is an adult who:

- Has been identified by the youth.
- Has a relationship with the youth.
- Is willing to commit to a life-long relationship with the youth.
- Is a positive role model.
- Is able to provide the youth with specific support on an ongoing basis, including after the foster care case closes.
- Has stable housing.
- Has stable employment.
- Has no lifestyle concerns: for example, alcohol and substance abuse, that would limit their availability to support the youth.

If the youth identifies a supportive adult whose age is within three years of the youth’s age, additional, more mature adults should also be identified.

If the supportive adult is related to the youth by a romantic or professional relationship, a letter or memo must be written by the supportive adult and included with the approval packet that demonstrates the supportive adult’s lifelong commitment to the youth even if there is a change in the personal or professional relationship.

PERMANENCY PLAN APPROVAL PACKET

For PPFWR and APPLA, the following forms must be completed as part of the permanency plan approval packet:

- DHS-569, Permanency Goal Support Agreement, is completed with the youth, the identified supportive adult(s), and when appropriate, the legal parent. Provide a copy to each participant, upload a copy to the *Documents* hyperlink in the electronic case management record, and include the original agreement in the permanency plan approval packet.
- The Permanency Pact, which is a free tool created by Foster Club that is designed to encourage life-long, kin-like connections between a young person and a supportive adult.
    - Review the Permanency Pact with the youth and the supportive adult(s)/relative caregiver.
    - Complete the Permanency Pact Certificate with the youth and supportive adult(s)/relative caregiver.
    - Provide a copy to each participant, upload a copy to the *Documents* hyperlink in the electronic case management record, and include the original agreement in the permanency plan approval packet.
- DHS-347, Permanency Goal Approval, the assigned caseworker must complete this form. Upload a copy to the *Documents* hyperlink in the electronic case management record and attach the original as the cover sheet to the permanency plan approval packet.
- Independent Living Plan, if applicable.

  Note: If independent living will be the youth's living arrangement, then a detailed independent living plan must be submitted with the permanency goal approval packet; see FOM 722-03C, Older Youth: Preparation, Placement, and Discharge.

ANNUAL REVIEW/CHANGE FORM

The DHS-643, Permanency Goal Review, is the change form for **all** changes and reviews of permanency goals.

For PPFWR and APPLA, within 30 calendar days of a change in the relative placement or the supportive adult, **and** within 30 calendar days of the annual review date, the DHS-643, Permanency Goal Review, must be completed and submitted to the permanency resource monitor for review.

Note: Additional permanency plan approval packet documentation may be required depending on the reason for review.

Annual Review Date

The annual review date is calculated from the permanency goal established date; see *Changing the Permanency Goal* in this item.

PERMANENCY GOAL APPROVAL

The permanency plan approval packet must be reviewed and approved by the foster care supervisor **and** the district manager/county director/child welfare director or placement agency foster care (PAFC) director, before being submitted to the Business Service Center (BSC) child welfare analyst for review with the final approval by the appropriate BSC director; see *Permanency Goal Achievement* in this item. All forms in the packet must clearly document the supportive relationships in the youth's life and the stability of the placement.

Note: For PPFWR and APPLA the permanency goal ***approval date*** is the date the district manager/county director/child welfare director or PAFC director approves the permanency plan approval packet.

PERMANENCY GOAL ACHIEVEMENT

The supervising agency must submit the approved permanency plan approval packet to the BSC child welfare analyst for review with the final approval by the appropriate BSC director. The BSC

director must submit the permanency plan to the Children's Services Administration (CSA) designee, for final department approval. **The goal cannot be achieved until approval is received from the CSA designee.**

Note: If the permanency goal and plan is denied at any stage of the process, inform the relative(s), foster parent(s), youth and other appropriate persons, and begin developing an alternative permanent plan.

Case Closure without Permanency Goal Achievement

See FOM 722-03C, Older Youth: Preparation, Placement, and Discharge, for details on closing a foster care case without achieving a permanency goal.

ONGOING ROLES AND RESPONSIBILITIES

All applicable legal, policy, licensing, and payment requirements for foster care must continue to be met for youth with the permanency goals of PPFWR or APPLA. The roles and responsibilities of the supervising agency, the caseworker, and if applicable, the foster parent/relative caregiver continue throughout the life of the case.

Relative Search and Engagement

For youth with the permanency goal of APPLA, the assigned caseworker must continue to identify, notify, and engage relatives until case closure. The ongoing efforts must be documented in each case service plan; see FOM 722-03B, Relative Engagement and Placement.

TERMINATION OF PERMANENCY PLAN

The PPFWR or APPLA agreement will automatically terminate when court jurisdiction is terminated. The PPFWR or APPLA agreement may also be terminated when:

- The relative(s) or licensed foster parents, because of serious, unusual circumstances, gives written notice to the caseworker

that changes in circumstances make it impossible to fulfill the agreement.

- MDHHS or PAFC terminates the agreement based on serious, unusual circumstances after the foster care supervisor has reviewed and approved the termination.

- The youth requests, and the MDHHS or PAFC approves, termination of the agreement because of serious, unusual circumstances.

The foster care case for a youth with an APPLA permanency plan must not be closed unless the youth has:

- The means and ability to be self-supporting.
- A safe, appropriate place to live.
- Employment.
- Opportunity for continued education or vocational training.

The case service plan, independent living plan, and transition plan must reflect the above requirements for case closure. When the youth requests case closure, there must be services and supports identified to assist the youth after leaving foster care. If the youth determines that remaining in foster care placement or foster care independent living arrangement would best meet their needs, this decision must be reviewed and documented; see FOM 722-03C, Older Youth: Preparation, Placement, and Discharge.

YOUTH IN LONG AND SHORT-TERM FACILITIES

Efforts must be made and documented to establish a supportive connection for youth placed or expected to transfer to a long-term care facility, such as an adult foster care home (AFC) or group home. The supportive connection may be a family member or a recruited adult who can provide this type of commitment to the youth.

In rare circumstances, case-related professionals may be designated as supportive adults on the APPLA agreement, but documentation (memo or letter) from that supportive adult must be included in the permanency plan approval packet indicating that they are willing to maintain a long-term relationship with the youth when their professional involvement ends.

The goal of APPLA may be achieved while a youth is in a short-term facility if the plan is to transition to an independent living placement.

RESOURCES

- DHS-347, Permanency Goal Approval.
- DHS-569, Permanency Goal Support Agreement.
- DHS-643, Permanency Goal Review.

POLICY CONTACT

Direct questions about this policy to the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

OVERVIEW

Case service plans are used to document case planning and service provision to children in foster care and their families. The caseworker must use the case service plan to:

- Record information about the child and family.
- Identify the child's permanency planning goal.
- Identify efforts made to prevent removal and achieve the permanency planning goal.
- Document the placement selection criteria considered when choosing the child's placement.
- Describe efforts to engage the child's relatives, their participation in the case planning process, and their involvement with the child.
- Assess the child's status and services provided to ensure the child's medical, dental, emotional, mental, and educational well-being.
- Document visitation plans between the child and their parents, guardians, legal custodians, siblings, and others.
- Assess the continued need for intervention and/or placement.
- Document compliance with Indian Child Welfare Act (ICWA) and Michigan Indian Family Preservation Act (MIFPA) requirements for Indian children.
- Make recommendations to the court.

SERVICE PLAN DEVELOPMENT

Information Gathering

Caseworkers must gather information about the child and family from all available sources, including but not limited to:

- Interviews with the child, family members, and collateral contacts.

- Review of CPS materials, petitions, and any other prior case documentation.
- Review of assessments or reports from service providers.

Engagement of the Family Team

The caseworker must utilize the family team meeting (FTM) process during development and quarterly reassessment of the case service plan; see FOM 722-06B, Family Team Meeting.

The caseworker must make efforts to engage the following individuals in development of the case service plan:

- All parents, guardians, or legal custodians with a right to reunification with the child.
- The child, when age appropriate.
- Caregivers.
- Other members of the family team, as appropriate.

Assessment

After gathering available information on the child and family and incorporating input from the family team, the caseworker must document within the case service plan:

- All pertinent historical information regarding the child and family.
- The needs and strengths of the child; see *Child Assessment of Needs and Strengths* in this item.
- The needs and strengths of any parents in a participating household; see *Assessment of Families* in this item.

This information is used to determine the primary barriers to achievement of the child's permanency plan and service needs of the child and family.

Treatment Planning

After identification of strengths, needs, and barriers, the team must create a plan to rectify any barriers to achievement of the permanency plan which must include:

- Appropriate treatment services are designed to address the child's needs and the primary barriers to achievement of the permanency planning goal.
- The individuals responsible for coordinating and implementing the plan.
- Timeframes for completion of action steps and goals identified in the treatment plan.

The caseworker must document the plan in the case service plan and treatment plan; see FOM 722-08D, Treatment Plans.

Reassessment

Case service plans and treatment plans must be updated within the timeframes in this item to reassess the child and family's needs, progress toward treatment plan goals and outcomes, and barriers to permanency.

ONGOING CASE SERVICE PLANS

The caseworker must complete all case service plans for ongoing cases in MiSACWIS. Ongoing case service plans are completed on the DHS-441, Ongoing Case Service Plan. For detailed instructions regarding documentation requirements for initial and ongoing case service plans, see FOM 722-08A, Ongoing Case Service Plans.

Legal Status

Ongoing case service plans are used for children with the following legal statuses:

- Legal Status 42 - Temporary Court Ward (Abuse/Neglect).
- Legal Status 51 - No Court Involvement/Voluntary Foster Care.

- Legal Status 90 - Delinquent Court Ward and Temporary Court Ward.
- Legal Status 92 - State Ward Delinquent Act 150 and Temporary Court Ward.

Termination of Parental Rights

If all parental rights to a child are terminated, the caseworker must complete the appropriate ongoing case service plan to accurately document services provided to the child and family prior to the termination.

The final ongoing case service plan report period must end on or after the date the judge signed the order terminating parental rights but may not exceed 90 days. The caseworker may shorten the ongoing case service plan report period to end on the date of the change in legal status.

The final ongoing case service plan must be completed as soon as possible to avoid unnecessary delays in changing the child's legal status and creating the permanent ward case in MiSACWIS. The permanent ward case must be created within five business days of receipt of the order terminating parental rights in order to ensure a timely referral for adoption services; see ADM 0210, Referral to Adoption.

If the permanent ward case is created in MiSACWIS prior to completion of the final ongoing case service plan, the first permanent ward service plan must include an addendum documenting all information about the parents that would have been included in the final ongoing service plan; see FOM 722-08A, Ongoing Case Service Plans, and FOM 722-08B, Permanent Ward Service Plan.

Assessment of Families

If the child's permanency planning goal is reunification, the caseworker must assess the strengths and needs of any parents or legal guardians who are members of a participating household. The caseworker must assess the family's strengths and needs to determine the primary barriers to reunification and evaluate likely harm to the child if they are returned to or remain separated from their parent, guardian, or legal custodian.

Periodic reassessment of the family's strengths and needs is used to evaluate progress towards rectifying the conditions which lead to the child's removal.

Non-Parent Adults

The caseworker must assess non-parent adults, such as a parent's living together partner or other romantic partner, as necessary for case planning and to identify potential barriers to reunification. Circumstances requiring assessment of a non-parent may include:

- If the child is returned home, the non-parent adult will be living in the home or will spend a significant amount of time interacting with the child.
- The non-parent adult has a close personal relationship with the parent.
- The caseworker has reason to believe the non-parent adult may increase the risk of harm to the child if the child were to be returned home to the parent.

Participation in developing the case service plan and compliance with the plan is voluntary for non-parent adults unless ordered by the court; see FOM 722-06, Case Planning.

Family Assessment of Needs and Strengths (FANS)

The caseworker must assess the strengths and needs of the child's parents or legal guardians by completing a FANS for each participating household; see FOM 722-09A, Family Assessment of Needs and Strengths (FANS) for timeframes and completion requirements.

Reunification Assessment

After completion of the FANS, the caseworker must assess barrier reduction and progress by the parents or legal guardians by completing the reunification assessment; see FOM 722-09B, Reunification Assessment for timeframes and completion requirements.

The failure of the parent to participate prior to the court's order of disposition is not considered non-compliance. If a service is unavailable, the parent should not be considered non-compliant

with the treatment plan. If either of the above scenarios apply and the reunification assessment and structured decision making permanency planning decision tree indicates that the caseworker should recommend changing the permanency planning goal, the caseworker must override the recommendation; see FOM 722-09B, Reunification Assessment.

Safety Assessment

The results of the reunification assessment determine whether a safety assessment is also required to determine if out-of-home placement continues to be necessary to ensure the child's safety or if the child can safely be returned home; see FOM 722-09C, Safety Assessment. **Caseworkers must recommend return home of children in out-of-home care when the safety decision is**:

- Safe.
- Safe with services.

Non-Participating Households

The caseworker is not required to complete a FANS or reunification assessment for non-participating households. A household may only be identified as non-participating under the following circumstances.

Cannot Locate/Unavailable

The caseworker completed a diligent search for parent with a legal right to the child and has been unable to locate the parent; see FOM 722-06G, Efforts to Identify and Locate Absent/Putative Parent(s) and Absent Parent Protocol. The parent has not responded to mailings from the caseworker.

Deceased

The parent is deceased.

Not an Assessment Household

There is no legal, biological, or putative parent or legal guardian in the household, or the parent/guardian in the household was not a respondent in the child protective proceedings which lead to the child coming under MDHHS supervision.

Permanent Placement with a Fit and Willing Relative (PPFWR) or Another Planned Permanent Living Arrangement (APPLA)

Youth has a permanency planning goal of PPFWR or APPLA accepted by the court and approved by the Children's Services Agency or designee; see FOM 722-07F, Permanency Planning - PPFWR and APPLA.

Parental Rights Terminated

Parental rights have been terminated.

Refused

The parent has indicated in writing to the court that they do not intend to participate in reunification services.

Reunification Services Not Needed Per Court Order

The court has determined reunification services no longer need to be offered to the parent.

Unwilling

The caseworker has attempted to engage the parent with legal rights to the child in reunification services through scheduled appointments in the office, in the parent's residence, or at a location designated by the parent at least once a month in a six-month period as documented in the case file; however, the parent does not participate as required.

Initial Service Plan (ISP)

There must be only one ISP per custody episode. If the case is transferred to another agency in the middle of any report period, the receiving agency does not complete a new ISP; see Case Transfer in this item.

Report Period

The begin date of the ISP report period is the date the child was removed from the home. The initial case service plan report period may not exceed 30 days.

Report Date

The caseworker must complete the ISP in MiSACWIS within 30 calendar days of the child's removal. The ISP report date is the date when the caseworker routes the ISP to the supervisor for review and approval in MiSACWIS. The ISP is considered overdue if the report date is on or after the 31st day following the child's removal date.

Child Returned Home and Court Jurisdiction Dismissed

If a child is returned home **and** the court dismisses jurisdiction and a new petition is filed which results in the child being removed from the home again, a new ISP must be completed.

Child Returned Home and Court Continues Jurisdiction

If a child is returned home but is subsequently re-removed from the home while under court jurisdiction, the caseworker must describe the reasonable efforts to prevent removal in the appropriate section of the updated case service plan (USP).

New Sibling Added to an Existing Foster Care Case

If a new sibling is added to an existing foster care case, such as when a new sibling is born, the new sibling must have an ISP completed within 30 calendar days of the removal. Once the ISP for the new sibling has been completed, the new sibling may be included on the next USP with their siblings.

The caseworker must ensure there is no gap in report periods between the ISP for the new sibling and the first USP which contains the new sibling. There may be overlap in report periods for the new sibling's ISP and first USP when the new sibling is added to the older sibling's USP.

Updated Service Plan (USP)

Report Period

The begin date of the USP report period is the date after the report period end date of the prior case service plan. The updated case service plan report period may not exceed 90 days.

Report Date

The caseworker must complete the first USP in MiSACWIS within 120 calendar days of the child's removal, and not more than 90 days after the end of the ISP report period. The USP report date is the date when the caseworker routes the USP to the supervisor for review and approval in MiSACWIS. The USP is considered overdue if the report date is on or after the 91st day following the report period end date of the prior case service plan.

PERMANENT WARD SERVICE PLANS

The caseworker must complete all case service plans for permanent ward cases in MiSACWIS. Permanent ward service plans (PWSP) are completed on the DHS-442, Permanent Ward Service Plan. For detailed instructions regarding documentation requirements for permanent ward service plans, see FOM 722-08B, Permanent Ward Service Plans.

Legal Status

Permanent ward case service plans are used for children with the following legal statuses:

- Legal Status 41 - Permanent Court Ward (Neglect).
- Legal Status 44 - State Ward (Abuse/Neglect).
- Legal Status 52 - Dual Wardship.
- Legal Status 91 - Delinquent Court Ward and Permanent Court Ward.
- Legal Status 93 - State Ward Delinquent Act 150 and Permanent Court Ward.
- Legal Status 94 - Delinquent Court Ward and State Ward.

Report Period

The begin date of the PWSP report period is the date after the report period end date of the prior case service plan. The PWSP report period may not exceed 90 days.

Report Date

The PWSP report date is the date when the caseworker routes the PWSP to the supervisor for review and approval in MiSACWIS. The PWSP is considered overdue if the report date is on or after the 91st day following the report period end date of the prior case service plan.

YOUNG ADULT VOLUNTARY FOSTER CARE SERVICE PLANS

The caseworker must complete all case service plans for youth in young adult voluntary foster care (YAVFC) in MiSACWIS. YAVFC service plans are completed on the DHS-442, Permanent Ward Service Plan, regardless of prior wardship. For detailed instructions regarding documentation requirements for initial and ongoing case service plans, see FOM 722-08C, Young Adult Voluntary Foster Care (YAVFC) Service Plans.

Legal Status

YAVFC Permanent Ward Service Plans (PWSP) are used for youth participating in the YAVFC program with Legal Status 56 - Young Adult Voluntary Foster Care.

Extending the Foster Care Case with YAVFC

If a youth is extending their foster care case through YAVFC, the caseworker must complete the appropriate ongoing or permanent ward case service plan through the date of dismissal of court jurisdiction of the abuse/neglect case.

Exception: If the previous service plan report period ended less than 30 days prior to dismissal of court jurisdiction, the caseworker may complete the DHS-69, Foster Care/Juvenile Justice Action Summary, in place of the closing service plan; see FOM 722-08E, Foster Care/Juvenile Justice Action Summary.

Report Period

YAVFC Initial Permanent Ward Service Plan

The begin date of the YAVFC initial PWSP report period is the date the youth signs the DHS-1297, Young Adult Voluntary Foster Care Agreement. The YAVFC ISP report period may not exceed 30 days.

YAVFC Permanent Ward Service Plan

The begin date of the YAVFC PWSP report period is the date after the report period end date of the prior case service plan. The YAVFC PWSP report period may not exceed 90 days.

Report Date

YAVFC Initial Permanent Ward Service Plan

For youth extending, entering, or re-entering YAVFC, the caseworker must complete the YAVFC initial PWSP in MiSACWIS within 30 calendar days of the youth signing the DHS-1297, Young Adult Voluntary Foster Care Agreement; see FOM 722-16, Young Adult Voluntary Foster Care. The report date is the date when the caseworker routes the service plan to the supervisor for review and approval in MiSACWIS. The YAVFC initial PWSP is considered overdue if the report date is on or after the 31st day following the youth signing the DHS-1297.

YAVFC Permanent Ward Service Plan

The caseworker must complete the first YAVFC PWSP in MiSACWIS within 120 calendar days of the youth signing the DHS-1297, and not more than 90 days after the end of the YAVFC initial PWSP report period. The YAVFC PWSP report date is the date when the caseworker routes the service plan to the supervisor for review and approval in MiSACWIS. The YAVFC PWSP is considered overdue if the report date is on or after the 91st day following the report period end date of the prior case service plan.

SUPERVISOR APPROVAL

After the caseworker routes the service plan to the supervisor for review and approval, the supervisor must:

- Return the service plan to the caseworker for revisions and corrections, or
- Approve the service plan.

The supervisor must approve all case service plans within 14 days of the end of the report period.

CASE TRANSFER

If a case is transferred to another agency, a new ISP must not be completed.

Transferring Agency

Transfers Less Than 30 Days After Report Period End Date

If the previous report period ended less than 30 days prior to the date of transfer, the transferring agency must ensure the following are up to date in MiSACWIS, including any applicable changes since the previous service plan, for inclusion in the next case service plan:

- Social work contacts.
- Case services.
    - Prior case services must include a case service review through the end date of the service.
    - Current case services must include a case service review completed less than 30 days prior to case transfer that reflects the status of the case service, including any applicable changes or updates since the prior service plan.
    - Case services that have been identified as needed for the family, but have not yet been referred or provided, must be

entered, and any barriers to participation must be identified.

- Visitation plans.
- Medical, dental, and mental health information; see FOM 801-01, Health Requirements.
- Educational information; see FOM 723, Educational Services.

Transfers 30 or More Days After Prior Report Period End Date

If the previous report period ended 30 or more days prior to case transfer, the transferring agency must complete the appropriate case service plan for the period that it was responsible for the case. The report period must not be greater than 90 days and must not end prior to the last day the transferring agency had case responsibility.

To prevent delays in case transfer and assignment of the new caseworker in MiSACWIS, the previous caseworker may be assigned as a secondary worker in order to complete the transfer case service plan.

Receiving Agency

Within 30 days of the case transfer, the receiving agency must complete a modified service plan which addresses:

- The reason for the case transfer.
- Any necessary modifications to existing case service plans.

The modified case service plan does not have to be completed on the DHS-441 or DHS-442 format. The receiving agency may document the required information on a memo on agency letterhead. The caseworker and supervisor must sign the modified service plan, and the approved modified service plan must be uploaded to MiSACWIS.

CHILDREN PLACED IN A CHILD CARING INSTITUTION

If a child is placed in a child caring institution (CCI), the CCI must complete the DHS-365, Foster Care Structured Decision Making

Residential Initial Service Plan and DHS-366, Foster Care Structured Decision Making Residential Updated Service Plan.

The assigned foster care caseworker must continue to complete the appropriate case service plan in MiSACWIS, as the residential forms do not address family planning, social work contacts made by the caseworker, recommendations to the court, or reasonable efforts as required by state and federal law. Caseworkers are not required to duplicate information provided by the residential care provider. Information from the residential service plans should be summarized in the case service plan.

PROGRAM/CASE CLOSURE

When court jurisdiction of a child/youth is dismissed, the caseworker must complete the appropriate ongoing or permanent ward case service plan through the date of dismissal of court jurisdiction of the abuse/neglect case.

Exception: If the previous service plan report period ended less than 30 days prior to dismissal of court jurisdiction, the caseworker may complete the DHS-69, Foster Care/Juvenile Justice Action Summary, in place of the closing service plan; see FOM 722-08E, Foster Care/Juvenile Justice Action Summary.

DISTRIBUTION

Upon approval, the case service plan must be provided to:

- Court of jurisdiction.
- Legal parents or guardians.
- Attorneys for legal parents/guardians.
- Child's lawyer-guardian ad litem.
- Court appointed special advocate (CASA).
- Child's caregivers.
- Youth ages 14 and older.

The case service plan must be properly redacted prior to distribution; see SRM 131, Confidentiality.

LEGAL

Federal

Social Security Act, 42 USC 671(a)(16)

Provides for the development of a case plan as defined in section 475(1) and in accordance with the requirements of section 475A for each child receiving foster care maintenance payments under the State plan and provides for a case review system which meets the requirements described in sections 475(5) and 475A with respect to each such child

Social Security Act, 42 USC 675(1)

Defines case service plan and information required to be in the case service plan.

Social Security Act, 42 USC 675(5)(A)

Requires that each child has a case plan designed to achieve placement in a safe setting that is the least restrictive (most family like) and most appropriate setting available and in close proximity to the parents' home, consistent with the best interest and special needs of the child.

State

MCL 712A.13a(1)(d)

"Case service plan" means the plan developed by an agency and prepared under section 18f of this chapter that includes services to be provided by and responsibilities and obligations of the agency and activities, responsibilities, and obligations of the parent. The case service plan may be referred to using different names than case service plan including, but not limited to, a parent/agency agreement or a parent/agency treatment plan and service agreement.

MCL 712A.13a(10)(a)

The agency has the responsibility to prepare an initial services plan within 30 days of the juvenile's placement.

MCL 712A.13a(15)

The court shall include in an order placing a child in foster care an order directing the release of information concerning the child in accordance with this subsection. If a child is placed in foster care, within 10 days after receipt of a written request, the agency shall provide the person who is providing the foster care with copies of all initial, updated, and revised case service plans and court orders relating to the child and all of the child's medical, mental health, and education reports, including reports compiled before the child was placed with that person.

MCL 712A.18f

Report; preparation and contents of case service plan; order of disposition; updating and revising case service plan; rules; review by child's physician in case of abuse and neglect.

Licensing

Mich Admin Code R400.12418

Development of service plans.

Mich Admin Code R400.12419

Initial service plans.

Mich Admin Code R400.12420

Updated service plans.

POLICY CONTACT

Direct questions about this item to the Child Welfare Policy Mailbox.

OVERVIEW

The DHS-441, Case Service Plan, format must be used in the development of services for all abuse/neglect children for whom the department is responsible and to whom parental rights have not been terminated. Case managers must address all items in this document unless otherwise noted.

IDENTIFYING INFORMATION

Report Date

The report date is system generated and is the date the case manager routes the service plan to the supervisor for approval.

Report Period

The report period is system generated and must be no more than 30 calendar days for the Initial Service Plan (ISP) and no more than 90 calendar days for the Updated Service Plan (USP).

Case Service Plan Type

The case service plan type is system generated as determined by the type selected when the plan is created.

Child(ren)

The child's name, date of birth, and tribal affiliation is system generated.

Parent(s)/ Caretaker(s)

The case manager must identify all parties with a legal right to consideration for reunification in the case service plan.

Identify each parent/caretaker's name, phone number, address, relationship to each child included on the service plan, and date of birth.

List each parent's name even if whereabouts are unknown. Include any non-parent adults involved in the household that the court may order to participate in the service plan or who will be involved in the service planning.

If there is no legal father, the case manager must make attempts to identify and locate the putative father to establish paternity. These efforts must be documented in the case service plan; see FOM 722-06G, Efforts to Identify and Locate Absent/Putative Parent(s).

Exception: The case manager is not required to identify and locate a putative father if the child has two legal mothers, was conceived by an unmarried mother via the use of a sperm donor or was adopted by a single parent.

Indicate if the parent is deceased.

Indicate whether the parent is participating and status of participation. If the parent is not participating, the case manager must indicate the reason why the household is not participating:

- Cannot locate/unavailable.
- Deceased.
- Not an assessment household.
- Parental rights terminated.
- Refused.
- Reunification services not needed per court order.
- Unwilling.
- Permanent Placement with a Fit and Willing Relative (PPFWR) or Another Planned Permanent Living Arrangement (APPLA) agreement in place.

See FOM 722-08, Case Service Plans - Overview, Types, and Timeframes, for definitions of non-participating household types.

LEGAL

For each child under the Michigan Department of Health and Human Services (MDHHS) supervision, the case manager must identify the following:

- Child name.
- Legal status.
- Adjudication type.
  - Abuse/neglect.
  - Delinquent.
- Judge or referee.
- Court jurisdiction.
- Court docket.
- Next court date.
- Removal date.

- Date caregiver provided notice of hearing.
- Petition date.
- Petition type.
- Hearing date.
- Hearing outcome.
- Order date.
- Order type.

Note: The petition is included in the legal section of the case file. Specific allegations are not repeated in the legal status section of the case service plan. The case manager must summarize the allegations and the disposition in the Reasonable Efforts section of the case service plan.

REASONABLE EFFORTS

The case manager must document what efforts were made to prevent the child's removal and the efforts made to rectify the conditions that caused the child's removal from their home.

Reason(s) Child(ren) Entered into Care

Describe the imminent risk of harm that led to the need for removal and placement of the child(ren). The description must include:

- Summary of the allegations, findings, and disposition of the Children's Protective Services (CPS) investigation which lead to the most recent removal.
- Summary of the allegations on the petition which lead to the most recent removal.
- Summary of prior CPS referrals, investigations, efforts, and placements for this family.

If any children remain in the family home, indicate the reasons why the children remaining in the home are safe and what plans are in place to ensure safety and well-being.

Services Provided

The case manager must describe services provided to the child and parents to prevent removal, reunify the family, or finalize the permanency plan.

The case manager must document reasonable efforts provided to the family to prevent removal, including:

- Alternatives to removal that were considered.
- Interventions and services provided to prevent removal.
- Which program (prevention, CPS, foster care, or adoption) provided or made a referral for the service.

The case manager must document reasonable efforts made to reunify the child and family or finalize the permanency plan, including:

- All current and prior interventions and services provided to each child and parent or legal guardian to allow the child to safely return home or to finalize another permanency plan, including:
  - Efforts to ensure the parent or legal guardian's understanding of the child's medical and mental health needs, treatment, and services.
  - Assistance in accessing resources to obtain additional information on available treatments and services to meet the child's needs.
- Which program (prevention, CPS, foster care, or adoption) provided or made a referral for the service.

For documentation of active efforts for children who are or may be Indian children; see NAA 205, Indian Child Welfare Case Management.

Services Not Provided

If services were not provided or were not required, or if providing services to the family was not reasonable, the case manager must explain why.

Include any legal mandate and policy requirements preventing or not requiring reasonable efforts or services to the family.

Likely Harm

Likely Harm to the Child if Child Continues to be Separated from Parent, Guardian, or Legal Custodian

For each child included on the service plan, the case manager must describe the following:

- The potential impact on the child if they continue to be separated from their parent, guardian, or legal custodian.
- Considering the child's trauma history, how the removal and continued separation impacts the child's well-being.
- Any harm to the parent-child bond resulting from continued separation.

Likely Harm to the Child if Retuned to the Parent, Guardian, or Legal Custodian

For each child included on the service plan, the case manager must describe the following:

- Risk and safety concerns if the child is returned to the parent, guardian, or legal custodian.
- The trauma impact on the child if returned to a parent, guardian, or legal custodian at this time.

Agency Efforts

The case manager must describe agency efforts to place the child in a permanent placement in a timely manner.

For all permanency plans, the case manager must describe efforts to engage current caregivers in discussions regarding providing permanency for the child.

Reunification

If the permanency plan is reunification, the case manager should identify the primary goal as reunification and:

- Identify the concurrent permanency plan (Plan B).
- Describe efforts made to engage the parents and support team in discussion of concurrent planning.

- Identify if the child is placed in a home that will promote reunification and meet the identified concurrent permanency goal if necessary.
- Describe efforts to identify a Plan B caregiver and establish or maintain a relationship with the identified Plan B through visitation, phone calls, letter writing, or other methods.

Other Permanency Goals

If the child's current placement cannot provide permanency, describe:

- Efforts to identify a permanent caregiver.
- Efforts to identify a supportive adult for youth with a permanency planning goal of APPLA.
- Efforts to establish or maintain a relationship with the identified permanent caregiver or supportive adult through visitation, phone calls, letter writing, or other methods until permanency can be achieved.

SOCIAL WORK CONTACTS

For complete information on social work contacts, including requirements for frequency and content of specific contact types; see FOM 722-06H, Case Contacts.

The case manager must link all relevant social work contacts made during the report period to the case service plan. The case manager must indicate the following for each social work contact:

- Contact date.
- Contact time.
- Contact type.
- Contact location.
- Scheduled.
- Contact occurred.
- Persons contacted.
- Contact details.

The case manager must provide a **brief** narrative summary of the information covered during the contact.

Face-to-Face Contacts

The case manager must document the following face-to-face contacts in social work contacts and link the contact to the case service plan regardless of whether the assigned case manager was involved in the contact:

- Parent/case manager contacts.
- Child/case manager contacts.
- Caregiver/case manager contacts.
- Home visits.
- Parenting time.
- Sibling visit.
- Visits with other family members.
- Family team meetings (FTM).

Linked Contacts

The case manager must link the following types of contacts to the appropriate visitation plan in the electronic case management system, regardless of the contact method; see FOM 722-08F, Visitation Plans:

- Parent/child contacts.
- Sibling contacts.
- Relative/child contacts.

CHILD INFORMATION

Physical Description

For each child included in the case service plan, the case manager must document:

- Child's name.
- Physical description.
  - Gender.
  - Height.
  - Weight.
  - Race.
  - Hair color.
  - Eye color.

Distinctive Characteristics

For each child included in the case service plan, the case manager must describe the child's distinctive characteristics, which may include but are not limited to:

- Hair length, texture, and style.
- Glasses.
- Birthmarks.
- Complexion.
- Scars.
- Piercings.
- Tattoos.

Note: All individuals have distinctive characteristics. A statement indicating that a child has no distinctive characteristics does not meet the requirements for this section.

Religion

For each child included in the case service plan, the case manager must document and describe the child's religious identity, including:

- Whether the parent or child has identified specific religious preferences or practices.
- The family and child's history of participation in religious practices and desired attendance requirements.
- Description of any special dietary requirements, grooming, dress, or makeup requirements for the child in placement.

Child Engagement and Perception of Circumstances

The case manager must request information from the following individuals prior to completing the Child Assessment of Needs and Strengths (CANS) and social history; see FOM 722-09, Child Assessment of Needs and Strengths (CANS):

- Child's family.
- Current caregiver.
- Child, when appropriate.
- Service providers.

- Education providers.
- Medical providers.
- Mental health providers.
- Any other professionals familiar with the child.

The case manager must document the child's perceptions of the current circumstances, including:

- Reaction and feelings regarding the abuse and/or neglect that led to placement.
- Reaction and feelings regarding past trauma or trauma reminders.
- Risk and development of a plan to ensure physical safety.
- Likeliness of being able to problem solve and overcome adversity.
- Feelings and observations about current placement.
- Services, supports, resources, or interventions the child feels would benefit their family.
- Views of needs and strengths, if developmentally age appropriate.
- Medical and dental needs.
- Mental health needs.
- Educational needs.
- Participation in extracurricular and cultural activities, hobbies, likes, and dislikes.
- Relationships with siblings and relatives, if applicable.
- How the child's permanency plan was shared with the child and the child's feelings about the plan.

PERMANENCY PLANNING

Permanency Goals

For each child included in the case service plan, the case manager must document the child's permanency goal and goal established date.

For children with a permanency goal of reunification, the case manager must also document the child's concurrent permanency goal and goal established date.

Efforts and Barriers to Permanency

For each child included in the case service plan, the case manager must describe efforts towards and barriers to the achievement of the identified permanency goal. If the child's permanency goal is reunification, the case manager must also describe efforts towards and barriers to the achievement of the concurrent permanency planning goal, or Plan B.

Reunification

If the child's permanency goal is reunification, the case manager must:

- Identify and detail all barriers to parental participation in the plan for permanency, such as transportation, non-compliance, inability to locate the parent, or unavailable or insufficient services.
- Include efforts made by the agency to assist the family in overcoming identified barriers.
- Describe efforts made to engage the parents and support team in a discussion of concurrent planning.
- Indicate if the current caregiver is willing to provide permanency for the child.
- If the current caregiver is not willing to provide permanency, describe activities to identify a Plan B caregiver.
- Describe activities to support the ongoing relationship with the Plan B caregiver.

Other Permanency Goals

If the child's permanency goal is not reunification, the case manager must:

- Indicate if the current caregiver is willing to provide permanency for the child.

- If the current caregiver is not willing to provide permanency, describe activities to identify a permanent caregiver or supportive adult, as appropriate to the child's permanency goal.

- Describe activities to support the ongoing relationship with the identified permanent caregiver or supportive adult.

Goal of Reunification for 12 Months or More

If reunification has been the permanency goal for 12 months or more, the case manager must provide an explanation for continuing the permanency goal of reunification beyond 12 months and identify the additional services needed to reunify the family; see *Compelling Reasons* in this item.

The case manager must describe the rationale for maintaining the goal of reunification beyond 12 months, including but not limited to:

- Court orders.
- Service limitations and completion.
- Delayed court proceedings.

Indicate N/A if reunification has been the goal for less than 12 months or if the goal is not reunification.

Reunification, Adoption, and Guardianship

The case manager must describe efforts made to achieve permanency through reunification, adoption, and guardianship. Include the compelling reasons why each of the respective permanency plans is not in the best interest of the child.

If the permanency planning goal is not reunification, describe the reasons why the identified permanency planning goal is in the child’s best interest.

FOSTER CARE REVIEW BOARD

If a case review was completed by the Foster Care Review Board (FCRB), the case manager must include the following in the case service plan:

- Date of the review.
- Whether the FCRB recommendations were included in the treatment plan.
- If recommendations are not included in the treatment plan, specify which recommendations were not included and why.

PLACEMENT

The case manager must document the following for all placements since entering care for each child included in the case service plan:

- Provider name.
- Living arrangement.
- Begin date of each placement.
- End date of each placement.

Placement Details

If the child changed placements during the report period, the case manager must summarize:

- The reason for the placement change.
- Efforts made to prevent the placement change.
- Supports provided to the current caregiver to support placement stability.
- Whether the placement change was planned to meet the child's permanency goal.
- For Indian children, include the foster care placement preference from NAA 215, Placement/Replacement Priorities for Indian Child(ren).

Anticipated Next Placement

The case manager must specify the anticipated next placement type and anticipated date of achievement.

Best Interest of Child's Placement

For each child included in the case service plan, the case manager must describe:

- The caregiver's willingness and capacity to meet the specified needs of the child.
- Efforts made to inform and educate the caregiver about the child's specific needs and trauma history.
- Why the current placement is in the child's best interest.
- Whether the current caregiver is willing to:
  - Support or supervise additional parent-child contact, either in the placement or in a neutral location.
  - Mentor or maintain direct contact with the parents, guardians, or legal custodians.
  - Establish shared parenting duties for the child with parents, guardians, or legal custodians.
- Whether the current placement is willing to provide permanency for the child.
- The needs identified by the caregiver and plan for addressing the identified needs.

Children Placed in a Qualified Residential Treatment Program (QRTP)

For a child placed in a QRTP, the case manager must provide justification for the placement type, including the following:

- Provides the most effective and appropriate level of care for the child in the least-restrictive environment possible based on the child's needs.
- Is consistent with the short- and long-term goals for the child, including the child's permanency goal.
- Has been approved by the court, both initially and for continued placement.
- The MDHHS director must approve any stays for child in a QRTP placement for the following:
  - After the first 12 consecutive months.
  - For children 13 years of age and older, after 18 nonconsecutive months.

- For children under 13 years of age, after six consecutive or nonconsecutive months.

Child's Adjustment to Placement

The case manager must describe the child's adjustment to the current placement. The description must include the child's:

- Current eating and sleeping patterns.
- Response to current caregiver's daily routines.
- Bonding with household members.

Safety Concerns

The case manager must describe any safety concerns and how they are being addressed.

- For infants 0-12 months of age, describe actions taken to educate and ensure safe sleep practices are implemented.
- Document any changes in the placement household.
  - Include results of central registry and criminal history checks if new adults are living in the home.
  - Include assessment of investigations if applicable.
- Document any CPS referrals regarding the caregiver, omitting any information about the CPS referral source.
- Document any foster home licensing complaints. Include corrective action plans implemented because of the complaint.
- Document behaviorally based safety plans developed with the family that address:
  - Identified immediate risk issues.
  - Each member's role in the plan.
  - Any specific safety concerns identified by the caregiver.
  - How the safety plans in place will address the caregiver's safety concerns.

Residential Care

For youth in residential placement, the case manager must:

- Describe the reasons for residential placement.

- Identify the plan for services that will allow the youth to be placed in a less restrictive setting.
- Document the Wraparound or Assisted Care efforts that were made to prevent the placement. If there were no services provided, explain why.

Caregiver Needs

For each child included in the case service plan, the case manager must describe:

- The caregivers' and family's adjustment to the child's placement.
- Efforts made to engage the caregiver in case planning, including engagement in concurrent planning, safety planning, visitation planning, and reunification efforts, if applicable.

Caregiver Input

The case manager must summarize caregiver feedback about each child included in the case service plan. If a written statement from the caregiver is available, the written statement must be uploaded to the electronic case record and copies must be attached to the case service plan prior to distribution.

For each child included in the case service plan, the case manager must document:

- The date the child's Medicaid card, Medicaid number, and DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment card, were given to the caregiver.
- How the permanency plan for the child was shared with the caregiver and the caregiver's comments regarding the permanency plan.
- How the caregivers involve the child's parents in decision making regarding the child's needs and activities.
- How the caregiver is encouraging normalcy through the prudent parent standard; see FOM 722-11, Prudent Parent Standard and Delegation of Parental Consent.
- When the notice of hearing was provided to the caregiver.

Placement Selection Criteria

For each child included in the ISP, the case manager must rank each of the placement selection criteria from one through four, with one being the reasons most important to the placement decision, three being the reasons least important to the placement decision, and four being not applicable. The case manager must score each item; see FOM 722-03, Placement Selection and Standards, for considerations for each of the placement selection criteria. Placement selection criteria include:

- The case plan which includes the goal of permanence.
- The physical, emotional, educational, and safety needs of the child.
- Proximity to the child's family.
- Placement within relative family network of the child.
- Placement with siblings of the child.
- The child's and child's family's religious preference.
- The least restrictive, most family-like setting.
- The continuity of relationships.
- Availability of placement resources for the purposes of timely placement.
- Expressed preferences for placement by the foster child.
- Appropriateness of the child's current educational setting and the proximity to the school that the child was enrolled in at the time of removal.

The case manager must also document the proximity of the placement to the child's school in miles.

Note: The placement selection criteria are not included in updated case service plans or permanent ward service plans, but the case manager must assess and document the placement selection criteria any time there is a placement change; see FOM 722-03D, Placement Change, and FOM 722-08E, Foster Care/Juvenile Justice Action Summary.

PLACEMENT RESOURCES

Siblings Placed Apart

Whenever placing siblings in out-of-home care apart, the case manager must document the following in each case service plan until all siblings in out-of-home care are in the same placement:

- Reason for sibling split, as outlined in FOM 722-03, Placement Selection and Standards.
- Explanation for sibling split.
- Date the second line supervisor approved the sibling split.
- Ongoing efforts made during the report period to place separated siblings within the same home.

Relative Search and Engagement

Case managers must document ongoing efforts towards identification, notification, and engagement of relatives in each case service plan; see FOM 722-03B, Relative Engagement and Placement.

Describe Efforts Made to Place the Child with the Family

In each case service plan, the case manager must describe initial and ongoing efforts to locate maternal and paternal relatives, including:

- Dates and types of searches conducted to identify relatives.
- Names of identified relatives.
- Attempts to contact each identified relative, including:
  - Date and method of attempted contact.
  - Any response received from the relative.
  - Any additional relatives identified by the relative.
  - The relative's expressed interest in providing support or having contact with the child/family.
  - The relative's desire to be considered as a temporary or permanent placement.

Decision and Rationale for Relative Care Placement

If any child included in the case service plan that is placed with a relative that is pursuing licensure, the case manager must document progress made towards achieving licensure.

Describe Efforts to Engage Identified Relatives

The case manager must document ongoing engagement efforts and follow up activities with identified relatives, including but not limited to:

- Inviting relatives to participate in FTMs.
- Efforts to maintain contact between the child and identified relatives.

Identified Relatives

In each case service plan, the case manager must document all identified relatives, children concerning, type of effort made, and response date in the appropriate columns.

MEDICAL

The case manager must document all medical, dental, developmental, and mental health conditions, appointments, services, and treatment for each child included in the case service plan; see FOM 801-01, Health Requirements.

Health Services Summary

For each child included in the case service plan, the case manager must document the following for all medical, dental, developmental, and mental health appointments:

- Category.
- Type.
- Date of service.
- Provider name, address, phone number, and fax number.
- Outcome and findings.
- Describe any follow-up appointments if needed.
- Unkept appointment, if applicable.
  - Reason for the missed appointment.
  - Unkept appointment comments.

Immunization Information

For each child included in the case service plan, the case manager must document the child's immunization status, including:

- Status of immunizations.
- Reason.
- Explanation.

See FOM 801-02, Immunizations.

Active Medication

For each child included in the case service plan, the case manager must document the child's active medications, including:

- Medication type.
- Medication family.
- Name of medication.
- Provider name, address, phone number, and fax number.
- Dosage.
- Start date.

For psychotropic medications, the case manager must also document:

- Date of consent.
  - Requested of.
  - Explain consent or refusal.

For policy requirements regarding psychotropic medication, refer to FOM 802-1, Psychotropic Medication in Foster Care.

EDUCATION

For each child included in the case service plan, the case manager must document the following educational information; see FOM 723, Educational Services.

Education Details

For all children participating in an elementary, secondary, or post-secondary education program, the case manager must document the child's:

- Current school.

- Current school address.
- Current grade level.

Educational Continuity

For all children participating in an elementary, secondary, or post-secondary education program, the case manager must describe reasonable efforts to ensure continuity of the child's educational experience and address considered factors; see 42 USC 675 (1)(G).

At the initial placement or any placement change, the narrative must include the following:

- How the appropriateness of the current educational setting and the proximity to the school of origin was taken into consideration in selecting the child's placement.
- The reason for maintaining the child in the same school or changing schools, including:
  - The factors used to determine the preferred school, such as transportation, distance from the child's placement, involvement in extracurricular activities, or other factors.
  - Input from the parent or legal guardian, education liaison, and the child that was used to determine the preferred school.
- Discussion of the transportation plan.
- If the child changed schools, note the number of schools the child has attended.
- Verification that the child was enrolled in and attending school full time within five business days of initial placement or any placement change, including while placed in child caring institutions (CCI) or emergency placements.
- Verification that prior educational assessments were requested within 30 calendar days of foster care placement and considered when determining the current educational needs of the child.
- Verification from the new school that the child's previous school record was received.

- Supports in place to ensure the stability of the educational plan.

Academic Performance

For all children participating in an elementary, secondary, or post-secondary education program, the case manager must describe the child's academic performance. The case manager must include the following information:

- Specify if the child attends school regularly and if there are frequent absences or tardiness. Include whether the child is attending school full or part time.
    - If child is incapable of attending school on a full-time basis due to a medical condition, the case manager must address the incapacity and ensure that the medical condition is documented in the medical section of the case service plan.
- Specify the child's current academic performance and behaviors in school, including whether the child is passing or failing their grade.
- Include a description of provided services from school, parent, caregiver, and others to meet the child's educational needs.
- Supplemental activities provided by caregivers to assist with educational participation, details for school collaboration, and the actual tasks involved in educational interventions required for the child.
- Describe the child's social and emotional adjustment in school.

Special Education Information

For all children participating in an elementary, secondary, or post-secondary education program, the case manager must document whether the child is eligible for special education services. If the child is eligible, the case manager must document:

- The child's education certification.
- If an individual education plan (IEP) has been completed.
- If an IEP is in place, the date of the most recent IEP.

VISITATION PLAN

For visitation plan requirements; see FOM 722-08F, Visitation Plans.

FAMILY TEAM MEETING SUMMARY

For additional information regarding FTMs, including protocol, types, timeframes, and practice guidance; see FOM 722-06B, Family Team Meeting.

The case manager must ensure that any FTM held during the report period is documented in the electronic case record and linked to the service plan. The following information will populate from the FTM into the service plan:

- Date of FTM.
- Type of FTM.
- Children concerning.
- Status.
- Cancelled reason, if applicable.
- Safety planning.
- Summary and action steps.

Safety Planning

If any safety concerns were discussed during the FTM, the case manager must:

- Summarize safety concerns identified by the parent or team.
- Document the behaviorally based safety plans developed with the family that address immediate risk and safety issues and each member's role in that plan, including:
  - What will be done to prevent the harmful behavior from occurring and reduce the immediate risk.
  - What will happen if the behavior or actions occur despite having taken proactive steps to prevent the harmful behavior.

Summary and Action Steps

For each FTM during the report period, the case manager must summarize the discussion and outcome of the meeting, including:

- Action steps.
- Persons responsible for each action step.
- Deadline for each action step.

FAMILY INFORMATION AND ASSESSMENT

For each household with a legal right to the child, the case manager must address the following.

Family History and Perception of Circumstances

The case manager must include the following information in the ISP. If the case manager is unable to obtain this information from a family prior to completion of the ISP due to an inability to identify, locate, or engage the family during the ISP report period, the information must be included in the appropriate USP.

Initial Case Service Plan

The case manager must document all pertinent information about the family's history in the ISP:

- Describe the family of origin for all adults involved in the household, including non-parent adults.
- Describe prior legal or agency involvement with all adult household members, including services offered and benefit from services.
- Describe any history of child abuse or neglect or placement experienced by the adult household members.
- Describe other relevant information about the adult household members, including any significant health issues, criminal history, and intra-familial relationships.
- Identify the protective capacities and resiliency in the family that can directly contribute to the protection of the children.
    - Include information about the relative and non-relative network resources that are available or potentially available.

- Include resources that may be available in the surrounding community.
- Indicate the family's feelings regarding support from these resources.

- Identify other strengths or times of success for the family.
- Identify patterns of behavior that led to the need for protective intervention. Consider the trauma history of the adult household members and the impact it may have on their current functioning.
- Describe the conditions of the home, attitudes and behaviors of family members, relationships and interactions between each family member, and the family's interactions with the case manager.
- Describe the family's reaction to:
  - The event which leads to removal.
  - The removal.
  - The department's definition of the problem.
- Describe the family's assessment of their functioning.
- Describe the resources the family believes will help meet the goals.
- Describe the family's perception of their child.
- Describe what actions the family is willing or able to take to address the identified risks to the child's safety or well-being.
- Describe the willingness of the family to engage in services to rectify the situation which brought the child into care.

Updated Case Service Plan

The case manager must document the following information about the family in each USP:

- Identify any new protective capacities and resiliency in the family that can be directly utilized for protection of the child.
- Identify other strengths.

- Describe any changes in the family since the child entered care or since the last service plan.
- Describe any significant events in the family since the last service plan.
- Describe the family's reaction to the agency's assessment of progress.
- Identify the progress the family feels has been made, their willingness to engage in services to rectify the situation which brought the child into care, and their perception of the child's identified healthcare needs and ability to meet those needs.
- Describe the family's feelings regarding resources provided by the extended family network and the community.
- Identify any other resources, support, or education the family feels they need to meet the child's identified healthcare needs.
- Describe the family's perception of their child's healthcare needs and their ability to meet those needs.
- Provide information on conviction, sentence, possible release date, and correctional facility or jail for all incarcerated parents.
- Indicate whether there was a CPS investigation of the household during the report period. If an investigation occurred, describe the allegations, findings, and disposition of the investigation.
- Describe what action the family has taken, or is willing and able to take, to address the identified risks to the child's safety or well-being.
- If reunification is anticipated during the upcoming report period, document the transition plan.

Progress and Recommendation

The following information populates from the reunification assessment; see FOM 722-09B, Reunification Assessment:

- Overall barrier reduction.
- Overall parenting time evaluation.

- Reasons for the assessment of individual barriers to reunification.
- Placement recommendation.
- Permanency plan recommendation.
- Override explanation, if applicable.

Safety Assessment Results

The safety assessment results populate from the safety assessment; see FOM 722-09C, Safety Assessment.

CHILDREN'S BEST INTEREST/ COMPELLING REASONS

The case manager must indicate yes or no for the following statements:

- A mandatory petition is required.
  - It is in the child's best interest to terminate parental rights.
- The case service plan is prepared for the Permanency Planning Hearing.
  - Agency is recommending return home.
  - Agency is recommending termination of parental rights.
  - Agency is not recommending termination of parental rights.
- The child has been in care for 15 of the last 22 months.
  - Petition to terminate parental rights has been filed.

Compelling Reasons

If termination of parental rights is not in the child's best interest, the case manager must document the compelling reason(s), checking as many as apply:

- Adoption is not an appropriate permanency plan.
- The child is being cared for by a relative.

- No grounds to file a termination petition exist.
- The supervising agency has not yet provided services detailed in the prior service plans to make reunification possible.
- There are international legal obligations or compelling foreign policy reasons the preclude termination of parental rights.
- Child is an unaccompanied refugee minor.
- Other. If this is a compelling reason, there must be clear documentation within the service plan of the individual circumstances of the child that necessitate this selection.

Explanation

The case manager must provide an explanation of the child's best interest determination, and any compelling reasons selected.

If the USP is prepared for the permanency planning hearing, and:

- The agency is recommending return home, the case manager must provide a statement that the agency believes it is in the child's best interest not to terminate the parents' rights to the child and the reasons why.
- The agency is recommending termination of parental rights, the case manager must provide a statement that termination is in the best interest of the child.
- The agency is not recommending termination of parental rights, and that the child remain in placement, the case manager must check as many boxes as apply for the compelling reasons why termination is not in the child's best interest and provide narrative explanation.

See FOM 722-10, Court Review for more information on permanency planning hearings.

INDIAN CHILD WELFARE ACT (ICWA)/MICHIGAN INDIAN FAMILY PRESERVATION ACT (MIFPA)

Tribal Information and ICWA/MIFPA Details

If there is a reason to know the child is or may be an Indian child, the case manager must include the following information below in the case service plan:

- Add the ICWA Record for each known or potential tribe, and/or Bureau of Indian Affairs (BIA); see NAA 200, Identification of an Indian Child.
- Date notified of possible tribal affiliation.
- Tribe type, name, address, and phone number.
  - Tribal verification inquiry date.
  - Tribal verification date.
  - Tribal verification type.
- Date of tribal acceptance of child.
- Date of physical transfer of child to the tribe.
- State court denied transfer to tribal jurisdiction.
  - If yes, include good cause reason for denial.
- Person who provided tribal verification.
- Tribal membership status.
- Tribal status start date.
- Tribal status end date.
- Tribal membership enrollment number.
- Additional comments, if applicable.

- ICWA/MIFPA child's biological mother reported themselves as adopted and identified their biological mother.
  - If yes, maternal biological grandmother's name.
- Indicate active efforts to gather tribal membership/citizenship, enrollment, or eligibility information.
- Detail all active efforts to verify tribal affiliation.

Active Efforts

For any child identified as an Indian child, the case manager must document the following in all case service plans:

- Were active efforts taken to reunify the American Indian/Alaska Native child with the American Indian/Alaska Native family?
  - If yes, in the electronic case management system select the provided active efforts as required per MCL 712B.3(a).
  - If no, explain.
- Were active efforts taken to prevent the termination of parental rights to the American Indian/Alaska Native child?
  - If yes, in the electronic case management system select the provided active efforts as required per MCL 712B.3(a).
  - If no, explain.
- Were active efforts made to match the American Indian/Alaska Native child with an American Indian/Alaska Native adoptive parents?
  - If yes, in the electronic case management system select the provided active efforts as required per MCL 712B.3(a).
  - If no, explain.

See the Native American Affairs Glossary for more information.

Placement Preference

For any child who is or may be identified as an Indian child, the case manager must document the following in all case service plans:

- ICWA/MIFPA placement priority.
- The type of ICWA/MIFPA placement.
- Steps to comply with ICWA/MIFPA placement preferences.
- Input from the tribe regarding the placement.
- If applicable, the court's finding of good cause to depart from ICWA/MIFPA placement preferences.
- If applicable, compliance with the tribes differing order of placement preference as determined by the tribe's law, custom or code, such as, type, not individual placement.
- If placement preferences were not followed, explain the reason.
- If MDHHS made recommendations to the court regarding good cause to the contrary for not following ICWA/MIFPA placement preferences cite reasons.
- What placement preference did the American Indian child, 12 years or older, indicate as their choice for the permanency plan. Include engagement process and intervals of discussions to obtain the child's preference.

Tribal Involvement

For any child who is or may be identified as an Indian child, the case manager must document the following in all case service plans:

- Initial tribal involvement date.
- Interest/involvement details.
- Indicate if qualified expert witness (QEW) testimony was provided and provide name of witness; see DHS-PUB-1113, Guide to Obtaining and Using a Qualified Expert Witness.
- What decisions or recommendations were made on the case by the child’s tribe? Include engagement process and intervals of discussions to obtain tribe’s preferences.

RECOMMENDATION TO COURT

The case manager must include any court orders requested for parental or caregiver compliance with the service plan. If applicable, the case manager may also request that the court order non-parent adults to participate in and comply with the service plan.

The case manager must include the following in the recommended court orders:

- Recommendations regarding continuation of the child's placement in out-of-home care.
    - For each child under court jurisdiction, for the period covered by this report, identify case action as continued placement, return home and monitoring or closure.
    - If the child should remain in out-of-home placement, describe why it is not in the child's best interest to be returned home, placed for adoption, or placed within the relative or kinship network.
- The child's recommended permanency goal and concurrent permanency goal, if applicable.
- Recommendations regarding parenting time.
- Expectations of the parents or caretakers.

AGENCY SIGNATURES

Prior to finalizing, the case manager and supervisor must review the case service plan and all linked assessments and treatment plans during a face-to-face meeting. Case service plan review may occur during monthly case supervision.

The supervisor must review and approve the service plan within 14 calendar days of the report date.

Supervisory approval indicates agreement with:

- The case manager's court recommendations within the service plan.
- The identified needs and strengths of the child and family.

- The rate of progress identified, including barrier reduction and parenting time.
- Appropriateness of current placement.
- Current treatment plan for the child and parents.
- Permanency planning goal.

Once approved, the case manager and supervisor must sign and date the original approved case service plan.

LEGAL

Federal

Public Law 115-123, Family First Prevention Services Act of 2018 (H.R. 1892)

Public Law 110-351, Fostering Connections to Success and Increasing Adoptions Act of 2008

Social Security Act, 42 USC 671(a)(19)

Social Security Act, 42 USC 675(1)

Social Security Act, 42 USC 675(5)

45 CFR § 1356.21(g)

State

Probate Code, 1939 PA 288, as amended, MCL 712A.18f

Probate Code, 1939 PA 288, as amended, MCL 712A.19a(8)(b)

Probate Code, 1939 PA 288, as amended, MCL 712A.19a(8)(c)

Probate Code, 1939 PA 288, as amended, MCL 712A.19a(14)

Licensing Rule

Mich Admin Code R400.12404

Mich Admin Code R400.12418

Mich Admin Code R400.12419

Mich Admin Code R400.12420

POLICY CONTACT

Questions about this item may be directed to the Child-Welfare-Policy@michigan.gov(child-welfare-policy@michigan.gov).

OVERVIEW

Use the DHS-442, Permanent Ward Service Plan (PWSP), format in the development of services for all abuse/neglect children for whom the department is responsible and who have been committed to the court of jurisdiction, or the Michigan Department of Health and Human Services (MDHHS). Case managers must address all items in this document unless otherwise noted.

Note: For children who enter care without legal parents an Initial Service Plan (ISP) must be completed on the DHS-441; see FOM 722-08, Case Service Plans- Overview, Types, and Timeframes.

IDENTIFYING INFORMATION

Report Date

The report date is system generated and is the date the case manager routes the service plan to the supervisor for approval.

Report Period

The report period is system generated and must be no more than 90-calendar days.

Case Service Plan Type

Indicate whether the case service plan is the:

- Permanent Ward Service Plan.
- YAVFC - Initial Permanent Ward Service Plan.
- YAVFC - Permanent Ward Service Plan.

See FOM 722-08C, Young Adult Voluntary Foster Care (YAVFC) Service Plan, for instructions on completion of the YAVFC - Initial PWSP and YAVFC - PWSP.

Child(ren)/Youth

Identify each child's name, date of birth, and tribal affiliation.

LEGAL

Identify the following:

- Child name.
- Legal status.
- Adjudication type.
  - Abuse/neglect.
  - Delinquent.
- Judge or referee.
- Court jurisdiction.
- Court docket.
- Next court date.
- Removal date.
- Date caregiver provided notice of hearing.
- Petition date.
- Petition type.
- Hearing date.
- Hearing outcome.
- Order date.
- Order type.

REASONABLE EFFORTS

Agency Efforts

The case manager must describe agency efforts to place the child in a permanent placement in a timely manner, including efforts to engage current caregivers in discussions regarding providing permanency for the child.

If the child's current placement is unable to provide permanency, the case manager must describe:

- Efforts to identify a permanent caregiver.
- Efforts to identify a supportive adult for children with a permanency planning goal of another planned permanent living arrangement (APPLA).
- Efforts to establish or maintain a relationship with the identified permanent caregiver or supportive adult through visitation, phone calls, letter writing, or other methods until permanency can be achieved.

For children who are or who may be Indian children, active efforts are required; see NAA 205, Indian Child Welfare Case Management.

Services Not Provided

If services were not provided, the case manager must explain the reasons why services were not provided.

SOCIAL WORK CONTACTS

The case manager must indicate the following for each social work contact:

- Contact date.
- Contact time.
- Contact type.
- Contact location.
- Scheduled.
- Contact occurred.
- Persons contacted.
- Contact details.

The case manager must provide a **brief** narrative summary of the information covered during the contact.

Face-to-Face Contacts

The case manager must document the following face-to-face contacts in the social work contacts and link the contact to the case service plan regardless of whether the assigned case manager participated in the contact:

- Parent/case manager contacts.
- Child/case manager contacts.
- Caregiver/case manager contacts.
- Home visits.
- Sibling visit.
- Visits with other family members.
- Family team meetings (FTM).

For more information on social work contacts; see FOM 722-06H, Case Contacts.

Linked Contacts

The case manager must link the following types of contacts to the appropriate visitation plan in the electronic case management system, regardless of the contact method; see FOM 722-08F, Visitation Plans:

- Parent/child contacts.
- Sibling contacts.
- Relative/child contacts.

CHILD INFORMATION

Physical Description

For each child included in the case service plan, the case manager must document:

- Child's name.
- Physical description.
  - Gender.
  - Height.
  - Weight.
  - Race.
  - Hair color.
  - Eye color.

Distinctive Characteristics

For each child included in the case service plan, the case manager must describe the child's distinctive characteristics, which may include but are not limited to:

- Hair length, texture, and style.
- Glasses.
- Birthmarks.
- Complexion.
- Scars.
- Piercings.
- Tattoos.

Note: All individuals have distinctive characteristics. A statement indicating that a child has no distinctive characteristics does not meet the requirements for this section.

Religion

For each child included in the case service plan, the case manager must document and describe the child's religious identity, including:

- Whether the child has identified specific religious preferences or practices.
- The child's history of participation in religious practices and desired attendance requirements.
- Description of any special dietary requirements, grooming, dress, or makeup requirements for the child in placement.

Child Engagement and Perception of Circumstances

The case manager must request information from the following individuals prior to completing the Child Assessment of Needs and Strengths (CANS) and social history; see FOM 722-09, Child Assessment of Needs and Strengths:

- Current caregiver.
- Child, when appropriate.
- Service providers.
  - Education providers.
  - Medical providers.
  - Mental health providers.
  - Any other professionals familiar with the child.
- Identified relatives engaged in the case planning process.

The case manager must document the child's perceptions of the current circumstances, including:

- Reaction and feelings regarding the abuse and/or neglect that led to placement.
- Reaction and feelings regarding past trauma or trauma reminders.
- Risk and development of a plan to ensure physical safety.
- Likeliness of being able to problem solve and overcome adversity.
- Feelings and observations about current placement.

- Services, supports, resources, or interventions the child feels would be beneficial.
- Views of needs and strengths, if developmentally age appropriate.
- Medical and dental needs.
- Mental health needs.
- Educational needs.
- Participation in extracurricular and cultural activities, hobbies, likes, and dislikes.
- Relationships with siblings and relatives, if applicable.
- How the child's permanency plan was shared with the child and the child's feelings about the plan.

PERMANENCY PLANNING

Permanency Goals

For each child included in the case service plan, the case manager must document the child's permanency goal and goal established date.

Efforts and Barriers to Permanency

For each child included in the case service plan, the case manager must describe efforts towards and barriers to the achievement of the identified permanency goal. The case manager must:

- Indicate if the current caregiver is willing to provide permanency for the child.
- If the current caregiver is not willing to provide permanency, describe activities to identify a permanent caregiver.
- Describe activities to support the ongoing relationship with the identified permanent caregiver or supportive adult.

Reunification, Adoption, and Guardianship

The case manager must describe efforts made to achieve permanency through reunification, adoption, and guardianship. Include the compelling reasons why each of the respective permanency plans is not in the best interest of the child.

Describe the reasons why the identified permanency planning goal is in the child's best interest.

FOSTER CARE REVIEW BOARD

If the Foster Care Review Board (FCRB) completed the case review, the case manager must include the following in the case service plan:

- Date of the review.
- Whether the FCRB recommendations were included in the treatment plan.
- If recommendations are not included in the treatment plan, specify which recommendations were not included and why.

PLACEMENT

The case manager must document the following for all placements since entering care for each child included in the case service plan:

- Provider name.
- Living arrangement.
- Begin date of each placement.
- End date of each placement.

Placement Details

If the child changed placements during the report period, summarize:

- The reason for the placement change.
- Efforts made to prevent the placement change.
- Supports provided to the current caregiver to support placement stability.

- Whether the placement change was planned to meet the child's permanency goal.
- For Indian children, include the foster care placement preference from NAA 215, Placement/Replacement Priorities for Indian Child(ren).

Anticipated Next Placement

The case manager must specify the anticipated next placement type and anticipated date of achievement.

Best Interest of Child's Placement

For each child included in the case service plan, the case manager must describe:

- The caregiver's willingness and capacity to meet the specified needs of the child.
- Efforts made to inform and educate the caregiver about the child's specific needs and trauma history.
- Why the current placement is in the child's best interest.
- Whether the current placement is willing to provide permanency for the child.
- The needs identified by the caregiver and plan for addressing the identified needs.

Children Placed in a Qualified Residential Treatment Program (QRTP)

For a child placed in a QRTP, the case manager must provide justification for the placement type, including the following:

- Provides the most effective and appropriate level of care for the child in the least-restrictive environment possible based on the child's needs.
- Is consistent with the short- and long-term goals for the child, including the child's permanency goal.

- Has been approved by the court, both initially and for continued placement.
- The MDHHS director must approve any stays for child in a QRTP placement for the following:
  - After the first 12 consecutive months.
  - For children 13 years of age and older, after 18 nonconsecutive months.
  - For children under 13 years of age, after six-months, consecutive or nonconsecutive.

Child's Adjustment to Placement

The case manager must describe the child's adjustment to the current placement, including:

- Current eating and sleeping patterns.
- Response to current caregiver's daily routines.
- Bonding with household members.

Safety Concerns

The case manager must describe any safety concerns and how they are being addressed.

- For infants 0-12-months of age, describe actions taken to educate and ensure safe sleep practices are implemented.
- Document any changes in the placement household.
  - Include results of central registry and criminal history checks if new adults are living in the home.
  - Include the assessment of investigations if applicable.
- Document any Children's Protective Services (CPS) referrals regarding the caregiver, omitting any information about the CPS referral source.
- Document any foster home licensing complaints. Include corrective action plans implemented because of the complaint.
- Document behaviorally based safety plans developed with the family that address:

- Identified immediate risk issues.
- Each member's role in the plan.
- Any specific safety concerns identified by the caregiver.
- How the safety plans in place will address the caregiver's safety concerns.

Residential Care

For youth in residential placement, the case manager must:

- Describe the reasons for residential placement.
- Identify the plan for services that will allow the youth to be placed in a less restrictive setting.
- Document the Wraparound or Assisted Care efforts that were made to prevent the placement. If there were no services provided, explain why.

Caregiver Needs

For each child included in the case service plan, the case manager must describe:

- The caregiver's and family’s adjustment to the child’s placement.
- Efforts made to engage the caregiver in case planning, including engagement in concurrent planning, safety planning, visitation planning, and reunification efforts, if applicable.

Caregiver Input

The case manager must summarize caregiver feedback about each child included in the case service plan. If a written statement from the caregiver is available, the written statement must be uploaded into the electronic case record and copies must be attached to the case service plan prior to distribution.

For each child included in the case service plan, the case manager must document:

- The date the child’s Medicaid card, Medicaid number, and DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment card, were given to the caregiver.

- How the permanency plan for the child was shared with the caregiver and the caregiver's comments regarding the permanency plan.
- How the caregiver is encouraging normalcy through the prudent parent standard; see FOM 722-11, Prudent Parent Standard and Delegation of Parental Consent.
- When the notice of hearing was provided to the caregiver.

PLACEMENT RESOURCES

Siblings Placed Apart

Whenever placing siblings in out-of-home care apart, the case manager must document the following in each case service plan until all siblings in out-of-home care are in the same placement:

- Reason for sibling split, as outlined in FOM 722-03, Placement Selection and Standards.
- Explanation for sibling split.
- Date the second line supervisor approved the sibling split.
- Ongoing efforts made during the report period to place separated siblings within the same home.

Relative Search and Engagement

Case managers must document ongoing efforts towards identification, notification, and engagement of relatives in each case service plan; see FOM 722-03B, Relative Engagement and Placement.

Describe Efforts Made to Place the Child with the Family

In each case service plan, the case manager must describe initial and ongoing efforts to locate relatives, including:

- Dates and types of searches conducted to identify relatives.
- Names of identified relatives.

- Attempts to contact each identified relative, including:
  - Date and method of attempted contact.
  - Any response received from the relative.
  - Any additional relatives identified by the relative.
  - The relative's expressed interest in providing support or having contact with the child and family.
  - The relative's desire to be considered as a temporary or permanent placement.

Decision and Rationale for Relative Care Placement

If any child included in the case service plan with a relative pursuing licensure, the case manager must progress made towards achieving licensure.

Describe Efforts to Engage Identified Relatives

The case manager must document ongoing engagement efforts and follow up activities with identified relatives, including but not limited to:

- Inviting relatives to participate in FTMs.
- Efforts to maintain contact between the child and identified relatives.

Identified Relatives

In each case service plan, the case manager must document all identified relatives, children concerning, type of effort made, and response date in the appropriate columns.

MEDICAL

The case manager must document all medical, dental, developmental, and mental health conditions, appointments, services, and treatment for each child included in the case service plan; see FOM 801-01, Health Requirements.

Health Services Summary

For each child included in the case service plan, the case manager must document the following for all medical, dental, developmental, and mental health appointments:

- Category.
- Type.
- Date of service.
- Provider name, address, phone number, and fax number.
- Outcome and findings.
- Describe any follow up appointments if needed.
- Unkept appointment, if applicable.
  - Reason for the missed appointment.
  - Unkept appointment comments.

Immunization Information

For each child included in the case service plan, the case manager must document the child's immunization status, including:

- Status of immunizations.
- Reason.
- Explanation.

Active Medication

For each child included in the case service plan, the case manager must document the child's active medications, including:

- Medication type.
- Medication family.
- Name of medication.
- Provider name, address, phone number, and fax number.
- Dosage.
- Start date.

For psychotropic medications, the case manager must also document:

- Date of consent.
  - Requested of.
  - Explain consent or refusal.

EDUCATION

For each child included in the case service plan, the case manager must document the following educational information; see FOM 723, Educational Services.

Education Details

For all children participating in an elementary, secondary, or post-secondary education program, the case manager must document the child's:

- Current school.
- Current school address.
- Current grade level.

Educational Continuity

For all children participating in an elementary, secondary, or post-secondary education program, the case manager must describe reasonable efforts to ensure continuity of the child's educational experience and address considered factors.

At the initial placement or any placement change, the narrative must include the following:

- How the appropriateness of the current educational setting and the proximity to the school of origin was taken into consideration in selecting the child's placement.
- The reason for maintaining the child in the same school or changing schools, including:
    - The factors used to determine the preferred school, such as transportation, distance from the child's placement, involvement in extracurricular activities, or other factors.
    - Input from the parent or legal guardian, education liaison, and the child that was used to determine the preferred school.
- Discussion of the transportation plan.
- If the child changed schools, note the number of schools the child has attended.
- Verification the child was enrolled in and attending school full time within five business days of initial placement or any placement change, including while placed in child caring institutions (CCI) or emergency placements.
- Verification the prior educational assessments were requested within 30-calendar days of foster care placement and

considered when determining the current educational needs of the child.

- Verification from the new school that the child's previous school record was received.
- Supports in place to ensure the stability of the educational plan.

Academic Performance

For all children participating in an elementary, secondary, or post-secondary education program, the case manager must describe the child's academic performance. The case manager must include the following information:

- Specify if the child attends school regularly and if there are frequent absences or tardiness. Include whether the child is attending school full or part time.
    - If child is incapable of attending school on a full-time basis due to a medical condition, the case manager must address the incapacity and ensure the medical condition is documented in the medical section of the case service plan.
- Specify the child's current academic performance and behaviors in school, including whether the child is passing or failing their grade.
- Include a description of provided services from school, parent, caregiver, and others to meet the child’s educational needs.
- Supplemental activities provided by caregivers to assist with educational participation, details for school collaboration, and the actual tasks involved in educational interventions that are required for the child.
- Describe the child’s social and emotional adjustment in school.

Special Education Information

For all children participating in an elementary, secondary, or post-secondary education program, the case manager must document

whether the child is eligible for special education services. If the child is eligible, the case manager must document:

- The child's education certification.
- If an individual education plan (IEP) has been completed.
- If an IEP is in place, the date of the most recent IEP.

VISITATION PLAN

For visitation plan requirements, see FOM 722-08F, Visitation Plans.

FAMILY TEAM MEETING SUMMARY

For any FTMs held during the report period, the case manager must document the following in the case service plan:

- Date of FTM.
- Type of FTM.
- Children concerning.
- Status.
- Cancelled reason, if applicable.
- Safety planning.
- Summary and action steps.

Safety Planning

For safety concerns discussed during the FTM, the case manager must:

- Summarize safety concerns identified by the parent or team.
- Document the behaviorally based safety plans developed with the family that address immediate risk and safety issues and each member's role in that plan, including:
  - Actions needed to prevent the harmful behavior from occurring and reduce the immediate risk.
  - Consequences if the behavior or actions occur despite having taken proactive steps to prevent the harmful behavior.

Summary and Action Steps

For each FTM during the report period, the case manager must summarize the discussion and outcome of the meeting, including:

- Action steps.
- Persons responsible for each action step.
- Deadline for each action step.

INDIAN CHILD WELFARE ACT (ICWA)

Tribal Information and ICWA Details

If the child has been identified as an Indian child, the case manager must include the following information in the case service plan, as applicable:

- Date notified of possible tribal affiliation.
- Tribe type, name, address, and phone number.
- Tribal verification inquiry date.
- Tribal verification date.
- Tribal verification type.
- Person who provided tribal verification.
- Tribal membership status.
- Tribal status start date.
- Tribal status end date.
- Tribal membership enrollment number.
- Date of tribal acceptance of child.
- Date of physical transfer of child to the tribe.
- State court denied transfer to tribal jurisdiction.
  - If yes, include good cause reason for denial.
- Additional comments, if applicable.
- ICWA child’s biological mother reported herself as adopted and identified her biological mother.
  - If yes, biological maternal grandmother's name.

Active Efforts

For any child identified as an Indian child, the case manager must document the following in all case service plans:

- Indicate active efforts to gather tribal membership/citizenship, enrollment, or eligibility information.

- Were active efforts taken to reunify the American Indian/Alaska Native child with the American Indian/Alaska Native family?

- If yes, select the appropriate active efforts as required per MCL 712B.3.
- If no, explain.

- Were active efforts taken to prevent the termination of parental rights to the American Indian/Alaska Native child?
  - If yes, select the appropriate active efforts as required per MCL 712B.3.
  - If no, explain.
- Were active efforts made to match the American Indian/Alaska Native child with an American Indian/Alaska Native adoptive parent?
  - If yes, select the appropriate active efforts as required per MCL 712B.3.
- If no, explain.

Placement Preference

For any child identified as an Indian child, the case manager must document the following in all case service plans:

- ICWA placement priority.
- Tribal approval of the placement.
- Tribal approval date, if applicable.
- Indicate cultural appropriateness of the placement. If tribal approval was not received for the placement, provide explanation.
- For Indian children, indicate if the child's placement follows the ICWA placement preferences. If not, specify reasons.
- For Indian children, indicate if MDHHS made recommendations to the court regarding good cause to the contrary for not following ICWA placement priorities or tribal requests. If good cause to the contrary recommendations were made, cite reasons.

- What placement preference did the American Indian youth, 12 years or older, indicate as their choice for the permanency plan? Include the engagement process and intervals of discussions to obtain the youth's preference.

Tribal Involvement

For any child identified as an Indian child, the case manager must document the following in all case service plans:

- Initial tribal interest/involvement date.
- Interest/involvement details.
- Indicate if qualified expert witness (QEW) testimony was provided and provide name of witness.
- What decisions or recommendations were made on the case by the child's tribe? Include engagement process and intervals of discussions to obtain tribe's preferences.

RECOMMENDATION TO COURT

The case manager must include any court orders requested for compliance with the service plan. If applicable, the case manager may also request that the court order non-parent adults to participate in and comply with the service plan.

For each child under court jurisdiction, the case manager must include the following in the recommendation to the court:

- The child's recommended permanency goal.
- Whether the child should remain in out-of-home placement, under the supervision of the court, as appropriate, or as a state ward.
    - If the child should remain in out-of-home placement, describe why it is not in the child's best interest to be placed for adoption or placed within the relative or kinship network.

TREATMENT PLAN AND SERVICE AGREEMENT

The DHS-442a, Permanent Ward Treatment Plan, must be updated each time a service plan is completed; see FOM 722-08D, Treatment Plans.

LEGAL

Federal

Public Law 115-123, Family First Prevention Services Act of 2018 (H.R. 1892)

Public Law 110-351, Fostering Connections to Success and Increasing Adoptions Act of 2008

Social Security Act, 42 USC 671(a)(19)

Social Security Act, 42 USC 675(1)

Social Security Act, 42 USC 675(5)

45 CFR § 1356.21(g)

State

Probate Code, 1939 PA 288, as amended, MCL 712A.18f

Probate Code, 1939 PA 288, as amended, MCL 712A.19a(14)

Licensing Rule

Mich Admin Code R400.12404

Mich Admin Code R400.12418

Mich Admin Code R400.12419

Mich Admin Code R400.12420

POLICY CONTACT

Questions about this item may be directed to the Child Welfare Policy Mailbox (child-welfare-policy@michigan.gov).

OVERVIEW

Use the DHS-442, Permanent Ward Service Plan (PWSP), format in the development of services for all youth in the Young Adult Voluntary Foster Care (YAVFC) program for whom the department is responsible, regardless of the youth's prior legal status.

Case managers must address all items in this format unless otherwise noted. For youth in YAVFC without a caregiver, such as those living independently or with roommates, the case manager may indicate *N/A* in sections that pertain to caregiver feedback and involvement in the case service plan.

IDENTIFYING INFORMATION

Report Date

The report date is system generated and is the date the case manager routes the service plan to the supervisor for approval.

Report Period

The report period is system generated.

For the YAVFC - Initial Permanent Ward Service Plan, the report period must be no more than 30-calendar days, and begins the date the youth signed the DHS-1297, Young Adult Voluntary Foster Care Agreement; see FOM 722-16, Young Adult Voluntary Foster Care.

For the YAVFC - Permanent Ward Service Plan, the report period must be no more than 90-calendar days.

Case Service Plan Type

Indicate whether the case service plan is the:

- Permanent Ward Service Plan.
- YAVFC - Initial Permanent Ward Service Plan.
- YAVFC - Permanent Ward Service Plan.

See FOM 722-08B, Permanent Ward Service Plan (PWSP) for instructions on completion of the PWSP for children and youth who are not participating in YAVFC.

Child(ren)/Youth

Identify each youth's name, date of birth, and tribal affiliation.

LEGAL

Identify the following:

- Child name.
- Legal status.
- Adjudication type.
  - Abuse/neglect.
  - Delinquent.
- Judge/Referee.
- Court jurisdiction.
- Court docket.
- Next court date.
- Removal date.
- Date caregiver provided notice of hearing.
- Petition date.
- Petition type.
- Hearing date.
- Hearing outcome.
- Order date.
- Order type.

REASONABLE EFFORTS

Agency Efforts

The case manager must describe agency efforts to place the youth in a permanent placement in a timely manner, including efforts to engage current caregivers in discussions regarding providing permanency for the youth.

If the youth's current placement is unable to provide permanency, the case manager must describe:

- Efforts to identify a permanent caregiver, if the youth is not expected to achieve self-sufficiency due to a diagnosed condition or disability.

- Efforts to identify a supportive adult for youth with a permanency planning goal of another planned permanent living arrangement (APPLA).

- Efforts to establish or maintain a relationship with the identified permanent caregiver or supportive adult through visitation, phone calls, letter writing, or other methods until permanency can be achieved.

For youth who are or who may be Indian children, active efforts are required; see NAA 205, Indian Child Welfare Case Management.

Services Not Provided

If services were not provided, the case manager must explain the reasons why services were not provided.

SOCIAL WORK CONTACTS

The case manager must indicate the following for each social work contact:

- Contact date.
- Contact time.
- Contact type.
- Contact location.
- Scheduled.
- Contact occurred.
- Person(s) contacted.
- Contact details.

The case manager must provide a **brief** narrative summary of the information covered during the contact.

Face-to-Face Contacts

The case manager must document the following face-to-face contacts in social work contacts and link the contact to the case service plan regardless of whether the assigned case manager participated in the contact:

- Parent/case manager contacts.
- Youth/case manager contacts.

- Caregiver/case manager contacts.
- Home visits.
- Sibling visits.
- Visits with other family members.
- Family team meetings (FTM).

For more information on social work contacts; see FOM 722-06H, Caseworker Contacts.

Linked Contacts

The case manager must link the following types of contacts to the appropriate visitation plan in the electronic case record, regardless of the contact method; see FOM 722-08F, Visitation Plans:

- Parent/youth contacts.
- Sibling contacts.
- Relative/youth contacts.

YOUTH INFORMATION

Physical Description

For each youth included in the case service plan, the case manager must document:

- Youth's name.
- Physical description.
  - Gender.
  - Height.
  - Weight.
  - Race.
  - Hair color.
  - Eye color.

Distinctive Characteristics

The case manager must describe the youth's distinctive characteristics, which may include but are not limited to:

- Hair length, texture, and style.
- Glasses.
- Birthmarks.

- Complexion.
- Scars.
- Piercings.
- Tattoos.

Note: All individuals have distinctive characteristics. A statement indicating that a youth has no distinctive characteristics does not meet the requirements for this section.

Religion

The case manager must document and describe the youth's religious identity, including:

- Whether the youth has identified specific religious preferences or practices.
- The youth's history of participation in religious practices and desired attendance requirements.
- Description of any special dietary requirements, grooming, dress, or makeup requirements for the youth in placement.

Youth Engagement and Perception of Circumstances

The case manager must request information from the following individuals prior to completing the Child Assessment of Needs and Strengths (CANS) and social history; see FOM 722-09, Child Assessment of Needs and Strengths:

- Current caregiver.
- Youth.
- Service providers.
  - Education providers.
  - Medical providers.
  - Mental health providers.
  - Any other professionals familiar with the youth.
- Identified relatives engaged in the case planning process.

The case manager must document the youth's perceptions of the current circumstances, including:

- Reaction and feelings regarding the abuse or neglect that led to placement.

- Reaction and feelings regarding past trauma or trauma reminders.
- Risk and development of a plan to ensure physical safety.
- Likeliness of being able to problem solve and overcome adversity.
- Feelings and observations about current placement.
- Services, supports, resources, or interventions the youth feel would be beneficial.
- Views of needs and strengths.
- Medical and dental needs.
- Mental health needs.
- Educational needs.
- Participation in extracurricular and cultural activities, hobbies, likes, and dislikes.
- Relationships with siblings and relatives, if applicable.
- How the youth's permanency plan was shared with the youth and the youth's feelings about the plan.

PERMANENCY PLANNING

Permanency Goals

The case manager must document the youth's permanency goal and goal established date.

Efforts and Barriers to Permanency

The case manager must describe efforts towards and barriers to the achievement of the identified permanency goal. The case manager must:

- Indicate if the current caregiver is willing to provide permanency for the youth as a permanent caregiver or supportive adult.
- If the current caregiver is not willing to provide permanency, describe activities to identify a permanent caregiver or supportive adult.
- Describe activities to support the ongoing relationship with the identified permanent caregiver or supportive adult.

Reunification, Adoption, and Guardianship

The case manager must:

- Describe efforts made to achieve permanency through reunification, adoption, and guardianship.
- Document the compelling reasons why each of the respective permanency plans is not in the youth's best interest.
- Describe the reasons why the identified permanency planning goal is in the youth's best interest.

FOSTER CARE REVIEW BOARD

If the Foster Care Review Board (FCRB) completed a case review the case manager must include the following in the case service plan:

- Date of the review.
- Whether the FCRB recommendations were included in the treatment plan.
- If recommendations are not included in the treatment plan, specify which recommendations were not included and why.

PLACEMENT

The case manager must document the following for all placements since entering care for each youth included in the case service plan:

- Provider name.
- Living arrangement.
- Begin date of each placement.
- End date of each placement.

Placement Details

If the youth changed placements during the report period, the case manager must summarize:

- The reason for the placement change.
- Efforts made to prevent the placement change.
- Supports provided to the current caregiver to support placement stability.
- Whether the placement change was planned to meet the youth's permanency goal.
- For Indian children, include the foster care placement preference from NAA 215, Placement Priorities for Indian Children.

Anticipated Next Placement

The case manager must specify the anticipated next placement type and anticipated date of achievement.

Best Interest of Youth's Placement

The case manager must describe:

- The caregiver's willingness and capacity to meet the specified needs of the youth.
- Efforts made to inform and educate the caregiver about the youth's specific needs and trauma history.
- Why the current placement is in the youth's best interest.
- Whether the current placement is willing to provide permanency for the youth as a permanent caregiver or supportive adult.

- The needs identified by the caregiver and plan for addressing the identified needs.

Child's Adjustment to Placement

The case manager must describe the youth's adjustment to the current placement, including:

- Current eating and sleeping patterns.
- Response to current caregiver's daily routines.
- Bonding with household members.

Safety Concerns

The case manager must describe any safety concerns and how they are being addressed.

- If the youth is parenting an infant 0-12-months of age, describe actions taken to educate the parenting youth on safe sleep practices.
- Document any changes in the placement household.
    - If the youth is residing in a foster home, include results of central registry and criminal history checks if new adults are living in the home.
    - Include assessment of investigations if applicable.
- Document any children's protective services (CPS) referrals regarding the caregiver, omitting any information about the CPS referral source.
- Document any foster home licensing complaints. Include corrective action plans implemented due to the complaint.
- Document behaviorally based safety plans developed with the youth, and caregiver if applicable, that address:
    - Identified immediate risk issues.
    - Each member's role in the plan.
    - Any specific safety concerns identified by the youth and/or caregiver.

- How the safety plan in place will address the youth's and/or caregiver's safety concerns.

Residential Care

For youth in residential placement, the case manager must:

- Describe the reasons for residential placement.
- Identify the plan for services that will allow the youth to be placed in a less restrictive setting.
- Document the Wraparound or Assisted Care efforts that were made to prevent the placement. If there were no services provided, explain why.

Caregiver Needs

For youth placed with a caregiver, the case manager must describe:

- The caregiver's and family’s adjustment to the youth’s placement.
- Efforts made to engage the caregiver in case planning, including engagement in concurrent planning, safety planning, visitation planning, and reunification efforts, if applicable.

Caregiver Input

For youth placed with a caregiver, the case manager must summarize caregiver feedback in the case service plan. If a written statement from the caregiver is available, the written statement must be uploaded to the electronic case record and copies must be attached to the case service plan prior to distribution.

The case manager must document:

- The date the youth’s Medicaid card, Medicaid number, and DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment card, were given to the caregiver.
- How the permanency plan for the youth was shared with the caregiver and the caregiver’s comments regarding the permanency plan.

- How the caregiver is encouraging normalcy through the prudent parent standard; see FOM 722-11, Prudent Parent Standard and Delegation of Parental Consent.

PLACEMENT RESOURCES

Siblings Placed Apart

Whenever siblings in out-of-home care are placed apart, the case manager must document the following in each case service plan until all siblings in out-of-home care are in the same placement:

- Reason for sibling split, as outlined in FOM 722-03, Placement Selection and Standards.
- Explanation for sibling split.
- Date the second line supervisor approved the sibling split.
- Ongoing efforts made during the report period to place separated siblings within the same home.

Relative Search and Engagement

Case managers must document ongoing efforts towards identification, notification, and engagement of relatives in each case service plan; see FOM 722-03B, Relative Engagement and Placement.

Describe Efforts Made to Place the Child(ren) with the Family

In each case service plan, the case manager must describe initial and ongoing efforts to locate maternal and paternal relatives, including:

- Dates and types of searches conducted to identify relatives.
- Names of identified relatives.
- Attempts to contact each identified relative, including:
  - Date and method of attempted contact.
  - Any response received from the relative.

- Any additional relatives identified by the relative.
- The relative's expressed interest in providing support or having contact with the youth.
- The relative's desire to be considered as a temporary or permanent placement.

Decision and Rationale for Relative Care Placement

If any youth included in the case service plan is placed with a relative pursuing licensure, the case manager must document progress made towards achieving licensure.

Describe Efforts to Engage Identified Relatives

The case manager must document ongoing engagement efforts and follow up activities with identified relatives, including but not limited to:

- Inviting relatives to participate in FTMs.
- Efforts to maintain contact between the youth and identified relatives.

Identified Relatives

In each case service plan, the case manager must document all identified relatives, youth concerning, type of effort made, and response date in the appropriate columns.

MEDICAL

The case manager must document all medical, dental, developmental, and mental health conditions, appointments, services, and treatment for each youth included in the case service plan; see FOM 801-01, Health Requirements.

Health Services Summary

The case manager must document the following for all medical, dental, developmental, and mental health appointments:

- Category.
- Type.
- Date of service.
- Provider name, address, phone number, and fax number.
- Outcome and findings.
- Describe any follow up appointments if needed.

- Unkept appointment, if applicable.
  - Reason for the missed appointment.
  - Unkept appointment comments.

Immunization Information

The case manager must document the youth's immunization status, including:

- Status of immunizations.
- Reason.
- Explanation.

Active Medication

The case manager must document the youth's active medications, including:

- Medication type.
- Medication family.
- Name of medication.
- Provider name, address, phone number, and fax number.
- Dosage.
- Start date.

For psychotropic medications, the case manager must also document:

- Date of consent.
  - Requested of.
  - Explain consent or refusal.

EDUCATION

The case manager must document the educational information outlined in the education section of this item; see FOM 723, Educational Services.

Education Details

For all youth participating in an education program, the case manager must document the youth's:

- Current school.
- Current school address.
- Current grade level.

Educational Continuity

For all youth participating in an education program, the case manager must describe reasonable efforts to ensure continuity of the youth's educational experience and address considered factors.

At the initial placement or any placement change, the narrative must include the following:

- How the appropriateness of the current educational setting and the proximity to the school of origin was taken into consideration in selecting the youth's placement.
- The reason for maintaining the youth in the same school or changing schools, including:
  - The factors used to determine the preferred school, such as transportation, distance from the youth's placement, involvement in extracurricular activities, or other factors.
  - Input from the parent or legal guardian, education liaison, and the youth that was used to determine the preferred school.
- Discussion of the transportation plan.
- If the youth changed schools, note the number of schools the youth has attended.
- Verification that the youth was enrolled in and attending school full time within five business days of initial placement or any placement change, including while placed in child caring institutions (CCI) or emergency placements.
- Verification that prior educational assessments were requested within 30-calendar days of foster care placement and considered when determining the current educational needs of the youth.
- Verification from the new school that the youth's previous school record was received.
- Supports in place to ensure the stability of the educational plan.

Academic Performance

For all youth participating in an education program, the case manager must describe the youth's academic performance. The case manager must include the following information:

- Specify if the youth attends school regularly and if there are frequent absences or tardiness. Include whether the youth is attending school full or part time.

  Note: If youth is incapable of attending school on a full-time basis due to a medical condition, the case manager must address the incapacity and document the medical condition in the medical section of the case service plan.

- Specify the youth's current academic performance and behaviors in school, including whether the youth is passing or failing their grade.

- Include a description of provided services from school, parent, caregiver, or others to meet the youth's educational needs.

- Supplemental activities provided by caregivers to assist with educational participation, details for school collaboration, and the actual tasks involved in educational interventions are required for the youth.

- Describe the youth's social and emotional adjustment in school.

Special Education Information

For all youth participating in an education program, the case manager must document whether the youth is eligible for special education services. If the youth is eligible, the case manager must document:

- The youth's education certification.
- If an individual education plan (IEP) has been completed.
- If an IEP is in place, the date of the most recent IEP.

VISITATION PLAN

For visitation plan requirements; see FOM 722-08F, Visitation Plans.

FAMILY TEAM MEETING SUMMARY

For any FTMs held during the report period, the case manager must document the following in the case service plan:

- Date of FTM.
- Type of FTM.
- Children concerning.
- Status.
- Cancelled reason, if applicable.
- Safety planning.
- Summary and action steps.

Safety Planning

If any safety concerns were discussed during the FTM, the case manager must:

- Summarize the safety concerns identified by the youth or team.
- Document the behaviorally based safety plans developed with the team that address immediate risk and safety issues and each member's role in that plan, including:
  - What will be done to prevent the harmful behavior from occurring or reduce the immediate risk.
  - What will happen if the behavior or actions occur despite having taken proactive steps to prevent the harmful behavior.

Summary and Action Steps

For each FTM during the report period, the case manager must summarize the discussion and outcome of the meeting, including:

- Action steps.
- Persons responsible for each action step.
- Deadline for each action step.
- For semi-annual transition meetings for YAVFC youth, whether the FTM was facilitated by a neutral party; see FOM 722-06B, Family Team Meeting.

INDIAN CHILD WELFARE ACT (ICWA)

Tribal Information and ICWA Details

If the youth has been identified as an Indian child, the case manager must include the following information in the case service plan, as applicable:

- Date notified of possible tribal affiliation.
- Tribe type, name, address, and phone number.
- Date the DHS-120, American Indian/Alaska Native (AI/AN) Court Hearing Notification, was sent.
- Tribal verification date.
- Tribal verification type.
- Person who provided tribal verification.
- Tribal membership status.
- Tribal status start date.
- Tribal status end date.
- Tribal membership enrollment number.
- Date of tribal acceptance of child.
- Date of physical transfer of child to the tribe.
- State court denied transfer to tribal jurisdiction.
    - If yes, include good cause reason for denial.
- Additional comments, if applicable.
- Indian child’s biological mother reported themselves as adopted and identified their biological mother.
    - If yes, biological maternal grandmother's name.

Active Efforts

For any child identified as an Indian child, the case manager must document the following in all case service plans:

- Indicate active efforts to gather tribal membership/citizenship, enrollment, or eligibility information.
- Were active efforts taken to reunify the American Indian/Alaska Native child with the American Indian/Alaska Native family?
    - If yes, select the appropriate active efforts as required per MCL 712B.3.
    - If no, explain.
- Were active efforts taken to prevent the termination of parental rights to the American Indian/Alaska Native child?
    - If yes, select the appropriate active efforts as required per MCL 712B.3.
    - If no, explain.
- Were active efforts made to match the American Indian/Alaska Native child with an American Indian/Alaska Native adoptive parent?
    - If yes, select the appropriate active efforts as required per MCL 712B.3.
    - If no, explain.

Placement Preference

For any youth identified as an Indian child, the case manager must document the following in all case service plans:

- ICWA placement priority.
- Tribal approval of the placement.
- Tribal approval date, if applicable.
- Indicate cultural appropriateness of the placement. If tribal approval was not received for the placement, provide explanation.

- For Indian children, indicate if the youth's placement follows the ICWA placement preferences. If not, specify the reasons.
- For Indian children, indicate if MDHHS made recommendations to the court regarding good cause to the contrary for not following ICWA placement priorities or tribal requests. If good cause to the contrary recommendations were made, cite reasons.
- What placement preference did the American Indian youth, 12 years or older, indicate as their choice for the permanency plan. Include engagement process and intervals of discussions to obtain youth preference.

Tribal Involvement

For any youth identified as an Indian child, the case manager must document the following in all case service plans:

- Initial tribal interest/involvement date.
- Interest/involvement details.
- Indicate if qualified expert witness (QEW) testimony was provided and provide name of witness.
- What decisions or recommendations were made on the case by the youth's tribe? Include engagement process and intervals of discussions to obtain tribe's preferences.

RECOMMENDATION TO COURT

For each youth under court jurisdiction, the case manager must include the following in the recommendation to the court:

- The youth's recommended permanency goal.
- Whether it is in the youth's best interest to continue in voluntary foster care.

After the court has made a best interest finding on the CCFD 21, Order Regarding Voluntary Foster Care Agreement, and dismissed jurisdiction over the youth, this section is not applicable and the case manager may enter *N/A* in future service plans; see FOM 722-16, Young Adult Voluntary Foster Care.

TREATMENT PLAN AND SERVICE AGREEMENT

The DHS-442a, Permanent Ward Treatment Plan, must be updated each time a service plan is completed; see FOM 722-08D, Treatment Plans.

RESOURCES

- DHS-1297, Young Adult Voluntary Foster Care Agreement

LEGAL

Federal

Public Law 110-351, Fostering Connections to Success and Increasing Adoptions Act of 2008

Social Security Act, 42 USC 671(a)(19)

Social Security Act, 42 USC 675(1)

Social Security Act, 42 USC 675(5)

45 CFR § 1356.21(g)

State

Young Adult Voluntary Foster Care Act, MCL 400.649(e)

Young Adult Voluntary Foster Care Act, MCL 400.655

Licensing Rule

Mich Admin Code R400.12404

Mich Admin Code R400.12418

Mich Admin Code R400.12419

Mich Admin Code R400.12420

POLICY CONTACT

Questions about this item may be directed to the Child Welfare Policy Mailbox (child-welfare-policy@michigan.gov).

OVERVIEW

The treatment plan contains information on assessed needs and strengths, goals, and desired outcomes for children in foster care and parents/legal guardians, as applicable. The treatment plan documents the services provided to case members and service reviews about service participation and progress towards the identified goal. Treatment plans also document specific actions required for the achievement of a goal, the person responsible for each action step, and the expected achievement date. For this item, treatment plans include:

- DHS-441a, Parent Agency Treatment Plan, which accompanies the DHS-441, Case Service Plan.
- DHS-442a, Permanent Ward Treatment Plan, which accompanies the DHS-442, Permanent Ward Service Plan.

The treatment plan must be completed for all children with an open foster care program type. The initial treatment plan must be completed for inclusion with the child's initial DHS-441, Case Service Plan, or DHS-442, Permanent Ward Service Plan. The treatment plan must be reviewed and revised for inclusion with each updated DHS-441 or DHS-442.

Caseworkers must complete the treatment plan in MiSACWIS. All requirements in this item apply to the DHS-441a, Parent Agency Treatment Plan, and DHS-442a, Permanent Ward Treatment Plan unless otherwise specified.

Required Participation in Development

The treatment plan should address the individual needs of the child(ren) and family and be written in a manner easily understood by the family with expected outcomes clearly defined. The completed treatment plan should incorporate required formal services with family-centered decisions.

Parental Involvement

When the child's permanency planning goal is reunification, completion of the treatment plan requires the caseworker to have a discussion with the parent/guardian, including incarcerated parents, about case planning. Parental participation **is required** in

developing the parent/caregiver goals and objectives; see FOM 722-06, Case Planning.

Child/Youth Involvement

Caseworkers must actively engage youth ages 14 and older in developing the individual activities in their treatment plan; see FOM 722-06, Case Planning, and FOM 722-03C, Older Youth: Planning, Preparation, and Discharge. Youth under the age of 14 should be engaged in treatment planning to the degree possible and developmentally appropriate.

Caregiver Involvement

The individual activities required by the foster parent/caregiver to meet the specific individual needs of the child placed in their home are included in the treatment plan. The foster parent/caregiver must be included in the planning process. The foster parent/caregiver must sign the treatment plan to acknowledge and agree to the activities required to meet the needs of the child in their care.

Caseworker Involvement

The caseworker must include services provided by the caseworker and action steps that are the responsibility of the caseworker to assist the parents/legal guardians, youth, and foster parents/relative caregivers/court-ordered caregivers in meeting the established goals.

IDENTIFYING INFORMATION

Report Date

The report date is system generated and is the date the caseworker routes the treatment plan to the supervisor for approval.

Report Period

The report period is system generated and must be no more than 30 calendar days for the treatment plan associated with the initial service plan (ISP) or Young Adult Voluntary Foster Care (YAVFC) initial permanent ward service plan (PWSP), and no more than 90 days for the treatment plan associated with the updated service plan (USP), PWSP, or YAVFC PWSP.

Case Service Plan Type

Indicate the case service plan type with which the treatment plan is associated:

- Initial service plan.
- Updated service plan.
- Permanent ward service plan (PWSP).
- Young Adult Voluntary Foster Care (YAVFC) initial PWSP.
- YAVFC PWSP.

Child(ren)/Youth

Identify each child's name, date of birth, and tribal affiliation, if applicable.

Parent(s)/ Caretaker(s)

The caseworker must identify all parent(s)/caretaker(s) with a legal right to consideration for reunification and who are members of a participating household. For each parent, the caseworker must also identify:

- Relationship to each child included on the treatment plan.
- Date of birth (DOB).
- Parent's phone number and address.
- Whether the parent is deceased.
- Whether the parent is a member of a participating household.

Note: This section will only populate into the DHS-441a when there is at least one participating household. The Parent/Caretaker section will not populate into the DHS-441a if there are no participating households and will not populate into the DHS-442a.

PARENT AGENCY TREATMENT PLAN

The Parent Agency Treatment Plan section includes the following information for each child/youth and parent/caretaker included on the treatment plan:

- Strengths.
  - Strength Domain.
  - Description.
- Needs and Outcomes.

- Need Domain.
- Description.
- Goal.
- Desired Outcome.
- Expected Achievement Date.
- Progress Evaluation.
- Action Step(s).
- Responsible Person(s).

The treatment plan also contains the behavior management plan that the parents and placement will use to encourage positive behaviors with each child.

Parent(s)/ Caretaker(s)

The caseworker must document strengths, needs, and outcomes for all parent(s)/caretaker(s) with a legal right to consideration for reunification who are members of a participating household.

Note: If a household is participating at any time during the report period, a treatment plan is required to document reasonable efforts and services provided while the household was participating, even if the household was no longer participating at the end of the report period.

Strengths

The caseworker must link all strengths from the applicable Family Assessment of Needs and Strengths (FANS) completed for that report period to include the household's strength domains and strength description in the treatment plan. For information on FANS completion, see FOM 722-09A, Family Assessment of Needs and Strengths (FANS).

Needs and Outcomes

The caseworker must link **all** needs scored on the FANS to the treatment plan. The caseworker must document the following in the Needs and Outcomes section of the treatment plan:

- **Need domain**, as identified on the linked FANS.
- **Description of the need** from the narrative justification of the domain score on the linked FANS.

- **Goal**. Goals should be specific, measurable, achievable, and related to the primary needs and barriers to reunification identified on the FANS.

- **Desired outcome**. The desired outcome is the observable result of the goal and related action steps.

- **Expected achievement date**. This is the date by which the goal is expected to be achieved and the desired outcome reached.

- **Progress evaluation**. This information populates from the reunification assessment and indicates whether the parent has made substantial, partial, or poor progress reducing the barriers to reunification related to the identified need.

- **Action step(s)**. Action steps are specific tasks which must be completed to achieve the identified goal and desired outcome. Each action step must have a deadline for completion.

  Note: When action steps for a goal have multiple responsible persons (e.g., parents, caseworker, caregivers, etc.), caseworkers should specify the responsible person within each action step.

- **Responsible person(s)** are the individuals responsible for completing the action step(s) necessary for achievement of the identified goal.

Caseworkers must link **all** needs to the service plan. Goals and services for the needs that have been identified as primary barriers to reunification must be included in the treatment plan; see FOM 722-09A, Family Assessment of Needs and Strengths. If additional needs identified on the FANS create barriers to reunification, the parent, caseworker, and supervisor must decide if the parent/guardian is able to participate in services to address the primary and additional barriers at the same time, or if services for the additional barriers should be deferred to allow the parent/guardian to focus on the primary barriers.

Services and Service Reviews

The caseworker must document all referrals and services provided to the parent(s)/legal guardian(s) in the treatment plan. The caseworker must include any services that the parent/legal guardian was participating in at transfer to foster care and/or case

acceptance that will continue under the goals and objectives in the treatment plan.

The caseworker must complete a service review in MiSACWIS for any service referred or provided to a case member. Case service reviews must be updated each quarter for all current services. The service review must contain the following information:

- Case member name.
- Service provider name.
- Referral date.
- Outcome.
    - **Satisfactory progress**: the case member is attending, participating in, and demonstrating some benefit from the service, but has not yet completed the service.
    - **Unsatisfactory progress**: the case member has not completed the service and is not making progress due to lack of attendance, participation, or demonstrated benefit from the service.
    - **Completed - satisfactory**: the case member obtained expected benefits from the referral and service. For example, this can mean completion of an assessment or completion of a parenting class where the case member attended and was able to demonstrate the ability to implement the parenting techniques learned in the class.
    - **Completed - unsatisfactory**: the service has ended, and the case member refused to participate, did not attend, or attended but did not resolve the issues the service was intended to address.
    - **No progress**: the case member has not made progress because the service is unavailable or has not yet begun. For example, a case member is registered for a service that is not scheduled to begin until the following report period.
- Recommendation.
    - Continue.
    - End.
- Need domain.
- Service description.

- Service progress. The caseworker must include a narrative justification for the outcome selected for the service.

  - If employment, childcare, and/or transportation are barriers to the parent meeting any of the goals or action steps, the caseworker must include all action steps being taken by the agency to rectify those barriers in the Needs and Outcomes section of the treatment plan, under the applicable goal's action steps.

Children

The caseworker must document strengths, needs and outcomes, services, situational concerns, and the child's behavior management plan for all children with an open foster care program type on the treatment plan.

Strengths

The caseworker must link all strengths from the applicable Child Assessment of Needs and Strengths (CANS) completed for that report period to include the child's strength domains and strength description in the treatment plan. For information on CANS completion, see FOM 722-09A, Child Assessment of Needs and Strengths (CANS).

Needs and Outcomes

The caseworker must link all needs scored on the CANS to the treatment plan and document the following in the Needs and Outcomes section of the treatment plan:

- **Need domain**, as identified on the linked CANS.
- **Description of the need** from the narrative justification of the domain score on the linked CANS.
- **Goal**. Goals should be specific, measurable, achievable, and related to the needs identified on the CANS.
- **Desired outcome**. The desired outcome is the observable result of the goal and related action steps.
- **Expected achievement date**. This is the date by which the goal is expected to be achieved and the desired outcome reached.

- **Action step(s)**. Action steps are specific tasks which must be completed to achieve the identified goal and desired outcome. Action steps should have a deadline for completion of each action step.

  Note: When action steps for a goal have multiple responsible persons (e.g., child, parents, caseworker, caregivers, etc.), caseworkers must specify the responsible person within each action step to ensure responsibility is clearly documented.

- **Responsible person(s)** are the individuals responsible for completing the action step(s) necessary for achievement of the identified goal.

Services and Service Reviews

The caseworker must document all referrals and services provided to the child(ren) in the treatment plan. The caseworker must include any services that the child was receiving at transfer to foster care and/or case acceptance that will continue under the goals and objectives established in the treatment plan.

The caseworker must complete a service review in MiSACWIS for any service referred or provided to a case member. The service review must include the following information:

- Case member name.
- Service provider name.
- Referral date.
- Outcome.
  - **Satisfactory progress**: the case member is attending, participating in, and demonstrating some benefit from the service, but has not yet completed the service.
  - **Unsatisfactory progress**: the case member has not completed the service and is not making progress due to lack of attendance, participation, or demonstrated benefit from the service.
  - **Completed - satisfactory**: the case member obtained expected benefits from the referral and service. For example, this can mean completion of an assessment or completion of a parenting class where the case member attended and was able to demonstrate the ability to implement the parenting techniques learned in the class.

- **Completed - unsatisfactory**: the service has ended, and the case member refused to participate, did not attend, or attended but did not resolve the issues the service was intended to address.
- **No progress**: the case member has not made progress because the service is unavailable or has not yet begun. For example, a case member is registered for a service that is not scheduled to begin until the following report period.

- Recommendation.
  - Continue.
  - End.
- Need domain.
- Service description.
- Service progress. The caseworker must include a narrative justification for the outcome selected for the service.

Behavior Management Plan

The caseworker must document the behavior management plan for the child, including the person(s) responsible for implementing the plan.

- If the youth is age 14 or older, detail the independent living preparation activities the foster parent/relative/unrelated caregiver will provide to assist the youth; see FOM 722-03C, Older Youth: Preparation, Placement, and Discharge.

- For each youth age 14 or older (including those youths who become 14 years of age during the report period), include a description of the programs and services which will help the youth to prepare for the transition to a state of functional independence or the ability to take care of oneself physically, socially, economically, and psychologically. Identify where, how and by whom these services will be provided; see FOM 722-03C, Older Youth: Preparation, Placement, and Discharge.

AGREEMENT AND SIGNATURES

Once completed and approved, the caseworker must obtain signatures from the following individuals, as applicable:

- Caseworker.
- Supervisor.
- Second line supervisor, when siblings in care are placed apart.
- Parents who are a member of a participating household.
- Youth ages 14 and older.
- Foster parents, relative caregivers, and unrelated court-ordered caregivers.

Parents/legal guardians, youth, and caregivers must check *yes* or *no* for the following when signing the treatment plan:

- I have participated in the development of the Case Service Plan and the Parent Agency Treatment Plan.

- I agree with the Case Service Plan and Parent Agency Treatment Plan.

- I have been provided a copy of the Case Service Plan and Parent Agency Treatment Plan to review, and I will have the opportunity to express my disagreement with the Case Service Plan and Parent Agency Treatment Plan when the information is presented to court.

Note: If a parent or youth is unavailable or refuses to sign the treatment plan, the caseworker must identify and document actions needed to secure the parent's and/or youth's participation in service planning and compliance with the treatment plan.

The caseworker must obtain signatures from all applicable individuals and upload the signatures pages into the electronic case record within 30 days of the report date.

DISTRIBUTION OF THE TREATMENT PLAN

Upon completion, the treatment plan must be distributed with the corresponding case service plan; see FOM 722-08, Case Service Plans - Overview, Types, and Timeframes for distribution requirements.

Release of Confidential Information

Prior to distribution of the treatment plan, the caseworker must ensure all confidential information to which the recipient is not entitled has been redacted; see SRM 131, Confidentiality.

LEGAL

Federal

Social Security Act, 42 USC 675(1)(B)

The term “case plan” means a written document which meets the requirements of section 475A includes a plan for assuring that the child receives safe and proper care and that services are provided to the parents, child, and foster parents in order to improve the conditions in the parents’ home, facilitate return of the child to his own safe home or the permanent placement of the child, and address the needs of the child while in foster care, including a discussion of the appropriateness of the services that have been provided to the child under the plan.

State

MCL 712A.13a(1)(d)

"Case service plan" means the plan developed by an agency and prepared under section 18f of this chapter that includes services to be provided by and responsibilities and obligations of the agency and activities, responsibilities, and obligations of the parent. The case service plan may be referred to using different names than case service plan including, but not limited to, a parent/agency agreement or a parent/agency treatment plan and service agreement.

Licensing Rule

Mich Admin Code, R 400.12418

Development of service plans.

Mich Admin Code, R 400.12419

Initial service plan.

Mich Admin Code R400.12420

Updated service plan.

POLICY CONTACT

Questions about this item may be directed to the Child Welfare Policy Mailbox.

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OVERVIEW

The DHS-69, Foster Care/Juvenile Justice Action Summary, is used to document specific administrative actions or changes in a case, including:

- Child fatality.
- Change in caseworker or organization.
- Change in parent contact information.
- Foster care transfer to adoption.
- Change in placement.
- Temporary break from placement.
- Program or case closing.

COMPLETION REQUIREMENTS

The caseworker must complete the DHS-69, Foster Care/Juvenile Justice Action Summary, and upload to MiSACWIS within the timeframe required for the specified change.

The caseworker must document the following:

- Case name and ID.
- Child name and person ID.
- Caseworker information.
  - Name.
  - Organization.
  - Phone Number.
  - Email.
- Date completed.
- Type of action or change.
- Effective date of action or change.

The caseworker may document multiple actions on a case using a single DHS-69 when the actions have the same effective date.

Child Fatality

Within one business day of notification of the death of a child who is under the care and supervision of MDHHS, the caseworker must document the following on the DHS-69, Foster Care/Juvenile Justice Action Summary:

- Date of the child's death.

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- Name and phone number of the MDHHS local office with additional information regarding the child's death.
- Date and time of the incident.
- Date and method of notification of the following:
  - Centralized Intake.
  - Local MDHHS.
  - Legal parent or guardian.
  - MCI superintendent.
  - Division of Child Welfare Licensing (DCWL).
  - Court of jurisdiction.

For procedures and timeframes regarding child death reporting, see SRM 172, Child/Ward Death Alert Procedures and Timeframes, and FOM 722-02, Foster Care - Administrative Rules.

Caseworker/ Organization Change

Within three business days of change in caseworker or organization, the new caseworker must document the following for the former and new caseworker:

- Name.
- Organization.
- Telephone Number.
- Email.

Parent Contact Information Change

Within three business days of notification of a change in contact information for a parent, the caseworker must document the parent's former and new contact information, including:

- Address, including city, state, and ZIP code.
- Telephone.
- Email.

Note: The caseworker must complete all contact fields, even when some contact information remains the same.

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Foster Care Transfer to Adoption

Within three business days of receipt of the PCA 320, Order Placing Child After Release or Consent, by MDHHS, the caseworker must document the following:

- Preparation for adoption appropriate to the child's capacity to understand.
- How and when the child's transfer to adoption was shared with MDHHS or the referring worker.
- A summary of services currently being provided.
- A list of services and needs still to be met and provisions for follow-up services.

Placement Change

Three days prior to a planned placement change, or within three business days of an emergency placement change, the caseworker must document:

- Former placement name, address, and telephone number.
- New placement name, address, and telephone number.
- Number of placements the child has had since entering foster care.
- Description of efforts taken to support the child's placement and prevent the placement change.
- Whether consideration was given to returning the child to a parent.
    - If the child is not returning to a parent, the reasons why return to a parent would cause a substantial risk of harm to the child's life, physical health, or mental well-being.
- Whether the child is being placed with a relative or sibling.
    - If the child is not being placed with a relative or sibling, the efforts made to place with a relative or sibling and why such placement is not currently possible.

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- Whether the placement change will separate or reunite siblings.
  - If any siblings are separated, the plan for sibling visitation.
- The reason for the child's placement change:
  - The foster parent or caregiver has requested the child be moved.
  - The court has ordered the child to be returned home.
  - The change in placement is less than 30 calendar days from the child's initial removal from their home.
  - The change in placement is less than 90 calendar days after the initial placement and the new placement is with a relative.
  - The supervising agency has reasonable cause to believe the child has suffered sexual abuse or non-accidental physical injury, or there is **substantial** risk of harm to the child's emotional well-being or physical safety within the caregiver's home.
  - The court has ordered the child to be moved.
  - The supervising agency believes it is in the child's best interest to be moved.
  - The placement is not Indian Child Welfare Act (ICWA) compliant, and the child is being moved to an ICWA compliant placement.
- A description of the circumstances that lead to the placement change.
- Placement selection criteria, ranking each criterion on a scale of 1-4, with 1 being the most important to the placement decision, 3 being the least important, and 4 being not applicable.
  - If any placement selection criteria were not met, the caseworker must explain why.
- Whether the placement requires the child to change schools.

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- If the placement requires the child to change schools, the caseworker must describe efforts to keep the child in their school of origin.

- How the child, parents, previous placement, and new placement were prepared for the placement change, ensuring the explanation given was appropriate to the respective parties' capacity to understand the need for the placement change.

- Whether the child is an Indian child as defined by MCL 712B.3(k), and if so, the efforts to ensure the child was placed in accordance with MCL 712B.23; see NAA 215, Placement/Replacement Priorities for Indian Child(ren).

- How and when interested parties were given notice of the placement change. The following parties must be given a copy of the DHS-69, even if notification of the move was also provided via another method; see *Distribution List for Placement Change* in this item.

  - MDHHS or the referring worker.
  - Child's tribe or tribal caseworker
  - Lawyer-guardian ad litem.
  - Child's attorney.
  - Court of jurisdiction.

Temporary Break

Within three business days of a temporary break from placement, the caseworker must document:

- The type of temporary break.

  - AWOLP.
  - Medical or psychiatric hospitalization.
  - Jail.
  - Detention.

- Whether the child is expected to return to the previous placement. If not, the caseworker must also document:

  - Why the child is unable to return to the previous placement.

  - The plan for placement after the temporary break.

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- Whether there is an estimated length of time for the temporary break.
  - If yes, what is the estimated length of time for the temporary break?
  - If no, explain why an estimate is unavailable.

Foster Care/ Juvenile Justice Program/Case Closure

Within three business days of foster care or juvenile justice program or case closure, the caseworker must document:

- Reason for program or case closure.
- Reason the current program type continues to be appropriate, if the child had multiple open programs and one program has closed while the other remains open.
- How and when information related to the care and supervision of the child or program or case closure was shared with relevant parties.
- Information given to parents, guardians, or youth age 18 or older at program or case closure; see FOM 722-15, Case Closing.

The caseworker must document all case service delivery from the report period end date of the previous case service plan through the program or case closure date, including:

- A summary of services provided during care.
- A summary of services currently being provided.
- A list of services and needs still to be met and provisions for follow up services, if any.

The caseworker must document whether:

- Medical information was given to the parents or next placement and the date provided.

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- Educational information was given to the parents or next placement and the date provided.
- Closure was explained to all parties.

If the closure was unplanned, the caseworker must summarize the reasons and circumstances surrounding the closure, including significant events for the parents and child since the last case service plan.

If the program or case closure date or date of transfer to another agency is less than 30 days from the report period end date of the previous case service plan, the DHS-69, Foster Care/Juvenile Justice Action Summary may be substituted for the final case service plan. If the report period end date of the previous case service plan is 30 or more days prior to program or case closure, a closing case service plan must be completed; see FOM 722-08A, Ongoing Case Service Plans, and FOM 722-08B, Permanent Ward Service Plan (PWSP).

Signatures

The caseworker and supervisor must sign the DHS-69 prior to distribution or upload to MiSACWIS. Youth age 18 or older, or youth leaving care after legal emancipation, who are leaving care prior to the age of 21 and against the recommendation of the caseworker, must also sign the DHS-69; see FOM 722-03C, Older Youth: Preparation, Placement, and Discharge.

Distribution for Placement Change

The caseworker must provide the completed and approved DHS-69 to the following parties three days prior to a planned placement change or within three business days of an emergency placement change:

- MDHHS or the referring worker.
- Child's tribe or tribal caseworker.
- Lawyer-guardian ad litem.
- Child's attorney.
- Court of jurisdiction.

After the caseworker and supervisor have signed the DHS-69, the worker must indicate the date and method of distribution to the parties above.

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POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

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OVERVIEW

Maintaining family contact and regular visitation is essential to preserve a child's attachment to his or her parents, siblings, and other family members, and can lessen both the child's and the parent's anxiety about the child being placed in out-of-home care.

Caseworkers must accurately document a child's visitation plans in MiSACWIS for incorporation into the case service plan. This item outlines the information required to be included in the visitation plan contained in the case service plan.

For requirements regarding the frequency, duration, location, and supervision of parenting time visits, sibling visits, and visitation and contact with other relatives, see FOM 722-06I, Maintaining Contact: Parenting Time, Sibling Visitations, and Contact.

GENERAL REQUIREMENTS

For all visitation plans, including parenting time plans, sibling visitation, and visits with relatives or other adults who have a significant relationship with the child, the caseworker must document the following in MiSACWIS for inclusion in the case service plan:

- Child's name.
- Visitor's name.
- Effective date of the visitation plan.
- End date of the visitation plan.
- Frequency of scheduled visitation.
- Duration of scheduled visitation.
- Visit location.
- Visitation type.

PARENTING TIME

For all parenting time visitation plans, the caseworker must document the following in the visitation plan for inclusion in the case service plan.

- Describe behaviorally specific objectives expected of the parent(s) during parenting time, including:
    - If parenting time is supervised, define the purpose of supervised visitation (e.g., to evaluate parenting skills, to

encourage parental responsibility, to ensure child safety, etc.).

- Specify what is expected of the parent(s) during parenting time to meet each child's individual needs.
- Document specific parental activities recommended by a service provider, if applicable.
- Describe the agreed upon behavior management plan for the child and parent during parenting time. Indicate if supervision will be utilized to ensure the child's safety. If so, identify the specific risks that are present and require supervision and describe the safety plans developed to mitigate the risk.

- Describe how the agency is assisting the parents in meeting the objectives of the parenting time plan. Include steps taken to prepare and support the parent(s), caregiver(s), person(s) supervising parenting time, and/or children prior to, during, and after parenting time.
- Describe how the plan includes opportunities for parental participation in the child's life activities, such as school meetings, medical and mental health appointments, and other activities. If this is not part of the plan, provide an explanation.
  - Document ways that the agency and caregiver will support the parent remaining in the parental role through participation in medical appointments, school conferences, and other tasks typically completed by a parent.
  - Document how appointments or activities will be communicated to the parents.
  - Document plans to maintain contact between the child and parents between visits, such as phone calls, texts, emails, attendance at extracurricular activities, etc.

Circumstances to Expand Parenting Time

The caseworker must identify circumstances necessary to expand parenting time, including increasing frequency and duration, reducing supervision, and moving parenting time to the most family-like setting possible. The caseworker must detail, in behaviorally

specific terms, risk and safety concerns that must be reduced to move to less restrictive oversight and expanded frequency and duration.

Parenting Time Evaluation

The caseworker must summarize the overall parenting time evaluation:

- Indicate if the purpose of parenting time was accomplished during the report period.
- Detail whether the parent consistently demonstrated the agreed upon identified behaviors associated with meeting the child's needs during parenting time.
- If parenting time did not occur, describe the circumstances that prevented parenting time from taking place.

SIBLING VISITATION

Caseworkers must ensure that siblings in foster care who are not placed together have regular contact and visitation; see FOM 722-06I, Maintaining Contact: Parenting Time, Sibling Visitations, and Contact. The caseworker must document the sibling visitation plan in MiSACWIS for inclusion in the case service plan.

VISITATION CONTACTS

Caseworkers must document all parenting time and sibling visits in MiSACWIS as a social work contact, even if the caseworker was not present for the visit; see FOM 722-06H, Case Contacts. Social work contacts documenting parenting time, sibling visits, or other contacts made as part of a visitation plan must be linked to the visitation plan for inclusion in the appropriate section of the case service plan.

Note: If siblings are placed separately and are participating in parenting time together in place of separate sibling visits, the caseworker must enter separate social work contacts to be linked to the parenting time visitation plan and sibling visitation plan.

LEGAL BASIS

State

Probate Code, MCL 712A.18f(3)(e)

Probate Code, MCL 712A.18f(3)(f)

Licensing Rule

Mich Admin Code R400.12419(1)(g)

Mich Admin Code R400.12420(1)(f)

Mich Admin Code R400.12421(c)

Mich Admin Code R400.12421(d)

POLICY CONTACT

Questions about this item may be directed to the Child Welfare Policy Mailbox.

OVERVIEW

The caseworker must use the Child Assessment of Needs and Strengths (CANS) to evaluate and prioritize the needs and strengths of each child. The CANS has four separate assessments based on the child's chronological age. The caseworker uses the CANS to systematically identify critical child issues and help plan effective service interventions.

Caseworkers **must** engage the parents or guardians, the child's caregivers, and the child, if age appropriate, in the discussion of the child's needs and strengths. The CANS serves several purposes:

- Ensures that all caseworkers consistently consider each child's strengths and needs in an objective manner with consideration for the age and developmental stage of the child.
- Allows for the identification of situational concerns that will require additional monitoring.
- Provides an important case planning reference tool for caseworkers and supervisors.
- Serves as a mechanism to evaluate and prioritize referrals for services to address a child's needs.
- Ensures the family identifies and discusses the child's needs and strengths.
- Periodic reassessments allow caseworkers and supervisors to easily assess changes in the child's functioning and evaluate the impact of services while offering the parents or guardians, and child, when age-appropriate, an opportunity to assess the child's progress.
- Collective data provides information on the problems children face. The Michigan Department of Health and Human Services (MDHHS) can use these statistics to develop resources to meet children's needs.

COMPLETION REQUIREMENTS

The caseworker must complete a CANS for all children in cases open for foster care services. The caseworker must complete the CANS prior to completion of the initial DHS-441, Case Service Plan. The caseworker must also reassess the child using the CANS

prior to the completion of each updated DHS-441, Case Service Plan, or DHS-442, Permanent Ward Service Plan. The caseworker must complete additional CANS assessments if the child requires a service referral, beyond crisis intervention, for a new need that the caseworker did not score as such in the previous CANS.

MDHHS and placement agency foster care (PAFC) caseworkers must complete the age-appropriate CANS in MiSACWIS. Residential providers must complete the CANS contained in the age-appropriate residential initial or updated service plan.

Appropriate Completion

The caseworker must assess each child using the assessment tool specified for the child's chronological age. The caseworker must complete all items on the CANS. The four assessment scales for children, based on age, are as follows:

- Ages 0 through 3 years.
- Ages 4 through 9 years.
- Ages 10 through 13 years.
- Ages 14 years and over.

Items on the scales are similar, but different scoring definitions are present for different age groups. Scoring definitions for each domain are in this item, below.

In cases where the parent or caretaker refuses to participate in interviews or cannot be located and credible information from other sources to complete an item is unavailable, the caseworker may enter a *US* (unable to score) on the appropriate line. This procedure is only available for use on the initial CANS. See FOM 722-08, Case Service Plans - Overview, Types, and Timeframes, for definitions of unable to locate and refuses participation.

The caseworker begins collecting information to complete the scale items through interviews with the family, the child, if age appropriate, the placement resources, collateral contacts, and review of available documentation. **The caseworker must include narrative justification of the score selected for each CANS domain, including professional observations and information from other sources, regardless of whether the caseworker scored the domain as a strength, need, or situational concern.** A statement that the scored domain is not an area of concern is **not** an adequate narrative justification.

Decisions

The caseworker must use the CANS to identify and prioritize child needs and strengths. The caseworker must address the child's needs and strengths in the treatment plan; see FOM 722-08D, Treatment Plans. For this policy item, the treatment plan includes the following documents:

- DHS-441a, Parent Agency Treatment Plan.
- DHS-442a, Permanent Ward Treatment Plan.
- Parent-Agency Treatment Plan and Service Agreement section of the following residential service plans:
    - DHS-365, Children's Foster Care Residential ISP (4-9 yrs).
    - DHS-365-A, Children's Foster Care Residential Initial Service Plan (10-13 yrs).
    - DHS-365-B, Children's Foster Care Residential Initial Service Plan (14 yrs and older).
    - DHS-366, Children's Foster Care Residential Updated Service Plan (4-9 yrs).
    - DHS-366-A, Children's Foster Care Residential Updated Service Plan (10-13 yrs).
    - DHS-366-B, Children's Foster Care Residential Updated Service Plan (14 yrs and older).

Weighted scales for each domain indicate the priority for service provision.

- Any domain scored with a positive number is a strength.
- Any domain scored a zero on the assessment indicates appropriate behavior or functioning. This may include instances where the child has had a prior need but has responded to treatment intervention. Items scored as zero on the assessment may, but do not have to, be considered a strength.
- A situational concern is an issue identified for a child that is short term and may be in response to a recent event or change in placement or in the child's family. The caseworker **must not** identify a situational concern for the same domain in

consecutive service plan periods. If the issue persists beyond the case planning period, the caseworker must score that domain as a need.

- Any domain scored with a negative number, that is not a situational concern, is a need.

If the child has three or more domains scored as a need, MiSACWIS identifies the three CANS domains that received the negative score farthest from zero as the child's primary needs. MiSACWIS may identify additional primary needs if there are multiple domains with the same need score. The caseworker may override a primary need in MiSACWIS if the caseworker has assessed that, due to the child's circumstances, another need area is having a more significant negative impact on the child's well-being. If the caseworker has scored fewer than three domains as needs, it is not required to identify three primary needs.

The caseworker identifies up to three strengths as scored on the assessment scale **and** any other strengths identified through the assessment process. The caseworker must include the child's strengths into the case service plan and must incorporate the child's strengths, where appropriate, to help meet the child's needs. The caseworker must link the child's strengths to the treatment plan in MiSACWIS.

The caseworker must make referrals for services to address all identified needs. If there is a conflict between two or more services, the caseworker must prioritize the service identified to address the child's primary needs. If there is a conflict between services to address primary needs, the caseworker must prioritize the service that will address the need with the negative score farthest from zero.

If the child is not able to participate in a service to meet an identified need during the upcoming report period due, the caseworker must document the following in the case service plan:

- The existing barrier preventing the child from participating in a service to meet the identified need.

- The actions the caseworker is taking to resolve the barrier to the child's participation in a service to meet the need, and the expected timeframe for resolving that barrier.

- The actions the caseworker, caregivers, and parents are taking to ensure the child's safety and well-being until a service can be located or begun.

Substance Use

MiSACWIS automatically calculates any need in the substance use domain as a primary need, and the caseworker cannot override a need in this domain. The caseworker must prioritize services for any scored need in the substance use domain as a primary need, regardless of the scoring of other needs. The caseworker must address any need scored for substance use in the case service plan and treatment plan.

ASSESSMENT DOMAINS AND SCORING DEFINITIONS FOR CHILDREN AGES 0-3 YEARS

Caseworkers who are assessing children ages three and under who were born prematurely must assess the child based on chronological age, not based on their adjusted age. For example, a child who was born four months prior to the assessment and two months prematurely would be assessed according to their chronological age of four months old, **not** their adjusted age of two months old.

C1. Medical/Physical

Caseworkers must specifically document in this section whether the child is or is not in need of follow up medical treatment **and** follow up dental treatment.

A. Good health. Child has no known health care needs. Child receives routine preventive and medical, dental, and vision care, immunizations, health screenings, and hygiene care. If child is nine months of age or older and resides in a high-risk environment for lead exposure, the child has received a lead exposure screening.

B. Adequate health. Child has no unmet health care needs or has minor health problems, such as allergy shots or medications, that can be addressed with routine intervention. Age-

appropriate immunizations, annual medical exams, and required health screenings are current.

C. Situational concern. Child has one or more a special conditions or health concerns, such as lice, respiratory virus, ear infection, or bone fracture, that may require temporary medical treatment not anticipated to exceed 90 days, such as follow-up with medical personnel or administering of prescription or over-the-counter medications; or child has not received required immunizations or health screenings, including lead exposure if child resided in a high risk environment for lead exposure.

D. Impaired health. Child has one or more medical conditions that may impair daily functioning, including severe asthma, eczema, or allergies, and requires ongoing interventions. This may include effects of prenatal drug exposure or effects of lead exposure.

E. Severely impaired health. Child has one or more serious, chronic, or acute health conditions, such as failure to thrive, diabetes, cerebral palsy, or pronounced effects of lead exposure, that severely impairs functioning and requires ongoing intervention.

C2. Social/Emotional Development and Attachment

The caseworker must specifically document in this section whether the child is or is not in need of follow up mental health assessment or services **and** developmental assessments or services.

If the MDHHS-5719, Trauma Screening Checklist (Ages 0-5), was completed during this report period, the caseworker must summarize the results in this section; see FOM 802, Mental Health, Behavioral, and Developmental Needs of Children Under the Supervision of MDHHS.

For additional information on social and emotional development to assist in assessing this item, visit The Whole Child - ABCs of Child Care - Social and Emotional Development and Enfamil US Articles and Videos of Child Development.

A. Healthy social and emotional development and attachment. Child consistently exhibits an age-appropriate range of emotional behaviors such as self-confidence, competency, a

high degree of self-regulation, and independence within their caregiving situations and social environments. Caregiving situations include, but are not limited to, parents, foster parents, or fictive kin.

B. Appropriate social and emotional development and attachment. Child generally exhibits an age-appropriate range of emotional behaviors such as happiness, pleasure, contentment, distress, anxiety, anger, sadness, and playfulness that are consistent with their caregiving situations and social environment. Caregiving situations include, but are not limited to, parents, foster parents, or fictive kin.

C. Situational concern. Child demonstrates some symptoms reflecting situational emotional responses related to changes in primary caregiving relationships such as removal, placement changes, or reunification. Caregiving situations include, but are not limited to, parents, foster parents, or fictive kin. This does not include temporary responses to parental visitation, such as minor sleep disturbances during the night following visitation or uncharacteristic temper tantrums during the days following visitation.

D. Limited social and emotional development and attachment. Child displays a limited range of age-appropriate emotional behaviors and responses to the caregiving relationship. Child is irritable in general and not soothed by caregivers. Problems may include, but are not limited to, withdrawal from social contact, flat affect, changes in sleeping or eating patterns, increased aggression, or low frustration tolerance. Caregiving situations include, but are not limited to, parents, foster parents, or fictive kin.

E. Severely limited social and emotional development and attachment. Child displays a severely limited range of age-appropriate emotional behaviors and response to the caregiving relationship, which may be characterized by a persistent lack of affect, no boundaries, severe temper tantrums, head banging, hair pulling, breath holding, severe anxiety, or inability to calm self. Caregiving situations include, but are not limited to, parents, foster parents, or fictive kin.

C3. Cognitive/ Intellectual Development

For this item, base assessment on developmental milestones as described in the Physical and Cognitive Developmental Milestones Table in this item.

The caseworker must specifically document in this section whether the child is or is not in need of follow up developmental assessments or services.

A. Advanced cognitive and intellectual development. Child's cognitive skills are above chronological age level. Child meets all cognitive developmental milestones.

B. Age-appropriate cognitive and intellectual development. Child's cognitive development skills are consistent with chronological age level. Child demonstrates most cognitive developmental milestones.

C. Situational concern. Child has a situational concern in cognitive development that causes an interruption in progress toward developmental milestone achievement.

D. Limited cognitive and intellectual development. Child has some delays in meeting age-appropriate cognitive developmental milestones that require support services and intervention.

E. Severely limited cognitive and intellectual development. Child has significant delays in meeting cognitive developmental milestones that require formalized services and structured intervention.

C4. Sexual Behavior

A. Healthy sexual adjustment and behavior. Child displays no signs or history of sexual abuse or exploitation. Child exhibits developmentally appropriate sexual awareness and interest, such as temporary heightened awareness of genitalia because of toilet training.

B. Appropriate sexual adjustment and behavior. Child does not show any indications of their past sexual abuse and responds to treatment/intervention. Child may participate in age-appropriate sexual behavior or may show age-appropriate

interest in sexuality, such as temporary heightened awareness of genitalia because of toilet training.

C. Situational concern. Child has begun to exhibit a heightened interest or awareness of sexuality that may be a developmental response to the current situation, such as recent placement in out-of-home care, toilet training, stress, or over-stimulation in the child's environment.

D. Compromised sexual adjustment and behavior. Child displays ongoing behaviors that are more sexualized than same-aged children exhibit, such as increased masturbation or regression in toilet training.

E. Severely compromised sexual adjustment and behavior. Child exhibits extreme sexualized behaviors, which may include frequent masturbation or persistent sexually acting out behaviors toward others.

C5. Physical/Motor Development

For this item, base assessment on developmental milestones as described in the Physical and Cognitive Developmental Milestones Table in this item.

The caseworker must specifically document in this section whether the child is or is not in need of follow up developmental assessments or services.

A. Advanced physical and motor development. Child's physical development skills are above chronological age level. Child meets all physical developmental milestones.

B. Age-appropriate physical and motor development. Child's physical development skills are consistent with chronological age level. Child meets most physical developmental milestones.

C. Situational concern. Child has a situational concern in physical development that causes an interruption in progress toward developmental milestone achievement.

D. Limited physical and motor development. Child has some delays in meeting physical developmental milestones that require some intervention.

E. Severely limited physical and motor development. Child has significant delays in meeting physical developmental milestones that require formalized, structured intervention.

C6. Language/ Communication Skills

For this item, base assessment on developmental milestones as described in the Physical and Cognitive Developmental Milestones Table in this item.

The caseworker must specifically document in this section whether the child is or is not in need of follow up developmental assessments or services.

A. Advanced language and communication skills. Child's language and communication skills are above chronological age level. Child meets all language developmental milestones.

B. Age-appropriate language and communication skills. Child's language and communication skills are consistent with chronological age level. Child meets most language developmental milestones.

C. Situational concern. Child has a situational concern in language and communication development as the result of a traumatic experience that causes an interruption in progress toward developmental milestone achievement and/or minor regression.

D. Limited language and communication skills. Child has some delays in meeting language/communication developmental milestones that require some intervention.

E. Severely limited language and communication skills. Child has significant delays in meeting language and communication developmental milestones that require formalized, structured intervention.

ASSESSMENT DOMAINS AND SCORING DEFINITIONS FOR CHILDREN AGES 4-9 YEARS

C1. Medical/ Physical

Caseworkers must specifically document in this section whether the child is or is not in need of follow up medical treatment **and** follow up dental treatment.

A. Good health. Child has no known health care needs. Child receives routine preventive and medical, dental, and vision care, immunizations, health screenings, and hygiene care. If child resided in a high-risk environment for lead exposure, the child has received a lead exposure screening.

B. Adequate health. Child has no unmet health care needs or has minor health problems, such as allergy shots or medications, that can be addressed with routine intervention. Age-appropriate immunizations, annual medical exams, and required health screenings are current.

C. Situational concern. Child has one or more a special conditions or health concerns, such as lice, respiratory virus, ear infection, or bone fracture, that may require temporary medical treatment not anticipated to exceed 90 days, such as follow-up with medical personnel or administering of prescription or over-the-counter medications; or child has not received required immunizations or health screenings, including lead exposure if child resided in a high risk environment for lead exposure.

D. Impaired health. Child has one or more medical conditions that may impair daily functioning, including severe asthma, eczema, or allergies, and requires ongoing interventions. This may include effects of prenatal drug exposure or effects of lead exposure.

E. Severely impaired health. Child has one or more serious, chronic, or acute health conditions, such as failure to thrive, diabetes, cerebral palsy, or pronounced effects of lead exposure, that severely impairs functioning and requires ongoing intervention.

C2. Mental Health and Well-Being

If the MDHHS-5719, Trauma Screening Checklist (Ages 0-5), or the MDHHS-5720, Trauma Screening Checklist (Ages 6-18), were completed during this report period, the caseworker must summarize the results in this section; see FOM 802, Mental Health, Behavioral, and Developmental Needs of Children Under the Supervision of MDHHS.

The caseworker must specifically document in this section whether the child is or is not in need of follow up mental health assessments or services.

A. Healthy emotional behavior and coping skills. Child consistently exhibits an age-appropriate range of emotional behaviors. Child displays strong age-appropriate coping skills in dealing with disappointment, anger, grief, stress, and daily challenges in home, school, and community. Child is able to identify the need for, seeks, and accepts guidance. Child has a positive and hopeful attitude and readily adjusts to new situations.

B. Appropriate emotional behavior and coping skills. Child generally exhibits an age-appropriate range of emotional behaviors. Child displays developmentally appropriate emotional coping responses that do not, or minimally, interfere with school, family, or community functioning. Child has age-appropriate ability to cope with a range of emotions and social environments. Child has ability to adjust to new situations.

C. Situational concern. Child may demonstrate some symptoms reflecting situational sadness, anxiety, aggression, or withdrawal. Maintains situationally appropriate emotional control. This does not include short-term adverse reactions to parental visitation but could include response to initial placement or re-placement, such as temper tantrums, nightmares, loss of appetite, or bedwetting.

D. Limited emotional behavior and coping skills. Child has some difficulty dealing with daily stresses, crises, or problems, which interferes with family, school, or community functioning. Problems may include, but are not limited to, withdrawal from social interaction, flat affect, changes in sleeping or eating patterns, increased aggression, or unusually low frustration tolerance.

E. Severely limited emotional behavior and coping skills. Child has consistent difficulty dealing with daily stresses, crises, or problems, which severely impairs family, school, or community functioning. Child may have diagnosed psychiatric disturbance and may demonstrate severe behavior such as fire setting, suicidal behavior, violence toward people or animals, or self-mutilation. Child frequently threatens to run away from placement.

C3. Child Development

For this item, base assessment on developmental milestones as described in the Physical and Cognitive Developmental Milestones Table in this item.

The caseworker must specifically document in this section whether the child is or is not in need of follow up developmental assessments or services.

A. Advanced development. Child's development is above chronological age level. Child meets all physical, language and communication, and cognitive developmental milestones.

B. Age-appropriate development. Child's development is consistent with chronological age level. Child meets most physical, language and communication, and cognitive developmental milestones.

C. Situational concern. Child has a situational concern in physical, language and communication, or cognitive development as the result of an experience, which causes an interruption in progress toward developmental milestone achievement.

D. Limited development. Child has some delays in meeting physical, language and communication, or cognitive developmental milestones. Some services and intervention required.

E. Severely limited development. Child has severe delays in meeting physical, language and communication, or cognitive developmental milestones. Formalized services and structured intervention required.

C4. Family and Kin/Fictive Kin Relationships/ Attachments

Score the child's interaction with their family, including those individuals the child is related to or views as family. For children in placement, base assessment on visits and other contact such as telephone contact or letters.

A. Nurturing and supportive relationships and attachments. Child has positive interactions with and exhibits strong attachments to family, kin, fictive kin, or caregiver. Child has sense of belonging with family.

B. Appropriate relationships and attachments. Child has positive interactions with and exhibits appropriate attachments to family, kin, fictive kin, or caregiver despite some minor conflicts.

C. Situational concern. Child experiences temporary strain in interaction with family members. Child may be temporarily angry with the family or lacks desire for family interaction such as visitation or telephone contact. Child may threaten truancy if visit occurs or refuse to participate in family therapy.

D. Limited relationships and attachments. Child does not have positive interactions with family and does not exhibit appropriate attachments to family, kin, fictive kin, or caregiver. Child does not have a sense of belonging with family.

E. Severely limited or no relationships or attachments. Child does not interact, or has non-supportive, destructive interactions, with family and exhibits negative attachments to family, kin, fictive kin, or caregiver.

C5. Education

A. Exceptional academic achievement. Child is working above grade level or is exceeding the expectations of the child's specific educational plan. If child is not of mandatory school age and is not attending school, the child's cognitive functioning exceeds developmental milestones.

B. Adequate achievement. Child is working at grade level or is meeting expectations of the child's specific educational plan. If the child is not of mandatory school age and is not attending

school, the child meets most cognitive developmental milestones. If there are early intervention needs, the child is participating in early intervention services and is meeting or exceeding the goals and expectations of the early intervention plan.

C. Situational concern. Child may demonstrate some school difficulties such as decreased concentration in the classroom, acting-out behavior, or regression in academic performance that appear temporary in nature.

D. Minor difficulty. Child is working below grade level in at least one but not more than half of subject areas, indicating that the current educational plan may need modification. The child may be exhibiting minor truancy or school behavioral problems. If the child is not of mandatory school age and is not attending school, the child has minor cognitive developmental delays or is not meeting some of the goals of the early intervention plan.

E. Major or chronic difficulty. Child is working below grade level in more than half of subject areas or is not meeting the goals of the existing educational plan, indicating that the current plan needs modification, or the child needs a specific educational plan and does not have one in place. Score this item for a child who is legally required to attend school and is not attending or who has been expelled or excluded from school. If the child is not of mandatory school age and is not attending school, the child has severe cognitive developmental delays or is not meeting any of the goals of the early intervention plan.

C6. Substance Use

Substances include alcohol, tobacco, and other drugs.

A. No substance use. Child does not use alcohol, drugs, or other substances and is age-appropriately aware of consequences of use. Child is not in peer relationships or social activities involving alcohol or other drugs or chooses not to use despite peer-pressured opportunities to use. No demonstrated history or current problems related to substance use.

B. Past experience. Child may have experience with alcohol or other drugs but there is no indication of sustained use.

C. Situational concern. Child may have an isolated incident or experience with alcohol, tobacco, or other drugs that is not recurring.

D. Current substance use. Child's alcohol or other drug use has resulted in problematic behavior at home, school, or in the community. Use may include multiple drugs. Child may be involved in peer relationships or social activities involving alcohol, drugs, or other substances.

E. Frequent substance use. Child's frequent alcohol, drug, or other substance usage results in severe behavior disturbances at home, school, or in the community. Child may require medical intervention to detoxify.

C7. Sexual Behavior

Examples of sexually inappropriate behavior may include, but are not limited to, a child who engages in persistent self-stimulation, chronically acts out toward other children in sexually inappropriate ways, or engages in sexual contact with others.

A. Healthy sexual adjustment and responsible behavior. Child displays no signs or history of sexual abuse or exploitation. Child exhibits developmentally appropriate sexual awareness and interest.

B. Appropriate sexual adjustment and behavior. Child does not show any indications of their past sexual abuse and responds to treatment or intervention. Child may participate in age-appropriate sexual behavior or may show age-appropriate interest in sexuality.

C. Situational concern. Child has begun to exhibit heightened interest or awareness of sexuality that may be a response to a change in situation or incident, such as inappropriate touching, comments, or language.

D. Compromised sexual adjustment and behavior. Child is displaying inappropriate behavior due to known or suspected sexual abuse or exploitation. Behaviors may include more sexualized behaviors than same aged children, preoccupation with sexual themes, increased masturbation, or simulating sex acts.

E. Severely compromised sexual adjustment and behavior. Child exhibits extreme sexualized behaviors which may include frequent masturbation or persistent sexually acting out behaviors toward others.

C8. Peer/Adult Social Relationships (Non-Family)

A. Strong social relationships. Child routinely interacts with social groups having positive support and influence, models responsible behavior, participates in constructive age-appropriate activities. Child engages actively with a positive support network that is comprised of at least one supportive, caring, non-family adult. Child displays age-appropriate solutions to social conflict.

B. Adequate social relationships. Child frequently interacts with social groups having positive support and influence. Child displays age-appropriate social behavior and frequently participates in positive age-appropriate activities. Child engages with a positive support network. Child frequently displays age-appropriate solutions to social conflict.

C. Situational concern. Child has a situational concern with peer or adult relationships as the result of an experience such as a new school, change of placement, or relationship loss that may require additional support.

D. Limited social relationships. Child has limited peer or social relationships and limited adult support. Child demonstrates inconsistent social skills. Child has limited positive interactions with others and demonstrates limited ability to resolve conflicts. Child occasionally engages in high risk behaviors or activities.

E. Severely limited social relationships. Child has severely limited or negative peer social relationships, has no or minimal non-family adult support, or is isolated and lacks access to a support network. Child is unable to resolve social conflict. Child chronically engages in high risk behaviors or activities.

C9. Cultural/ Community Identity

A. Strong cultural and community identity. Child relates positively to their cultural, ethnic, or religious heritage. Child identifies with and participates in cultural and community heritage, beliefs, and practices. Child expresses age-appropriate inquiries about their cultural and community identity.

B. Adequate cultural and community identity. Child relates to their cultural, ethnic, or religious heritage. Child has a developing sense of identity with their cultural and community heritage. Child expresses an age-appropriate awareness of their cultural and community identity.

C. Situational concern. Child has a situational concern related to the development of a positive cultural and community identity, which causes an interruption in progress toward achievement of such an identity.

D. Limited cultural and community identity. Child has some conflict with their cultural, ethnic, or religious heritage. Child's sense of identity with their cultural and community heritage is limited. Child does not express an age-appropriate awareness of their cultural identity.

E. Disconnected from cultural and community identity. Child lacks a sense of identity with their cultural and community heritage or has a sense of identity but their understanding of it results in negative self-concept, distorted perceptions about identity, or impaired social functioning.

ASSESSMENT DOMAINS AND SCORING DEFINITIONS FOR CHILDREN AGES 10-13 YEARS

C1. Medical/Physical

Caseworkers must specifically document in this section whether the child is or is not in need of follow up medical treatment **and** follow up dental treatment.

A. Good health. Child has no known health care needs; child receives routine preventive and medical, dental, and vision care, immunizations, health screenings, and hygiene care. If child resided in a high-risk environment for lead exposure, the child has received a lead exposure screening. Child has knowledge of puberty and is not experiencing any related medical problems.

B. Adequate health. Child has no unmet health care needs or has minor health problems, such as allergy shots or medications, that can be addressed with routine intervention. Age-appropriate immunizations, annual medical exams, and required health screenings are current. Child has some knowledge of puberty and is experiencing minor or no related medical problems.

C. Situational concern. Child has one or more a special conditions or health concerns, such as lice, respiratory virus, ear infection, or bone fracture, that may require temporary medical treatment not anticipated to exceed 90 days, such as follow-up with medical personnel or administering of prescription or over-the-counter medications; or child has not received required immunizations or health screenings, including lead exposure if child resided in a high risk environment for lead exposure.

D. Impaired health. Child has one or more medical conditions that may impair daily functioning, including severe asthma, eczema, or allergies, and requires ongoing interventions. This may include effects of prenatal drug exposure or effects of lead exposure. Child has limited knowledge of puberty or is experiencing some related medical problems.

E. Severely impaired health. Child has one or more serious, chronic, or acute health conditions, such as failure to thrive, diabetes, cerebral palsy, or pronounced effects of lead exposure, that severely impairs functioning and requires ongoing intervention. Child has no knowledge of puberty or is experiencing significant related medical problems.

C2. Mental Health and Well-Being

The caseworker must specifically document in this section whether the child is or is not in need of follow up mental health assessments or services.

If the MDHHS-5720, Trauma Screening Checklist (Ages 6-18), was completed during this report period, the caseworker must summarize the results in this section; see FOM 802, Mental Health, Behavioral, and Developmental Needs of Children Under the Supervision of MDHHS.

A. Healthy emotional behavior and coping skills. Child consistently exhibits an age-appropriate range of emotional

behaviors. Child displays strong age-appropriate coping skills in dealing with disappointment, anger, grief, stress, and daily challenges in home, school, and community. Child is able to identify the need for, seek, and accept guidance. Child has a positive and hopeful attitude and readily adjusts to new situations.

B. Appropriate emotional behavior and coping skills. Child generally exhibits an age-appropriate range of emotional behaviors. Child displays developmentally appropriate emotional coping responses that do not, or minimally, interfere with school, family, or community functioning. Child has age-appropriate ability to cope with a range of emotions and social environments. Child has ability to adjust to new situations.

C. Situational concern. Child may demonstrate some symptoms reflecting situational sadness, anxiety, aggression, or withdrawal but maintains situationally appropriate emotional control. This does not include short-term, adverse reactions to parental visitation, but could include response to initial placement or re-placement such as temper tantrums, nightmares, loss of appetite, or bedwetting.

D. Limited emotional behavior and coping skills. Child has some difficulty dealing with daily stresses, crises, or problems that interferes with family, school, or community functioning. Problems may include, but are not limited to, withdrawal from social interaction, flat affect, changes in sleeping or eating patterns, increased aggression, unusually low frustration tolerance, or frequent threats to run away.

E. Severely limited emotional behavior and coping skills. Child has consistent difficulty in dealing with daily stresses, crises, or problems that severely impairs family, school, or community functioning. Child may have diagnosed psychiatric disturbance and may demonstrate severe behavior such as fire setting, suicidal behavior, violence toward people or animals, self-mutilation, or running away from placement.

C3. Family and Kin/Fictive Kin Relationships/ Attachments

Score the child’s interaction with their family, including those individuals the child is related to or views as family. For children in

placement, base assessment on visits and other contact such as telephone contact or letters.

A. Nurturing and supportive relationships and attachments. Child has positive interactions with and exhibits strong attachments to family, kin, fictive kin, or caregiver. Child has sense of belonging with family.

B. Appropriate relationships and attachments. Child has positive interactions with and exhibits appropriate attachments to family, kin, fictive kin, or caregiver despite some minor conflicts.

C. Situational concern. Child experiences temporary strain in interaction with family members. Child may be temporarily angry with the family or lacks desire for family interaction such as visitation or telephone contact. Child may threaten truancy if visit occurs or refuse to participate in family therapy.

D. Limited relationships and attachments. Child does not have positive interactions with family and does not exhibit appropriate attachments to family, kin, fictive kin, or caregiver. Child does not have a sense of belonging with family.

E. Severely limited or no relationships or attachments. Child does not interact, or has non-supportive, destructive interactions, with family. Child exhibits negative attachments to family, kin, fictive kin, or caregiver.

C4. Education

A. Exceptional academic achievement. Child is working above grade level or is exceeding the expectations of the child's specific educational plan.

B. Adequate achievement. Child is working at grade level or is meeting expectations of the child's specific educational plan.

C. Situational concern. Child may demonstrate some school difficulties such as decreased concentration in the classroom, acting-out behavior, or regression in academic performance that appear temporary in nature.

D. Minor difficulty. Child is working below grade level in at least one but not more than half of subject areas, indicating that the current educational plan may need modification. The child may be exhibiting some truancy or school behavioral problems.

E. Major or chronic difficulty. Child is working below grade level in more than half of subject areas or is not meeting the goals of the existing educational plan, indicating that the current plan needs modification, or the child needs a specific educational plan and does not have one in place. Child is frequently truant. Score this item for a child who is legally required to attend school and is not attending or who has been expelled or excluded from school.

C5. Substance Use

Substances include alcohol, tobacco, and other drugs.

A. No substance use. Child does not use alcohol, drugs, or other substances and is age-appropriately aware of consequences of use. Child is not in peer relationships or social activities involving alcohol or other drugs or chooses not to use despite peer-pressured opportunities to use. No demonstrated history or current problems related to substance use.

B. Past experimentation. Child may have experience with alcohol or other drugs but there is no indication of sustained use.

C. Situational concern. Child may have an isolated incident or experience with alcohol, tobacco, or other drugs that is not recurring.

D. Periodic substance use. Child's alcohol or other drug use has resulted in problematic behavior at home, school, or in the community. Use may include multiple drugs. Child may be involved in peer relationships or social activities involving alcohol, drugs, and other substances.

E. Frequent substance use. Child's frequent alcohol, drug, or other substance usage results in severe behavior disturbances at home, school, or in the community. Child may require medical intervention to detoxify.

C6. Sexual Behavior

Examples of sexually inappropriate behavior may include, but are not limited to, a child who engages in persistent self-stimulation, chronically acts out toward other children in sexually inappropriate ways, or engages in sexual contact with others.

A. Healthy sexual adjustment and responsible behavior. Child displays no signs or history of sexual abuse or exploitation. Child exhibits developmentally appropriate sexual awareness and interest. Child has accurate knowledge of reproduction.

B. Appropriate sexual adjustment and behavior. Child does not show any indications of their past sexual abuse and responds to treatment or intervention. Child may participate in age-appropriate sexual behavior or may show age-appropriate interest in sexuality. Child has some knowledge of reproduction.

C. Situational concern. Child exhibits a heightened interest and awareness of sexuality that may be a response to a current change in situation or incident such as traumatic event, initial or change in placement, or too much stimulus in their environment.

D. Compromised sexual adjustment and behavior. Child is displaying inappropriate behavior due to known or suspected sexual abuse or exploitation. Behaviors may include more sexualized behaviors than same-aged children exhibit, preoccupation with sexual themes, increased masturbation, or simulating sex acts. Child participates in sexual activities.

E. Severely compromised sexual adjustment or reckless behavior. Child exhibits severe sexual dysfunction. Indicators may include perpetrating behaviors involving force or coercion, severe sexual preoccupation, compulsive masturbation, and sexual victimization. Child engages in high risk sexual behaviors and may become involved in illegal sexual activity such as prostitution or pornography.

C7. Life Skills

A. Appropriate life skills. Child consistently demonstrates age-appropriate ability to feed, bathe, and groom themself. Child manages daily routine without intervention.

B. Adequate life skills. Child demonstrates some age-appropriate ability to feed, bathe, and groom themself. Child may need occasional intervention with daily routine.

C. Situational concern. Child may need intervention in daily routine due to temporary situation, such as physical injury.

D. Limited life skills. Child does not consistently demonstrate age-appropriate ability to feed, bathe, and groom themself. Child requires intervention with daily routines.

E. Severely limited life skills. Child rarely demonstrates an age-appropriate ability to feed, bathe, and groom themself. Child requires extensive or constant intervention and supervision to manage daily routine.

C8. Peer/Adult Social Relationships (Non-Family)

A. Strong social relationships. Child routinely interacts with social groups having positive support and influence, models responsible behavior, and participates in constructive age-appropriate activities. Child engages actively with a positive support network and has some close, positive relationships with adults. Child displays age-appropriate solutions to social conflict. Child does not exhibit any delinquent behavior.

B. Adequate social relationships. Child frequently interacts with social groups having positive support and influence. Child displays age-appropriate social behavior and frequently participates in positive age-appropriate activities. Child engages with a positive support network. Child frequently displays age-appropriate solutions to social conflict.

C. Situational concern. Child has a situational concern with peer or adult relationships as the result of an experience such as a new school, change of placement, or relationship loss that may require additional support.

D. Limited social relationships. Child has limited peer or social relationships and limited adult support. Child demonstrates inconsistent social skills. Child has limited positive interactions with others and demonstrates limited ability to resolve conflicts. Child occasionally engages in high risk behaviors or activities.

E. Severely limited social relationships. Child has severely limited or negative peer social relationships, has minimal or no adult support, or is isolated and lacks access to a support network. Child is unable to resolve social conflict. Child chronically engages in high risk behaviors or activities.

C9. Cultural/ Community Identity

A. Strong cultural and community identity. Child relates positively to their cultural, ethnic, or religious heritage. Child identifies with and participates in cultural and community heritage, beliefs, and practices. Child expresses age-appropriate inquiries about their cultural and community identity.

B. Adequate cultural and community identity. Child relates to their cultural, ethnic, or religious heritage. Child has a developing sense of identity with their cultural and community heritage. Child expresses an age-appropriate awareness of their cultural and community identity.

C. Situational concern. Child has a situational concern related to the development of a positive cultural and community identity, which causes an interruption in progress toward achievement of such an identity.

D. Limited cultural and community identity. Child has some conflict with their cultural, ethnic, or religious heritage. Child's sense of identity with their cultural and community heritage is limited. Child does not express an age-appropriate awareness of their cultural identity.

E. Disconnected from cultural and community identity. Child lacks a sense of identity with their cultural and community heritage or has a sense of identity but their understanding of it results in negative self-concept, distorted perceptions about identity, or impaired social functioning.

ASSESSMENT DOMAINS AND SCORING DEFINITIONS FOR CHILDREN AGES 14 YEARS AND OLDER

C1. Medical/Physical

Caseworkers must specifically document in this section whether the child is or is not in need of follow up medical treatment **and** follow up dental treatment.

A. Good health. Youth has no known health care needs; youth receives routine preventive and medical, dental, and vision care, immunizations, health screening. Youth consistently demonstrates good hygiene. Youth has knowledge of puberty and is not experiencing any related medical problems.

B. Adequate health. Child has no unmet health care needs or has minor health problems, such as allergy shots or medications, that can be addressed with routine intervention. Age-appropriate immunizations, annual medical exams, and required health screenings are current. Youth has some knowledge of puberty and is experiencing minor or no related medical problems.

C. Situational concern. Child has one or more a special conditions or health concerns, such as lice, respiratory virus, ear infection, or bone fracture, that may require temporary medical treatment not anticipated to exceed 90 days, such as follow-up with medical personnel or administering of prescription or over-the-counter medications, pregnancy testing, or testing for sexually transmitted diseases.

D. Impaired health. Child has one or more medical conditions that may impair daily functioning, including severe asthma, eczema, or allergies, and requires ongoing interventions. This may include effects of prenatal drug exposure or effects of lead exposure. Youth has limited knowledge of puberty and is experiencing some related medical problems.

E. Severely impaired health. Child has one or more serious, chronic, or acute health conditions, such as failure to thrive, diabetes, cerebral palsy, or pronounced effects of lead exposure, that severely impairs functioning and requires ongoing intervention. Youth has no knowledge of puberty and is experiencing significant related medical problems.

C2. Mental Health and Well-Being

The caseworker must specifically document in this section whether the child is or is not in need of follow up mental health assessments or services.

If the MDHHS-5720, Trauma Screening Checklist (Ages 6-18), was completed during this report period, the caseworker must summarize the results in this section; see FOM 802, Mental Health,

Behavioral, and Developmental Needs of Children Under the Supervision of MDHHS.

A. Healthy emotional behavior and coping skills. Youth consistently exhibits an age-appropriate range of emotional behaviors. Youth displays strong age-appropriate coping skills in dealing with challenges at home, school, and in the community. Youth is able to identify the need for, seek, and accept guidance. Youth has a positive and hopeful attitude and readily adjusts to new situations.

B. Appropriate emotional behavior and coping skills. Youth generally exhibits an age-appropriate range of emotional behaviors. Youth displays developmentally appropriate emotional coping responses that do not, or minimally, interfere with school, family, or community functioning. Youth has age-appropriate ability to cope with a range of emotions and social environments. Youth has ability to adjust to new situations.

C. Situational concern. Youth may demonstrate some symptoms reflecting situational sadness, anxiety, aggression, or withdrawal. Maintains situationally appropriate emotional control. This does not include short-term adverse reactions to parental visitation but could include response to initial placement or re-placement such as lack of impulse control, nightmares, or loss of appetite.

D. Limited emotional behavior and coping skills. Youth has some difficulty dealing with daily stresses, crises, or problems that interferes with family, school, or community functioning. Problems may include, but are not limited to, withdrawal from social interaction, flat affect, changes in sleeping or eating patterns, increased aggression, unusually low frustration tolerance, threatened self-harm, or frequent threats to run away.

E. Severely limited emotional behavior and coping skills. Youth has consistent difficulty in dealing with daily stresses, crises, or problems that severely impairs family, school, or community functioning. Youth may have diagnosed psychiatric disturbance and may demonstrate severe behavior such as fire setting, suicidal behavior, violence toward people or animals, self-mutilation, or running away from placement.

C3. Family and Kin/Fictive Kin Relationships/ Attachments

Score the youth's interaction with their family, including those individuals to whom the youth is related or the youth views as family. For youth in placement, base assessment on visits and other contact such as telephone contact or letters.

A. Nurturing and supportive relationships and attachments. Youth has positive interactions with and exhibits strong attachments to family, kin, fictive kin, or caregivers. Youth has sense of belonging with family.

B. Appropriate relationships and attachments. Youth has positive interactions with and exhibits appropriate attachments to family, kin, fictive kin, or caregivers despite some minor conflicts.

C. Situational concern. Youth experiences temporary strain in interaction with family members. Youth may be temporarily angry with the family or lacks desire for family interaction such as visitation or telephone contact. Youth may threaten truancy if visit occurs or refuse to participate in family therapy.

D. Limited relationships and attachments. Youth does not have positive interactions with family and does not exhibit appropriate attachments to family, kin, fictive kin, or caregivers. Youth does not have a sense of belonging with family.

E. Severely limited or no relationships or attachments. Youth does not interact, or has non-supportive, destructive interactions, with family, and exhibits negative attachments to family, kin, fictive kin, or caregivers.

C4. Education

A. Exceptional academic achievement. Youth is working above grade level or is exceeding the expectations of the youth's specific educational plan.

B. Adequate achievement. Youth is working at grade level or is meeting expectations of the youth's specific educational plan.

C. Situational concern. Youth may demonstrate some school difficulties such as decreased concentration in the classroom,

acting-out behavior, or regression in academic performance that appear temporary in nature.

D. Minor difficulty. Youth is working below grade level in at least one but not more than half of subject areas, indicating that the current educational plan may need modification. The youth may be exhibiting some truancy or school behavioral problems.

E. Major or chronic difficulty. Youth is working below grade level in more than half of subject areas or is not meeting the goals of the existing educational plan, indicating that the current plan needs modification, or the youth needs a specific educational plan and does not have one in place. Youth is frequently truant. Score this item for a youth who is legally required to attend school and is not attending or who has been expelled or excluded from school.

C5. Substance Use

Substances include alcohol, tobacco, and other drugs.

A. No substance use. Youth does not use alcohol, drugs, or other substances and is age-appropriately aware of consequences of use. Youth is not in peer relationships or social activities involving alcohol or other drugs or chooses not to use despite peer-pressured opportunities to use. No demonstrated history or current problems related to substance use.

B. Past experimentation. Youth may have experience with alcohol or other drugs but there is no indication of sustained use.

C. Situational concern. Youth may have an isolated incident or experience with alcohol, tobacco, or other drugs that is not recurring.

D. Periodic substance use. Youth’s alcohol or other drug use has resulted in problematic behavior at home, school, or in the community. Use may include multiple drugs. Youth may be involved in peer relationships or social activities involving alcohol, drugs, and other substances.

E. Frequent substance use. Youth’s frequent alcohol, drug, or other substance usage results in severe behavior disturbances at home, school, or in the community. Youth may require medical intervention to detoxify.

C6. Sexual Behavior

Examples of sexually inappropriate behavior may include, but are not limited to, persistent self-stimulation, chronically acting out toward others in sexually inappropriate ways, or engaging in high-risk sexual behavior.

A. Healthy sexual adjustment and responsible behavior. Youth displays no signs or history of sexual abuse or exploitation. Youth exhibits developmentally appropriate sexual awareness, behavior, and interest. For example, accurate knowledge of reproduction, birth control, and sexually transmitted diseases.

B. Appropriate sexual adjustment and behavior. Youth does not show any indications of their past sexual abuse and responds to treatment or intervention. Youth exhibits developmentally appropriate sexual awareness, behavior, and interest, such as some knowledge of reproduction, birth control, and sexually transmitted diseases.

C. Situational concern. Youth exhibits a heightened interest and awareness of sexuality that may be a response to a current change in situation or incident such as a traumatic event, removal, or a change in placement.

D. Compromised sexual adjustment or irresponsible behavior. Youth is displaying inappropriate behavior due to known or suspected sexual abuse or exploitation. Behaviors may include more sexualized behaviors than same aged youth, preoccupation with sexual themes, increased masturbation, or simulating sex acts. Youth may exhibit irresponsible sexual behavior such as unprotected sex or multiple partners.

E. Severely compromised sexual adjustment or reckless behavior. Youth exhibits severe sexual dysfunction. Indicators may include perpetrating behaviors involving force or coercion, severe sexual preoccupation, compulsive masturbation, and sexual victimization. Youth may become involved in illegal sexual activity such as prostitution or pornography.

C7. Life Skills

A. Appropriate life skills. Youth consistently demonstrates age-appropriate ability to feed, bathe, and groom themself. Youth is able to manage money, do laundry, prepare meals, and

perform basic housecleaning activities. The youth manages daily routine without intervention.

B. Adequate life skills. Youth demonstrates some age-appropriate ability to feed, bathe, and groom themself. Youth has some ability to manage money, do laundry, prepare meals, and perform basic housecleaning activities. Youth may need occasional intervention with daily routine.

C. Situational concern. Youth may need intervention in daily routine due to temporary situation, such as physical injury.

D. Limited life skills. Youth does not consistently demonstrate age-appropriate ability to feed, bathe, and groom themself. Youth has limited knowledge about money management, laundry, meal preparation, and basic housecleaning activities. Youth requires intervention with daily routines.

E. Severely limited life skills. Youth rarely demonstrates an age-appropriate ability to feed, bathe, and groom themself. Youth lacks knowledge about money management, meal preparation, and basic housekeeping tasks, or is unable to acquire such skills. Youth requires extensive or constant intervention and supervision to manage daily routine.

C8. Peer/Adult Social Relationships (Non-Family)

A. Strong social relationships. Youth routinely interacts with social groups having positive support and influence, models responsible behavior, and participates in constructive age-appropriate activities. Youth engages actively with a positive support network and has some close, positive relationships with adults. Youth displays age-appropriate solutions to social conflict. Youth does not exhibit any delinquent behavior.

B. Adequate social relationships. Youth frequently interacts with social groups having positive support and influence. Youth displays age-appropriate social behavior and frequently participates in positive age-appropriate activities. Youth engages with a positive support network. Youth frequently displays age-appropriate solutions to social conflict.

C. Situational concern. Youth has a situational concern with peer or adult relationships as the result of an experience such as a

new school, change of placement, or relationship loss that may require additional support.

D. Limited social relationships. Youth has limited peer or social relationships and limited adult support. Youth demonstrates inconsistent social skills. Youth has limited positive interactions with others and demonstrates limited ability to resolve conflicts. Youth occasionally engages in high risk behaviors or activities.

E. Severely limited social relationships. Youth has severely limited or negative peer social relationships, has minimal or no adult support, or is isolated and lacks access to a support network. Youth is unable to resolve social conflict. Youth chronically engages in high risk behaviors or activities.

C9. Cultural/ Community Identity

A. Strong cultural and community identity. Youth relates positively to their cultural, ethnic, or religious heritage. Youth identifies with and participates in cultural and community heritage, beliefs, and practices. Youth expresses age-appropriate inquiries about their cultural and community identity.

B. Adequate cultural and community identity. Youth relates to their cultural, ethnic, or religious heritage. Youth has a developing sense of identity with their cultural and community heritage. Youth expresses an age-appropriate awareness of their cultural and community identity.

C. Situational concern. Youth has a situational concern related to the development of a positive cultural and community identity, which causes an interruption in progress toward achievement of such an identity.

D. Limited cultural and community identity. Youth has some conflict with their cultural, ethnic, or religious heritage. Youth's sense of identity with their cultural and community heritage is limited. Youth does not express an age-appropriate awareness of their cultural identity.

E. Disconnected from cultural and community identity. Youth lacks a sense of identity with their cultural and community heritage or has a sense of identity but their understanding of it results in negative self-concept, distorted perceptions about identity, or impaired social functioning.

C10. Independent Living Services/ Needs

A. Youth is able to live independently. Based on all available information and assessment of the youth's functioning across all critical domains, the youth is able to live independently at this time.

B. Youth is unable to live independently. Based on all available information and assessment of the youth's functioning across all critical domains, the youth is unable to live independently at this time.

1. Education

Adequate: Youth received either an A or B rating in CANS item C4. Youth is functioning and performing at or above grade level. Academic achievement is not a barrier to the youth's ability to live independently.

Inadequate: Youth received a rating of C, D, or E in CANS item C4. Youth is functioning below grade level or is experiencing situational difficulty related to school performance. Youth requires intervention and services to address educational needs in order to live independently.

2. Employment/Training

Adequate: Youth knows how to seek employment or is currently employed with sufficient income to meet their needs. Youth demonstrates positive work skills or is enrolled in a job-training program, or the youth is unemployed but demonstrates age-appropriate work skills or vocational interests.

Inadequate: Youth does not know how to seek employment or is not familiar with how to seek employment. Youth is underemployed or currently employed but is experiencing problems on the job that might affect current employment status. Youth does not demonstrate age-appropriate or realistic work skills, employment goals, or vocational interests.

3. Daily Living Skills

Adequate: Youth received either an A or B rating in CANS item C7. Youth demonstrates an ability to feed, bathe, and groom themself without intervention with daily routine. Youth knows how to access

appropriate transportation when needed, including bus lines, taxis, or subways.

Inadequate: Youth received a rating of C, D, or E in CANS item C7. Youth lacks sufficient knowledge or ability to feed, bathe, and groom themself. Youth needs services and intervention to improve daily living skills in order to live independently.

4. Preventive Health Services

Adequate: Youth received either an A or B rating in CANS item C1. Youth has no, or minor, unmet health needs. Youth possesses the ability to access preventive medical and dental services when necessary, such as annual physicals and periodic dental screenings. Youth knows how to access health related services including family planning and emergency or urgent care services

Inadequate: Youth received a rating of C, D, or E in CANS item C1. Youth has a medical condition or unmet health needs and does not possess the knowledge or ability to access necessary services without intervention. Youth is unaware of preventive health care needs such as routine dental exams or physicals. Youth lacks knowledge of available preventive health care services, including family planning and emergency or urgent care services.

5. Parenting Skills

Adequate: Youth has a child of their own and demonstrates appropriate parenting skills including nurturing, developmental knowledge, nutrition, and appropriate discipline. Youth is pregnant and demonstrates an understanding of parenting responsibilities and expectations. If youth is not pregnant or parenting, they demonstrate an understanding of family planning choices and responsible decision-making.

Inadequate: Youth has a child of their own and does not demonstrate responsible parenting skills or abilities. Youth is pregnant and does not have a plan for child rearing or does not demonstrate the skills necessary to parent a child. Youth is not pregnant or parenting but demonstrates poor skills or lacks knowledge of family planning issues and responsible behavior.

N/A-Young: Does not have children.

6. Money Management Skills

Adequate: Youth can manage financial resources appropriately and demonstrates budgeting skills, including prioritization of short and long-term expenses necessary for independent living.

Inadequate: Youth lacks knowledge and skills to manage money appropriately. Youth is not able to budget financial resources for short and long-term planning.

7. Housing/Community Resources

Adequate: Youth knows how to access housing and community resources as needed. Youth proactively plans for housing related needs such as utilities and furnishings. Youth utilizes housing and community resources when referred, or youth demonstrates the ability to follow through with referrals for assistance within the community related to housing assistance and provision of housing-related needs.

Inadequate: Youth lacks knowledge of housing resources. Youth accesses community resources but fails to comply with programs or services. Youth infrequently or inconsistently follows through with referrals or community services for housing assistance and housing-related needs. Youth refuses to access available community resources related to housing needs.

PHYSICAL AND COGNITIVE DEVELOPMENTAL MILESTONES

	Physical	Cognitive
0-4 weeks	Lifts head briefly when on abdomen. Head momentarily to midline when on back. Equal extremity movements. Sucking reflex. Grasp reflex without reaching, and hands are usually closed. Increasing body tone and stabilization of basic body functions, growing capacity to stay awake.	Looks at face transiently. By 3 to 4 weeks, smiles selectively to mother's voice and human voice leads to quieting of cries. Cries if uncomfortable or in state of tension; undifferentiated initially, but gradually varies with cause, such as hunger, pain, or tiredness.

	Physical	Cognitive
1-3 months	Head to 45 degrees when on abdomen, erect when sitting. Bears fraction of weight when held in standing position. Uses vocalizations. By 2-3 months, grasps rattle briefly. Puts hands together. Head is more frequently to midline and comes to 90 degrees when on abdomen. Rolls side to back.	Increased babbles and coos. Most laugh out loud, squeal, and giggle. Smiles responsively to human face. Increases attention span. Able to visually track moving objects side to side and up and down. While lying on back, will wave arms toward a toy dangling from above.
3-6 months	Rolls from abdomen to back, then from back to abdomen. Bears increasing weight when held in standing position. No head lag when pulled to sitting. By 3-4 months, many reach for objects, suck hand or fingers. Head, eyes, and hands work well together to reach for toys or human face.	Spontaneously vocalizes vowels, begins to make consonant sounds such as da, ga, ka, and ba. Makes sounds to show joy or displeasure. Smiles or coos at image in mirror. Inspects objects with hands, eyes, mouth. Recognizes familiar people or objects from a distance.
6-9 months	Crawls with left-right alternation. Takes solid food well. Sits without support. Able to support full weight when standing while holding caregiver's hands for support and balance. Picks up small objects, like crumbs, using all fingers in a raking motion. Picks up a toy with fingertips and thumb with a space visible between toy and palm.	Imitates speech sounds. Babbles repetitive syllables such as ba-ba, da-da, or ga-ga. Beginning sense of humor. Responds to tone of voice and will stop an activity briefly when told "no." Will look for the source of a loud sound. Responds to own name. Bangs a toy up and down on the floor or table.
9-12 months	Walks with support from caregiver or by using furniture to cruise. Stands briefly and takes a few uneasy steps. Most have neat pincer grasp. Most can drink from sippy cup unassisted. While holding onto furniture, can bend down, pick up a toy, and return to standing position.	Correctly uses mama or dada. Understands simple commands such as “give it to me." Plays pat-a-cake, peek-a-boo, or similar nursery game. Bangs together objects held in each hand. Can find an object after seeing it hidden, such as after seeing a toy covered with a blanket.
12-15 months	Stands well alone, walks well, stoops and recovers. Neat pincer grasp. Can put a ball in a box and a raisin in a bottle. Can build a tower of two cubes. Spontaneous scribbling with palmer	Three to five word vocabulary. Uses gestures, such as pointing, to communicate. Vocalizing replaces crying for attention. Understands “no.” Shakes head for no. Sense of me and mine. 50% imitate household tasks.

	Physical	Cognitive
	grasp of crayon. Throws with forward arm motion.	Assists with dressing by pushing arms through sleeves or lifting foot for shoe, sock, or pant leg.
15-18 months	Runs stiffly. Walks backwards. Attempts to kick. Climbs on furniture. Crude page turning. Most use spoon well. 50% can help in little household tasks. Most can take off pieces of clothing.	Vocabulary of about ten words. Uses words with gestures. 50% begin to point to body parts. Vocalizes “no.” Points to pictures of common objects, such as a ball or dog. Knows when something is complete such as waving good-bye. Knows where things are or belong. More claiming of mine. Beginning distinction of you and me but does not perceive others as individuals like self. Resistant to change in routine. Autonomy expressed as defiance. Words are not important discipline techniques.
18-24 months	While holding on, walks up stairs, then walks down stairs. Turns single pages. Builds tower of 4-6 cubes. Most copy vertical line. Strings beads or places rings on spindles. Helps dress and undress self. Can wash and dry hands. Most can do simple household tasks.	Markedly increased vocabulary (mostly nouns). Consistently points to body parts. Combines two to three words. Names pictures of common objects. Follows simple directions. Matches colors frequently but uses color names randomly. Uses number words randomly. May indicate wet or soiled diapers. Asks for food or drink. Understands and asks for more or another. Mimics real life situations during play. Self-centered, but distinguishes between self and others. Conscious of family group.

	Physical	Cognitive
2 Years	Jumps in place with both feet. Most throw ball overhead. Can put on clothing; most can dress self with supervision. Can use zippers, buckles, and buttons. Most are toilet trained. Good steering on push toys. Can carry a breakable object. Can pour from one container to another. By 30 months, alternates feet on stair climbing, pedals tricycle, briefly stands on one foot, builds eight cube tower, proper pencil grasp, imitates horizontal line.	Learns to avoid simple hazards such as stairs and stoves. By 30 months, vocabulary reaches 300 words. Identity in terms of names, gender, and place in family are well established. Uses “I,” but often refers to self by first name. Phrases and 3-4 word sentences. By 36 months, vocabulary reaches 1000 words, including more verbs and some adjectives. Understands big vs. little. Interest in learning, often asking, “What's that?”
3 Years	Most stand on one foot for 4 seconds. Most hop on one foot. Most broad jump. Toilets self during daytime. By 38 months, draws picture and names it. Draws two-part person.	Counts to three. Tells age by holding up fingers. Tells first and last name, though foster children may not know last name. Most answer simple questions. Repeats three or four digits or nonsense syllables. Readiness to conform to spoken word. Understands turn taking. Uses language to resist. Can bargain with peers. Understands long vs. short. By end of third year, vocabulary is 1500 words.
4-5 Years	Most hop on one foot, skip alternating feet, balance on one foot for 10 seconds, catch bounced ball, does forward heel-toe walk. Draws three-part person. Copies triangles and linear figures. May have continued difficulty with diagonals and may have rare reversals. Most dress independently other than back buttons and shoe tying. Washes face and brushes teeth. Laces shoes.	By end of fifth year, vocabulary is over 2000 words including adverbs and prepositions. Understands opposites such as day and night. Understands consecutive concepts such as big, bigger, biggest. Lots of why and how questions. Correctly counts five to ten objects. Correctly identifies colors. Dogmatic and dramatic. May argue about parental requests. Good imagination. Likes silly rhymes, sounds, and names. Beginning sense of time in terms of yesterday, tomorrow, sense of how long an hour is, and other concepts related to time. Increasingly elaborate answers to questions.

	Physical	Cognitive
6-11 Years	Practices, refines, and masters complex gross and fine motor and perceptual skills.	Concrete operational thinking replaces egocentric cognition. Thinking becomes more logical and rational. Develops ability to understand others' perspectives.
12-17 Years	Physiological changes at puberty promote rapid growth, maturity of sexual organs, and development of secondary sex characteristics.	In early adolescence, precursors to formal operational thinking appear, including limited ability to think hypothetically and to take multiple perspectives.
		During middle and late adolescence, formal operational thinking becomes well developed and integrated in a significant percentage of adolescents.

POLICY CONTACT

Direct questions about this policy item to the Child Welfare Policy Mailbox.

OVERVIEW

Caseworkers must use the Family Assessment of Needs and Strengths (FANS) to evaluate the presenting needs and strengths of each participating household with a legal right to the child. Caseworkers must complete the FANS in MiSACWIS.

Caseworkers **must** engage the parents and child, if age appropriate, in discussion of the family's needs and strengths. By completing the FANS, caseworkers can identify critical family needs that are barriers to reunification and design effective service interventions. The FANS serves several purposes:

- Ensures all caseworkers consistently consider a common set of need and strength areas for each family.
- Provides an important case planning reference tool for caseworkers and supervisors.
- Serves as a mechanism to evaluate and prioritize referrals for services to address identified family needs.
- Ensures the family identifies and discusses their needs and strengths.
- Assess changes in family functioning and evaluate the impact of services on the family while offering the family an opportunity to self-assess their progress during periodic reassessments.
- Collective data allows the Michigan Department of Health and Human Services (MDHHS) to gather information on the needs of families. MDHHS can then engage community partners to develop resources to meet family needs.

COMPLETION REQUIREMENTS

At a minimum, the caseworker must complete the FANS prior to completion of the initial DHS-441, Case Service Plan. The caseworker must also reassess the family using the FANS prior to the completion of each updated DHS-441, Case Service Plan.

The caseworker must complete a FANS for each household that has a legal right to the child. In cases where legal parents (custodial and non-custodial parents) maintain separate

households, the caseworker must complete a separate assessment for each household.

Exception: The caseworker does not have to complete a FANS for a household that is not participating; see FOM 722-08, Case Service Plans - Overview, Types, and Timeframes.

Appropriate Completion

The caseworker collects information to complete the assessment through interviews with the family, collateral contacts, and review of available documentation. **The caseworker must include narrative justification of the score selected for each FANS domain, including professional observations and information from other sources, regardless of whether the area was scored as a strength or need.** The caseworker must also include narrative regarding the family's strengths and needs in the appropriate section of the DHS-441, Case Service Plan. **A statement that a scored domain is not an area of concern is not an adequate justification.**

In a two-caretaker household, the caseworker must identify one caretaker as the primary caretaker. The caseworker must complete all items on the FANS scale for the primary caretaker and secondary caretaker, if applicable. The caseworker must score each item on the FANS according to the definitions found in this policy. If the caseworker scores an item as a need for both the primary and secondary caretakers, MiSACWIS will place the score for the most serious need in the most serious column.

The caseworker must complete the FANS with parents who are incarcerated. The caseworker must solicit input from the incarcerated parent as to the parent's perceptions of their needs and strengths. For more information, see FOM 722-06, Case Planning.

If the parent or caretaker is a member of a participating household but refuses to engage in interviews and credible information from other sources to score an item is unavailable, the caseworker may enter *US* (unable to score) on the appropriate line of the FANS completed for the initial DHS-441, Case Service Plan only. The caseworker must score all items on the FANS during completion of the updated DHS-441, Case Service Plan, unless a parent refuses contact. The supervisor must approve use of *US* in an updated DHS-441, Case Service Plan.

Decisions

The FANS is used to identify and prioritize family needs and strengths that must be addressed in the Parent-Agency Treatment Plan and Services Agreement; see FOM 722-08D, Treatment Plans. Strengths are domains scored with zero or a positive number. Needs are domains scored with negative numbers.

Upon completion of the FANS, the caseworker identifies up to three primary family strengths, as scored on the assessment scale, **and** any other strengths identified through the assessment process. **The caseworker must incorporate the family's strengths into the initial and updated DHS-441, Case Service Plan, where appropriate, to resolve the primary barriers.**

The primary needs are the domains with negative scores farthest from zero for either the primary or secondary caretaker. If the family has three or more domains scored as a need, MiSACWIS identifies the three FANS domains that received the negative score farthest from zero as the family's primary needs. MiSACWIS may identify additional primary needs if there are multiple domains with the same need score. The caseworker may identify additional needs which may or may not have contributed more directly to the child's maltreatment and removal.

The needs that contributed most to the child's maltreatment and removal are the primary barriers. The caseworker must prioritize services to address the primary barriers. The family must resolve the primary barriers for the child to return to the home of a parent. A family may have more or fewer than three primary barriers, contingent on family circumstances. The caseworker must identify which of the scored needs are primary barriers to reunification on each DHS-441, Case Service Plan.

The caseworker may override a primary need in MiSACWIS if the caseworker has assessed that, due to the family's circumstances, another need area contributed more directly to the child's maltreatment and removal and must take precedence as a primary barrier. More than three needs may be included on the Parent-Agency Treatment Plan.

The caseworker must make all referrals for services according to the priority needs and barriers.

The caseworker must incorporate the primary barriers into the initial and updated DHS-441, Case Service Plan and DHS-441a, Parent-

Agency Treatment Plan and Service Agreement. The caseworker must engage with the family to construct goals, objectives, and activities to resolve the primary barriers using clear and measurable terms with expected outcomes. If the caseworker identifies four or more primary barriers to reunification in the DHS-441, Case Service Plan, and the parents cannot participate in services to address all primary barriers during that report period, the caseworker must indicate when the parent will engage in services to address each primary barrier. The caseworker must also indicate why the parent is unable to address that barrier in the current plan.

Substance Abuse

The caseworker must address any scored need in the substance abuse domain as a primary barrier, regardless of the scoring of other needs. The caseworker must address any need scored for substance abuse in the DHS-441, Case Service Plan, as well in the DHS-441a, Parent-Agency Treatment Plan and Services Agreement.

ASSESSMENT DOMAINS AND SCORING DEFINITIONS

S1. Literacy

A. Literate - Caretaker has functional literacy skills and can read and write adequately to obtain employment and assist children with schoolwork.

B. Marginally literate - Caretaker has marginally functional literacy skills that limit employment possibilities and ability to assist children.

C. Illiterate - Caretaker is functionally illiterate or totally dependent upon verbal communication.

S2. Resource Availability/ Management

A. Strong money management skills - Family has limited means and resources but family's minimum needs are consistently met.

B. Sufficient income - Family has sufficient income to meet basic needs and manages it adequately.

C. Income mismanagement - Family has sufficient income, but does not manage it to provide food, shelter, utilities, clothing, or other basic or medical needs.

D. Financial crisis - Family is in serious financial crisis or has little or no income to meet basic family needs.

S3. Employment

A. Employed - One or both caretakers are gainfully employed.

B. No need - One or both caretakers are gainfully employed, or are out of labor force, for example, full-time student, disabled person, or homemaker.

C. Unemployed, but looking - One or both caretakers need employment or are under-employed and engaged in realistic job seeking or job preparation activities.

D. Unemployed, but not interested - One or both caretakers need employment, have no recent connection with the labor market, are not engaged in any job preparation activities nor seeking employment.

S4. Physical Health Issues

A. No problem - Caretaker does not have health problems that negatively affect family functioning.

B. Health problem, physical limitation that negatively affects family - Caretaker has a health problem or physical limitation that negatively affects family functioning. This includes pregnancy of the caretaker.

C. Serious health problem, physical limitation - Caretaker has a serious or chronic health problem or physical limitation that affects ability to provide for or protect children.

S5. Child Characteristics

A. Age appropriate - Child appears to be age-appropriate, with no abnormal or unusual characteristics.

B. Minor problems - Child has minor physical, emotional, or intellectual difficulties. Minor child is pregnant.

C. Significant problems - One child has significant physical, emotional, or intellectual problems resulting in substantial dysfunction in school, home, or community which puts strain on family finances or relationships.

D. Severe problems - More than one child has significant physical, emotional, or intellectual problems resulting in substantial dysfunction in school, home, or community which puts strain on family finances or relationships.

S6. Emotional Stability

A. Exceptional coping skills - Caretaker displays the ability to deal with adversity, crises, and long-term problems in a positive manner. Has a positive, hopeful attitude.

B. Appropriate responses - Caretaker displays appropriate emotional responses. No apparent dysfunction.

C. Some problems - Based on available evidence, caretaker's emotional stability appears problematic in that it interferes to a moderate degree with family functioning, parenting, or employment or other aspects of daily living. Indicators of some problems with emotional stability include:

- Staff has repeatedly observed or been given reliable reports of indicators of low self-esteem, apathy, withdrawal from social contact, flat affect, somatic complaints, changes in sleeping or eating patterns, difficulty in concentrating or making decisions, low frustration tolerance or hostile behavior.
- Frequent conflicts with coworkers or friends.
- Few meaningful interpersonal relationships.
- Speech is sometimes illogical or irrelevant.
- Frequent loss of work days due to unsubstantiated somatic complaints.
- Caretaker has been recommended for, or involved in, outpatient therapy within past two years.

- Diagnosis of a mild to moderate disorder.
- Difficulty in coping with crisis situations such as loss of a job, divorce or separation, or an unwanted pregnancy.

D. Chronic or severe problems - Caretaker displays chronic depression, apathy, or severe loss of self-esteem. Caretaker is hospitalized for emotional problems or is dependent upon medication for behavior control.

- Observed, reported, or diagnosed chronic depression, paranoia, excessive mood swings.
- Inability to keep a job or friends.
- Suicide ideation or attempts.
- Recurrent violence.
- Stays in bed all day, completely neglects personal hygiene.
- Grossly impaired communication (for example incoherent).
- Obsessive-compulsive rituals.
- Reports hearing voices or seeing things.
- Diagnosed with severe disorder.
- Repeated referrals for mental health or psychological examinations.
- Recommended or actual hospitalization for emotional problems within past two years.
- Severe impulsive behavior.
- Incapacitated by crisis situations.

S7. Parenting Skills

A. Strong Skills - Caretaker displays knowledge and understanding of parenting skills and is utilizing these skills with the child daily. Parent shows an ability to identify positive traits in their children, such as recognizing abilities, intelligence, and social

skills, encourages cooperation and a positive identification within the family.

B. Adequate skills - Caretaker displays adequate parenting patterns which are age-appropriate for the child in the areas of expectations, discipline, communication, protection, and nurturing. Caretaker has the basic knowledge and skills to parent.

C. Improvement needed - Improvement of basic parenting skills needed by caretaker. Caretaker has some unrealistic expectations, gaps in parenting skills, demonstrates poor knowledge of age-appropriate disciplinary methods, is ambivalent about parenting, or lacks knowledge of child development, which interferes with effective parenting. Includes:

- Frequent parent-child conflict over discipline.
- Children sometimes left unsupervised.
- Parents sometimes inattentive to child's emotional needs or are rejecting.
- Any single preponderance of evidence referral for inappropriate discipline, violent behavior towards the child, lack of supervision, or failure to thrive.
- Parent lacks knowledge or needs assistance in dealing with child's special needs.
- Occasional parent-child role reversal.

D. Destructive or abusive parenting - Caretaker displays destructive or abusive parenting patterns. Based on available evidence, caretaker uses extreme punishment, or that their actions are tantamount to emotional abuse or neglect, or that caretaker has abdicated responsibility for supervision, protection, discipline, or nurturance. Indicators include:

- Two or more preponderance of evidence referrals for inappropriate discipline, violent behavior towards child, lack of supervision, or failure to thrive.
- Caretaker makes it clear the child is not wanted in home. Discipline routinely involves use of an instrument, such as a belt or board, or unusual deprivation, such as being locked in cellar or closet.

- Routine badgering and belittling of a child.
- Caretaker discipline and control completely ineffective or caretaker makes no effort.
- Caretaker unable to prevent abuse by others.
- Caretaker contributes to child's delinquent involvement.
- Prior termination of parental rights to a sibling.
- Persistent parent-child role reversal.
- Caretaker refuses or is unwilling to acknowledge a child has been sexually abused.

S8. Substance Abuse

A. No evidence of problems - No evidence of a substance abuse problem with caretaker. Based on available evidence, it does not appear that the use of substances interferes with the caretaker's or the family's functioning. Use does not affect caretaker's employment, criminal involvement, marital or family relationships, or their ability to provide supervision, care, and nurturance for children.

B. Caretaker with problem or current treatment issues - Caretaker displays substance abuse problem resulting in disruptive behavior, causing discord in family. Caretaker is currently receiving treatment or attending support program. Based on available evidence, it appears that caretaker's substance abuse creates problems for the caretaker or the family. Consider problems as the following:

- The caretaker has been arrested once in the past two years for alcohol or drug-related offenses or has refused breathalyzer testing.
- Caretaker has experienced work-related problems in the past year because of substance use.
- Staff have observed or received reliable reports that children have, on more than one occasion been left unsupervised, inadequately supervised or left longer than planned by caretaker because of substance abuse, such

as the caretaker being physically absent due to substance use, being passed out, or seeking drugs.

- Staff have observed or received reliable reports that caretaker's substance abuse results in conflict in family over use, such as arguments between spouses or between children and caretaker over use.
- Staff have observed withdrawal symptoms: twitching and tweaking, uneasiness, restlessness, runny nose, flu-like complaints, overly tired, multiple bathroom breaks in short period of time, or mood swings.
- House is in disarray, activities of daily living not tended to.
- Caretaker admits they are experiencing some problems due to substance abuse.
- Caretaker is currently in out-patient treatment, including Alcoholics Anonymous (AA) or Narcotics Anonymous (NA).
- Caretaker has received treatment for substance abuse and has been in recovery for less than one year.

C. Caretaker with serious problem - Caretaker has serious substance abuse problems resulting in such things as loss of job, problems with the law, family dysfunction. Based on available evidence, it appears that caretaker's substance abuse creates serious problems for the caretaker or the family. Consider the following criteria as indicators of a serious problem:

- Child born positive for drug exposure or fetal alcohol syndrome.
- Caretaker has been fired for substance abuse and has not subsequently received treatment.
- Caretaker has been arrested two or more times for alcohol or drug-related offenses.
- Reliable reports of, or staff have observed, violence toward family members by caretaker while under the influence.
- Reliable reports of daily intoxication.

- In-patient treatment or recommendation for inpatient treatment within past two years and they are not in recovery.
- Self-reported major problem.
- Caretaker has been diagnosed as substance dependent.
- Child or spouse reports observation of caretaker using drugs, or child has knowledge of whereabouts of drugs in household.
- Multiple positive urine screens.

D. Problems resulting in chronic dysfunction - Caretaker has chronic substance abuse problems resulting in a chaotic and dysfunctional household or lifestyle. There has been a pattern of serious, long-term problems related to substance abuse. Other examples may include but are not limited to:

- Multiple job loss.
- Multiple arrests that are related to the caretaker's substance abuse.
- Caretaker has had a serious problem with substance abuse, been in recovery, and recently has relapsed.
- Caretaker has a serious medical problem resulting from substance abuse.
- Caretaker is in a stage of dependency on a substance.
- There has been regular pre-natal exposure of children to substances - this includes exposure in more than one pregnancy, children diagnosed fetal alcohol syndrome (FAS) or fetal alcohol effect (FAE), or children with a positive toxicology screen at birth.

S9. Sexual Abuse

A. No evidence of problem - Caretaker is not known to be a perpetrator of child sexual abuse.

B. Failed to protect - Caretaker has failed to protect a child from sexual abuse.

C. Evidence of sexual abuse - Caretaker is known to be a perpetrator of child sexual abuse.

S10. Domestic Relations

A. Supportive relationship - Supportive relationship exists between caretakers or adult partners. Caretakers share decision making and responsibilities.

B. Single caretaker not involved in domestic relationship - Single caretaker.

C. Domestic discord, lack of cooperation - Current marital or domestic discord. Lack of cooperation between partners, open disagreement on how to handle child problems or discipline. Frequent or multiple partners.

D. Serious domestic discord or domestic violence - Serious marital discord or domestic violence. Repeated history of leaving and returning to abusive spouse or partners. Involvement of law enforcement in domestic violence problems, restraining orders, criminal complaints.

S11. Social Support System

A. Strong support system - Caretaker has a strong, constructive support system. Active extended family or close friends who provide material resources, child care, supervision, role modeling for parent and children, or parenting and emotional support.

B. Adequate support system - Caretaker uses extended family, friends, community resources to provide a support system for guidance, access to child care, available transportation, or other needs.

C. Limited support system - Caretaker has limited support system, is isolated, or reluctant to use available support or support system is negative.

D. No support or destructive relationships - Caretaker has no support system or caretaker has destructive relationships with extended family and community resources.

S12. Communication/ Interpersonal Skills

A. Appropriate skills - Caretaker appears to be able to clearly communicate needs of self and children and to maintain both social and familial relationships.

B. Limited or ineffective skills - Caretaker appears to have limited or ineffective interpersonal skills within the family and community which limit ability to make friends, keep a job, communicate needs of self or children to schools or agencies.

C. Isolated, hostile, or destructive - Caretaker isolates self or children from outside influences or contact, or has interpersonal skills that are hostile or destructive towards family members or others. Available evidence indicates very chaotic, disrespectful communication or behavior patterns or extreme isolation; very diffuse or extremely rigid personal boundaries; extreme emotional separateness or attachment.

S13. Housing

A. Adequate housing - Family has adequate housing of sufficient size to meet their basic needs.

B. Some housing problems, but correctable - Family has housing, but it does not meet the health or safety needs of the children due to such things as inadequate plumbing, heating, wiring, housekeeping, or size.

C. No housing, eviction notice - Family has eviction notice, house has been condemned, is uninhabitable, or family has no housing.

S14. Intellectual Capacity

A. Average or above functional intelligence - Caretaker appears to have average or above average functional intelligence.

B. Some impairment, difficulty in decision making skills - Caretaker has limited intellectual or cognitive functioning which impairs ability to make sound decisions or to integrate new skills being taught, or to think abstractly. Available evidence indicates that caretaker's intellectual ability impairs their ability

to function independently and to care for child. Indicators include:

- Deficiencies, even after instruction, in everyday living skills such as taking a bus, shopping for food or clothing, or using money.
- Difficulties in performing, even after instruction, such basic child care tasks as preparing formula, changing diapers, taking temperatures, administering medication, preparing meals, or dressing children appropriately for weather conditions.
- Grossly inappropriate social behavior for chronological age.
- Previous school placement in a special education or developmental disabilities program.
- Caretakers' IQ indicates they are mildly mentally impaired with a score of 50-55 to approximately 70.

C. Severe limitation - Caretaker is limited intellectually or cognitively to the point of being marginally able or unable to make decisions and care for themselves or to think abstractly. It appears that the caretaker has severely limited intellectual ability that seriously limits or prohibits ability to function independently or care for a child. Indicators of a major problem include:

- Caretaker's IQ indicates they are moderately, severely, or profoundly mentally impaired with a score below 50-55.
- Caretaker's employment is in a sheltered workshop or is unable to work. Outside assistance is provided or has been recommended for caretaker's daily living.
- Previously placed in, or recommended for a residential treatment facility, or specialized group home because of limited intellectual ability. Inability to recognize and respond appropriately to situations requiring prompt medical attention, such as diarrhea, fever, or vomiting, or situations requiring emergency medical care, such as potential broken bones or serious burns.
- Restricted ability to make judgments to protect the child from abuse, neglect, or injury.

POLICY CONTACT

Direct questions about this policy item to the Child Welfare Policy Mailbox.

PURPOSE

For children with a permanency planning goal of reunification, caseworkers must make every effort to achieve reunification as soon as possible and within a maximum of 12 months after removal. The purpose of the reunification assessment is to structure critical case management decisions for children in foster care who have a permanency planning goal of reunification; see FOM 722-07B, Reunification. The assessment must:

- Routinely monitor critical case factors that affect goal achievement.
- Help structure the case review process.
- Expedite permanency for children in out-of-home care.

The reunification assessment measures two factors:

- Progress in resolving the primary barriers identified in the needs and strengths assessment.
- Compliance with the parenting time plan during the report period.

The caseworker documents the reunification assessment results in the updated DHS-441, Case Service Plan. The reunification assessment is paired with the permanency planning decision guidelines for subsequent action by the supervising agency; see Permanency Planning Decision Guidelines and Definitions in this item. The guidelines require action to return home, maintain placement or change the permanency planning goal based on parental progress toward barrier reduction, parenting time progress, and child safety.

COMPLETION REQUIREMENTS

The caseworker must complete a reunification assessment prior to every updated DHS-441, Case Service Plan, for all households with a legal right to the child where:

- The permanency planning goal is reunification.
- Parental rights have not been terminated.

Exception: The reunification assessment does not need to be completed for a household whose parent is unable to be located or

who is not participating; see FOM 722-06, Case Planning for definitions of unable to locate and refuses participation.

Caseworkers must complete the reunification assessment in MiSACWIS and link the reunification assessment to the case service plan.

If a decision to recommend return to the home of a parent or a change in permanency planning goal is needed prior to the completion of the Case Service Plan, the caseworker must complete the reunification assessment and safety assessment in MiSACWIS prior to submitting the recommendation to the court of jurisdiction. If the child returns home prior to completion of the initial Case Service Plan, the caseworker must only complete the Safety Assessment; see FOM 722-09C, Safety Assessment.

REUNIFICATION ASSESSMENT INSTRUCTIONS

The main components of the reunification assessment include:

- Review of any Children's Protective Services (CPS) investigations and dispositions during the report period.
- An assessment of progress towards reduction of the primary barriers to reunification and overall barrier reduction.
- An assessment of compliance with the parenting time plan.
- A determination of the child’s safety, when necessary.
- A recommendation, based on the above factors, to:
  - Return home with services this planning period.
  - Maintain own home placement.
  - Remain in placement and maintain current goal.
  - Remain in placement and consider goal change.
  - Remain in placement and change goal.

Assessment Participants

The caseworker must select the assessment date and household.

Investigation History

The caseworker must indicate whether a CPS investigation occurred during the report period covered by the reunification assessment. If there was a CPS investigation during the report period, the caseworker must describe the investigation and findings.

Barriers and Safety

Individual Barriers and Progress Level

The caseworker must assess the family's progress on the primary barriers as identified on the Family Assessment of Needs and Strengths (FANS) and prior case service plan, if applicable; see FOM 722-09A, Family Assessment of Needs and Strengths (FANS). The caseworker must assess progress using the definitions below.

- Substantial.
  - Parent or caretaker has successfully met all treatment plan objectives for the identified barrier and routinely demonstrates desired behavior including interactions with children and others.
  - Parent or caretaker is actively participating in programs. Parent or caretaker is pursuing the objectives detailed in treatment plan, making significant progress in reducing the identified barrier, and routinely demonstrating desired behavior, including interactions with children and others.
- Partial.
  - Parent or caretaker is participating in, or has completed, treatment plan activities with positive progress, but barrier resolution is not complete. Parent or caretaker occasionally demonstrates desired behavior, including interaction with children and others.
- Poor.
  - Parent or caretaker is unable to participate in treatment plan activities and there is minimal or no progress in reducing barriers. Parent or caretaker rarely or never

demonstrates desired behavior, including interaction with children and others.

- Parent or caretaker is participating in, or has completed, treatment plan activities, but there is minimal or no progress in reducing barriers. Parent or caretaker rarely or never demonstrates desired behavior, including interaction with children and others.

- Refused.
  - Parent or caretaker refuses, either verbally or in writing to the court, to participate in treatment plan activities.
  - Parent or caretaker is unavailable to participate in treatment plan activities.

Overall Barrier Reduction

MiSACWIS will automatically calculate a suggested overall barrier reduction score based on the progress levels selected by the caseworker for each of the primary barriers.

To determine the score for overall barrier reduction, the caseworker must determine if the caretaker has made progress in addressing barriers that reduce the risk of subsequent harm if the child returns home. This may include barriers that are not primary barriers but that the caseworker scored as needs on the FANS **and would place the child in danger of substantial physical or psychological harm if the child were to return home**.

The caseworker must provide narrative justification that supports the progress levels selected for each primary barrier and overall barrier reduction score.

The caseworker may select a different overall barrier reduction score than the recommended response calculated by MiSACWIS. The caseworker must include narrative justification for changing the recommended response. If the caseworker considered other barriers in addition to the primary barriers listed on the reunification assessment when calculating the overall barrier reduction score, the caseworker must document:

- The additional barriers that were considered.
- The progress level on the additional barriers.
- Justification for the progress levels selected for the additional barriers.

Parenting Time

The caseworker must score the household's compliance with the parenting time plan. The caseworker must score compliance using the definitions below.

- Substantial:
  - Parent or caretaker maintained parenting time schedule.
  - Parent-child or caretaker-child interaction is appropriate throughout all parenting time.
- Partial:
  - Parent or caretaker generally maintained parenting time schedule.
  - Parent or caretaker notified agency if could not keep appointment.
  - No major problems in parent or caretaker behavior or interactions with the child.
- Poor:
  - Parent or caretaker failed to maintain parenting time schedule.
  - Parent or caretaker failed to notify agency if unable to keep appointment one or more times.
  - There has been poor parent-child or caretaker-child interaction or inappropriate parent or caretaker behavior during parenting time.
  - Parenting time canceled due to parent or caretaker behavior or the court has ordered no parenting time or the child refuses parenting time.
- Refused:
  - Parent or caretaker refused to participate in the parenting time plan.

The caseworker must provide narrative justification that supports the overall parenting time score.

Safety Assessment

If the caseworker scores **both** overall barrier reduction **and** parenting time compliance as substantial or partial, the caseworker must complete the safety assessment; see FOM 722-09C, Safety Assessment. If the caseworker scores either overall barrier reduction or overall parenting time as poor or refused, the caseworker is not required to complete the safety assessment.

If a safety assessment is required, once completed, MiSACWIS will include the safety decision in the reunification assessment.

Reunification Recommendation

In the final section of the reunification assessment, MiSACWIS will calculate the policy recommendation regarding the child's placement and permanency planning goal based on the Structured Decision Making (SDM) Permanency Planning Decision Tree; see Exhibit I in this item. MiSACWIS calculates the recommendation using the permanency planning guidelines based on information provided in the reunification assessment and, if applicable, the current and prior safety assessments and prior reunification assessments; see *Permanency Planning Decision Guidelines* in this item. Recommendation options are:

- Return home with services this planning period.
- Maintain own home placement.
- Remain in placement, and
  - Maintain current goal.
  - Consider goal change.
  - Change goal.

PERMANENCY PLANNING DECISION GUIDELINES

The caseworker must use permanency planning decision guidelines to determine when to recommend return of a child home, maintain out-of-home placement, or a change the permanency planning goal; see FOM 722-07, Permanency Planning. The caseworker applies the permanency planning decision guidelines following completion of the reunification assessment. The caseworker uses the results of the reunification assessment and safety assessment, if required, to determine recommendations for

case action. The caseworker must consider outcomes from prior case service plans in combination with current outcomes.

Substantial

If both parenting time compliance and overall barrier reduction are substantial and the safety assessment decision is:

- Child is **safe**, the caseworker **must** recommend returning the child home.
- Child is **safe with services**, the caseworker **must** recommend returning the child home.
- Child is **unsafe**, the caseworker **must** recommend that the child remain in placement. The number of prior unsafe assessments determine the permanency planning recommendation.
  - After the first unsafe, the caseworker **must** consider changing the permanency planning goal.
  - After the second unsafe, the caseworker **must** consider changing the permanency planning goal.
  - After the third unsafe, the caseworker **must** recommend changing the permanency planning goal.

Partial

If both the parenting time and overall barrier reduction assessments are partial, or one is substantial and the other is partial, and the safety assessment decision is:

- Child is **safe**, the caseworker **must** recommend returning the child home.
- Child is **safe with services**, the caseworker **must** recommend returning the child home.
- Child is **unsafe,** the caseworker must recommend the child remain in placement. The number of prior unsafe assessments determine the permanency planning recommendation.
  - After the first unsafe, the caseworker **must** consider changing the permanency planning goal.

- After the second unsafe, the caseworker **must** consider changing the permanency planning goal.
- After the third unsafe, the caseworker **must** recommend changing the permanency planning goal.

Poor or Refused

If the caseworker scores **either** barrier reduction or parenting time compliance as poor or refused, the child remain in out-of-home placement. The number of prior poor, refused, or unsafe assessments determine the permanency planning recommendation.

- After the first poor or refused assessment, the caseworker **must** consider changing the permanency planning goal.
- After two poor or refused assessments, the caseworker must recommend changing the permanency planning goal.
- After one poor or refused and one unsafe safety assessment, the caseworker must consider changing the permanency planning goal.
- After any combination of three unsafe, poor, or refused, the caseworker must recommend changing the permanency planning goal.

Overrides

There are three circumstances which allow a caseworker to override the recommendation to change the permanency planning goal.

The caseworker may use the following two overrides without prior supervisory approval in the following situations:

- Delayed court disposition. Assessments are unable to be completed because of delayed court dispositions.
- Service to address a barrier is not available. Services to address a barrier are not available in the area or unavailable to the client during the period assessed.

Caseworkers must obtain prior supervisory approval for a discretionary override. A discretionary override may be used when the permanency planning decision guideline recommendation is not

in the best interest of the child due to the family's or child's unique circumstances. The caseworker must provide narrative justification for use of a discretionary override.

If the caseworker completed overrides for multiple children, the caseworker must include separate justifications for each child's override.

SDM Permanency Planning Decision Tree; see Exhibit I.

EXHIBIT I

PERMANENCY PLANNING DECISION GUIDELINE TREE

The following decision tree summarizes the policy guidelines:

SDM PERMANENCY PLANNING DECISION TREE

Circle answers and recommendation.

Date

Initial Placement ___/___/___

USP 1 ___/___/___

USP 2 ___/___/___

USP 3 ___/___/___

Is this the first USP?

Yes

Is parenting time or overall barrier reduction poor or refused?

Or is the safety decision unsafe?

Yes

Child remains in placement, consider permanency plan goal change.

No

Recommend return home with services this planning period.

No

Is parenting time or overall barrier reduction poor or refused?

Or is the safety decision unsafe?

Yes

Check one for recommendation.

☐ **First poor/refused or unsafe**: remain in placement & **consider** goal change.

☐ **Second poor/refused**: remain in placement & **change** goal.

☐ **Second unsafe or first poor/refused and first unsafe**: remain in placement & **consider** goal change.

☐ **Any combination of three unsafe or poor/refused**: remain in placement & **change** goal.

No

Is parenting time and overall barrier reduction at least partial AND is the safety decision at least safe with services?

Yes

Recommend return home with services this planning period.

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox.

PURPOSE

The purpose of the foster care safety assessment is to:

- Assess whether a child is in immediate danger of physical harm.
- Identify the source of that danger.
- Determine if an available protecting intervention can be maintained or initiated to ensure the child's physical safety.

Caseworkers must also use the safety assessment to ensure that reasonable efforts are made to preserve or reunify the family through consideration of specific safety factors and protecting interventions; see FOM 722-06, Case Planning.

COMPLETION REQUIREMENTS

The caseworker must complete a safety assessment prior to every updated DHS-441, Case Service Plan, for all households with a legal right to the child when the permanency planning goal is reunification, **and** the caseworker rates both overall barrier reduction and parenting time as substantial or partial in the reunification assessment; see FOM 722-09B, Reunification Assessment.

The caseworker must also complete the safety assessment:

- Prior to placement in a household with a legal right to reunification if the caseworker completed the last safety assessment more than 30 days prior to placement **or** the prior safety assessment result was unsafe.
- Prior to completion of the DHS-441, Case Service Plan, each report period when the child lives in a household with legal right to reunification, regardless of the results of the reunification assessment, for the household in which the child resides.
- Whenever a change in circumstances leads the caseworker to believe that a threat of imminent danger exists.

Caseworkers must complete the safety assessment in MiSACWIS and link it to the DHS-441, Case Service Plan.

Caseworkers use the safety assessment to determine the presence or absence of specific immediate harm factors. Caseworkers respond to immediate harm factors by implementing one or more of the seven in-home **protecting interventions** or the out-of-home protecting intervention. A protecting intervention is safety response taken by staff or others to address the unsafe condition identified in the assessment; see Safety Interventions in this item.

If in-home protecting interventions cannot ensure the child's safety in the presence of the identified immediate harm factors or have failed to ensure the child's safety, the caseworker must select the protecting intervention of continued placement outside of the home.

Note: Young children, older children with developmental delays or other disabilities, and children who have experienced repeated victimization are especially vulnerable. The caseworker must consider each immediate harm factor regarding the vulnerability of each child throughout the assessment.

Decisions

The caseworker uses the safety assessment to determine if the child is:

- **Safe,** if no immediate harm factor is present in the family.
- **Safe with services,** if any immediate harm factor is present but an in-home protecting intervention can ensure child safety while other services are provided.
- **Unsafe,** if any immediate harm factor is present and the only protecting intervention that can ensure the child's safety is the removal of the children from the home or continued out-of-home placement.

Caseworkers must recommend return home of children in out-of-home care when the safety decision is:

- Safe.
- Safe with services.

If the result of the safety assessment is safe or safe with services and the next court review is not scheduled for more than 30 days after the safety assessment, the caseworker must initiate action with the court of jurisdiction to review the appropriateness of the child's continued out-of-home placement and recommend return of

the child to the parental home prior to the next scheduled review hearing.

SAFETY ASSESSMENT INSTRUCTIONS

The caseworker must select the case members participating in the assessment.

Immediate Harm Factors

The caseworker must assess each immediate harm factor. The immediate harm factors are behaviors or conditions that may be associated with a child in danger of immediate or serious harm.

The caseworker must answer *yes* where there is clear evidence that the factor exists or there is cause for concern that the factor is present in the family. The caseworker must answer *no* if a factor is not present. **Use the definitions as guidelines in assessing the presence or absence of a factor.**

The caseworker must provide narrative justification for any immediate harm factor that is assessed as present.

1. Caretaker caused serious physical harm to a child or made a plausible threat to cause serious physical harm in the current investigation. If yes, the caseworker must select all that apply and provide narrative justification.

    - Serious injury or abuse to child other than accidental.
    - Threat to cause harm or retaliate against child.
    - Excessive discipline or physical force.
    - Potential harm to child as a result of domestic violence.
    - One or more caretakers fear they will maltreat child.
    - Alcohol or drug exposed infant.

2. Caretaker has previously maltreated a child in their care and the severity of the maltreatment or the caretaker's response to the previous incident **and** current circumstances suggest that child safety may be an immediate concern. There must be both current immediate threats to child safety **and** related previous maltreatment that was severe or represents an unresolved pattern of maltreatment. If yes, the caseworker must select all that apply and provide explanation.

- Prior death of a child.
- Prior maltreatment that caused severe harm to any child.
- Prior termination of parental rights.
- Prior removal of any child.
- Prior confirmed CPS case.
- Prior threat of serious harm to child.

Note: If the caseworker scores this factor as *no* and there is prior maltreatment, the caseworker must explain why it is not currently a factor.

3. Caretaker fails to protect children from serious harm or threatened harm. If yes, the caseworker must select all that apply and provide explanation.

   - Live-in partner found to be perpetrator.

4. Caretaker explanation of any injury to a child is unconvincing and the nature of the injury suggests that the child's safety may be of immediate concern. If yes, the caseworker must provide explanation. Examples include:

   - Medical evaluation indicates injury is result of abuse, caretaker denies or attributes injury to accidental causes.

   - Caretaker explanation for the observed injury is inconsistent with the type of injury.

   - Caretaker description of the causes of the injury minimizes the extent of harm to the child.

5. The family refuses access to the child, or there is a reason to believe that the family is about to flee, or a child's whereabouts cannot be ascertained. If yes, the caseworker must provide explanation. Examples include:

   - Family currently refuses access to the child and cannot or will not provide child's location.

   - Family has removed child from a hospital against medical advice.

   - Family has previously fled in response to a CPS investigation.

   - Family has history of keeping child at home, away from peers, school, other outsiders for extended periods.

6. Child is fearful of caretaker, other family members, or other people living in or having access to the home. If yes, the caseworker must provide explanation. Examples include:

   - Child cries, cowers, cringes, trembles, or otherwise exhibits fear in the presence of certain individuals or verbalizes such fear.
   - Child exhibits severe anxiety such as nightmares or insomnia related to situations associated with a person in the home.
   - Child has reasonable fears of retribution or retaliation from caretaker, other household members or others having access to the child.

7. Caretaker does not provide supervision necessary to protect child from potentially serious harm. If yes, the caseworker must provide explanation. Examples include:

   - Caretaker does not attend to child to the extent that need for care goes unnoticed or unmet, such as when caretaker is present but child can wander outdoors alone, play with dangerous objects, play on unprotected window ledge, or be exposed to other serious hazards.
   - Caretaker leaves child alone for a time period or under circumstances that are not appropriate given the child's age and development.
   - Caretaker makes inadequate or inappropriate baby-sitting or childcare arrangements or demonstrates very poor planning for child's care.
   - Caretaker whereabouts are unknown.

8. Caretaker does not meet the child's immediate need for food, clothing, shelter, or medical or mental health care. If yes, the caseworker must provide explanation. Examples include:

   - No housing or emergency shelter; child must or is forced to sleep in the street, car, or in a place not typically used as a dwelling; housing is unsafe or without heat.
   - No food provided or available to child, or child starved or deprived of food or drink for prolonged periods.

- Child without minimally warm clothing in cold months.
- Caretaker does not seek treatment for child's immediate and dangerous medical condition or does not follow prescribed treatment for such condition.
- Child appears malnourished.
- Child has exceptional needs which caretaker cannot or will not meet.
- Child is suicidal and caretaker will not take protective action.
- Child shows effects of maltreatment, such as serious emotional symptoms and lack of behavior control or serious physical symptoms.

9. Child's physical living conditions are hazardous and immediately threatening based on the child's age and developmental stage. If yes, the caseworker must provide explanation. Examples include:

    - Leaking gas from stove or heating unit.
    - Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink or in open.
    - Lack of water or utilities such as heat, plumbing, and electricity and no alternate provisions made, or alternate provisions are inappropriate, such as use of a stove or unsafe space heaters for heat.
    - Open windows or broken or missing windows.
    - Exposed electrical wires.
    - Excessive garbage or rotted or spoiled food which threatens health.
    - Serious illness or significant injury has occurred, such as lead poisoning or rat bites, due to living conditions and these conditions still exist.
    - Evidence of human or animal waste throughout living quarters.

- Guns and other weapons are not locked.

10. Caretaker substance use seriously affects their ability to supervise, protect or care for the child. If yes, the caseworker must provide explanation. Examples include:

    - Caretaker has misused drugs or alcoholic beverages to the extent that control of his or her actions is lost or significantly impaired.

    - As a result of substance use, the caretaker is unable, or will likely be unable, to care for the child.

    - As a result of substance use, the caretaker has harmed the child, or is likely to harm the child.

11. Caretaker behavior is violent or out-of-control. If yes, the caseworker must provide explanation. Examples include:

    - Extreme physical, verbal, angry, or hostile outbursts at child.

    - Use of brutal or bizarre punishment such as scalding with hot water, burning with cigarettes, or forced feedings.

    - Domestic violence is likely to have negative impact on the child.

    - Use of guns, knives, or other instruments in a violent way.

    - Violently shakes or chokes baby or young child to stop a particular behavior.

    - Behavior that seems out of touch with reality, fanatical, or bizarre.

    - Behavior that is reckless, unstable, raving, or explosive and seems to indicate a serious lack of self-control.

12. Caretaker describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations. If yes, the caseworker must provide explanation. Examples include:

    - Caretaker describes child in a demeaning or degrading manner, such as evil, possessed, stupid, or ugly.

- Caretaker curses at child or repeatedly puts child down.
- Caretaker scapegoats a particular child in the family.
- Caretaker expects a child to perform or act in a way that is impossible or improbable for the child's age or developmental stage, such as expecting babies and young children not to cry, be still for extended periods, be toilet trained or eat neatly, care for younger siblings, or stay alone.
- Caretaker views child as responsible for the caretaker's problems.
- Actions by the caretaker may be periodic but form an overall negative view of the child.

13. Child sexual abuse is suspected or confirmed and circumstances suggest that child safety may be an immediate concern. If yes, the caseworker must provide explanation. Examples include:

    - Caretaker or others have committed rape, sodomy, or had other sexual contact with child.
    - Caretaker or others have forced or encouraged child to engage in sexual performances or activities, including forcing a child to observe sexual performances or activities.
    - Access by possible or confirmed sexual abuse perpetrator to child continues to exist.

    Note: Confirmed means that there is a preponderance of evidence that sexual abuse occurred.

14. Caretaker emotional stability seriously affects current ability to supervise, protect, or care for the child. If yes, the caseworker must provide explanation. Examples include:

    - Caretaker refusal to follow prescribed medicines may skew ability to parent the child.
    - Caretaker inability to control emotions such as anger results in violent or out of control behavior that threatens a child.

- Caretaker exhibits distorted perception of reality that impacts ability to parent child appropriately such as keeping child from school or play due to extreme fear of germs or violence.
- Depressed behavior that manifests feeling of hopelessness, helplessness, or leading caretaker to being immobilized and failing to attend to child, feed or properly clothe child, or provide suitable environment.

15. Other. If yes, the caseworker must provide explanation.

If no immediate harm factors are present, the caseworker must go to the safety decision and select safe.

Safety Interventions

If any immediate harm factor has been identified, the caseworker must consider the resources available in the family and the community to determine which protecting interventions will ensure the child's safety.

The caseworker must consider the following protecting interventions when determining the level of intervention necessary:

1. Monitoring or direct services by MDHHS worker.
2. Use of family resources, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as immediate safety resources.
   - Intensive home based.
   - Other community services.
4. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
5. Have the non-maltreating caretaker move to a safe environment with the child.
6. Recommend that the caretaker place the child outside the home.
7. Other.

8. Legal action must be continued to place children outside the home, such as placement with a relative or a licensed foster home.

The caseworker must assess whether in-home interventions 1-7 can address the identified immediate harm factors and ensure child safety. If one or more of the in-home protecting interventions can be used to ensure child safety, the caseworker must go to the safety decision and select *safe with services*.

If none of the in-home protecting interventions can ensure the child's safety, the caseworker must select protecting intervention 8 and select *unsafe* as the safety decision.

Safety Decision

The caseworker must select the safety decision based on the following criteria:

- **Safe:**
  - The caseworker did not identify any immediate harm factors; and
  - The child is not in immediate danger of serious harm if placement is made, or maintained, with the caretaker.
- **Safe with Services:**
  - The caseworker identified immediate harm factors; and
  - In-home protecting interventions are in place that will allow the child to be placed or maintained with the caretaker.
- **Unsafe**
  - The caseworker identified immediate harm factors; and
  - No in-home protecting interventions can address the identified harm factors; and
  - One or more children are likely to be in immediate danger of serious harm if they return to or continue to reside in the home.

POLICY CONTACT

Direct questions about this policy item to the Child Welfare Policy Mailbox.

OVERVIEW

The Family Division of the Circuit Court regularly reviews the status of temporary court wards, permanent court wards, and Michigan Children's Institute (MCI) wards. These hearings are open to the public unless specifically closed by the court. Any party to the proceeding may request the court close the hearing.

The court retains the authority for continuing or terminating Michigan Department of Health and Human Services (MDHHS) responsibility for temporary and permanent court wards. The supervising agency retains responsibility for the supervision of children returned to their families following temporary foster care placement until the Family Division of the Circuit Court issues an order dismissing such responsibility.

The MCI superintendent has authority over MCI wards, pursuant to the Michigan Children's Institute Act, MCL 400.201 *et seq*. MCI wards are not under the jurisdiction of the court under the Probate Code, MCL 712A.2.

State wards committed to the department under the Probate Code, MCL 712A.1 through MCL 712A.32 are also not under the jurisdiction of the court but are under the authority of the MCI superintendent pursuant to MCL 710.28(8), the Adoption Code.

Note: Even though these children are not under the court's jurisdiction, the court will continue to hold dispositional review hearings.

COURT HEARING NOTIFICATION REQUIREMENTS

State and federal law requires courts to ensure certain parties are notified of proceedings held with respect to a child under the jurisdiction of the court. To facilitate this process the supervising agency is required to provide notification of all court proceedings to the following:

- The child if the child is 11 years or older.
- The foster parents, relative caregivers, court-ordered unrelated caregivers, and pre-adoptive parents.
- The non-offending parent if the child is placed with that parent.

The supervising agency must use the DHS-715, Notice of Hearing, to send notification of court hearings.

The DHS-715, Notice of Hearing, must contain the following:

- Name and address of current placement.
- Names of children the court hearing will review.
- Date and time of court hearing.
- Complete court address.
- Deadline for written comments and placement materials.
- Any additional caseworker comments, if applicable.
- Caseworker name, agency, address, and telephone number.

The State Court Administrative Office (SCAO) recommends that for compliance with the time-of-service requirement, courts should provide notice of the hearing to MDHHS in a timely manner, for example, 28 days prior to the hearing, in order for a notice of hearing to be given to the child, the child's caregivers, the non-offending parent, and pre-adoptive parents within the time required in the court rule. If the court provides notice of hearing to the caseworker in a timely manner, the caseworker must send the DHS 715, Notice of Hearing, to the child, foster parents, relative caregivers, the non-offending parent, and/or pre-adoptive parents at least seven calendar days prior to the hearing.

Note: The caseworker can generate and save the DHS-715, Notice of Hearing, in the electronic case management record and it will be printed and mailed by the Consolidated Print Center. Caseworkers can reference the electronic case management system Job Aid: Record a Hearing and Generate a DHS-715, to utilize this function.

Notification of Physician

The court of jurisdiction must notify the attending physician or the child’s primary care physician of the time and place of a hearing where consideration is being given to returning the child to their home if the child has been diagnosed with one of the following conditions:

- Failure to thrive.
- Medical child abuse.
- Pediatric abusive head trauma.
- Drug exposure in utero.

- A bone fracture diagnosed by a physician as being the result of abuse or neglect.

Parents Who are Incarcerated

The court must allow a parent who is incarcerated to participate in all review hearings and permanency planning hearings via telephone. The original or amended petition filed by MDHHS, a contracted placing agency foster care (PAFC) provider, or the department's legal representative must notify the court of the parent's incarceration, and the court is responsible for arranging the parent's telephonic participation in the hearings. MDHHS, the PAFC, or the department's legal representative must include the statement: "a telephonic hearing is required pursuant to MCR 2.004," near the top of the petition.

Right to be Heard

The court will consider any written or oral information concerning the child from the child's parents, guardian, custodian, foster parent, child caring institution, relative with whom the child is placed, or guardian ad litem (GAL) in addition to any other evidence, including the appropriateness of parenting time, offered at the hearing.

Any person or institution providing care for a child in foster care **must** be given the opportunity to submit written or verbal feedback regarding the child to be included in each case service plan. A written statement is preferred and if one is provided it must be attached to the case service plan, before submitting the service plan to the court. If a written statement is not provided, the caseworker must summarize the caregiver's feedback in the case service plan. Requests for caregiver input may be sent on the DHS-715, Hearing Notice, if the court provides notice of hearing to the caseworker in a timely manner.

Note: The caseworker must ensure children know and understand their right to attend and have input in court hearings based on the child's age and level of development. The caseworker must relay the child's desires to have input into their court hearings to the L-GAL or GAL to ensure the child an opportunity to be heard regarding their case. The L-GAL or GAL will relay this information to the court. Discussion with youth regarding their right to be heard and the relaying of the information to the L-GAL or LGAL must be

documented within the social work contacts section in the electronic case management record.

American Indian/Alaska Native (AI/AN) Children

If the caseworker knows, has reason to know, or at any time learns, that a child is or may be an AI/AN; see NAA 210, Notification of Court Proceedings.

DISPOSITIONAL REVIEW HEARING

Dispositional review hearings are required 91 days from the original dispositional hearing and every 91 days thereafter for any child subject to the jurisdiction of the court or the supervision of the MCI.

After the first year the child is subject to the court's jurisdiction, a review hearing must be held no later than 182 days from the immediately preceding review hearing before the end of the first year and no later than every 182 days from each preceding review hearing thereafter until the case is dismissed.

State law gives courts the authority to take certain actions on temporary ward cases. The court may determine there is an advantage to reviewing a case sooner than the regularly scheduled review hearing. Caseworkers must request a review hearing occur prior to the 91- or 182-day timeframe if a shorter review period is in the child's best interest. The court may decide to return a child to the parental home without a hearing if the parties have received timely notice from the court or the supervising agency.

At a review hearing, the court must review on the record the following:

- Compliance with the case service plan with respect to services provided or offered to the child and the child's parent, guardian, custodian, or nonparent adult if the nonparent adult is required to comply with the case service plan, and whether each of those individuals has complied with and benefited from those services.
- Compliance with the case service plan with respect to parenting time with the child. If parenting time did not occur or

was infrequent, the court must determine why parenting time did not occur or was infrequent.

- The extent to which the parent complied with each provision of the case service plan, prior court orders, and the Parent Agency Treatment Plan (PATP).
- Likely harm to the child if the child continues to be separated from the child's parent, guardian, or custodian.
- Likely harm to the child if the child is returned to the child's parent, guardian, or custodian.
- After review of the case service plan, the court must determine the extent of progress made toward alleviating or mitigating the conditions that caused the child to be placed or remain in foster care. The court may modify any part of the case service plan, including but not limited to:
  - Prescribing additional services necessary to rectify the conditions that caused the child to be placed in foster care or to remain in foster care.
  - Prescribing additional actions to be taken by the parent, guardian, nonparent adult, or custodian, to rectify the conditions that caused the child to be placed in foster care or to remain in foster care.

Following the hearing, the court may:

- Continue the dispositional order.
- Modify the dispositional order.
- Enter a new dispositional order.
- Order the return of the child to the custody of the parent if parental rights have not been terminated.

PERMANENCY PLANNING HEARING

Permanency planning hearings are required to review and finalize a permanency plan for a child in foster care. The first permanency planning hearing must occur within 12 months of the date the child was removed from their home. For children who continue in foster care, the court must conduct subsequent permanency planning hearings within 12 months of the previous permanency planning hearing.

Further, if the court determines reasonable efforts to reunify the child and family are not required, then a permanency planning hearing must be held within 30 days of the date of the judicial determination. Reasonable efforts to reunify a child and family are required in all cases except the following:

- There is a judicial determination that a parent has abused the child or placed the child at an unreasonable risk of harm and failed to take reasonable steps to intervene to eliminate the risk and the abuse the child was subjected to included one or more of the following:
  - Abandonment of a young child.
  - Criminal sexual conduct involving penetration, attempted penetration, or assault with intent to penetrate.
  - Battering, torture, or other severe physical abuse.
  - Loss or serious impairment of an organ or limb.
  - Life threatening injury.
  - Murder or attempted murder.
- The parent has been convicted of one or more of the following:
  - Murder of another child of the parent.
  - Voluntary manslaughter of another child of the parent.
  - Aiding or abetting in the murder of another child of the parent or voluntary manslaughter of another child of the parent, the attempted murder of the child or another child of the parent, or the conspiracy or solicitation to commit the murder of the child or another child of the parent.
  - A felony assault that results in serious bodily injury to the child or another child of the parent.
- The parent's rights to another child were involuntarily terminated.
- The parent is required by court order to register under the Sex Offenders Registration Act.

Case Service Plan Recommendations

The court must conduct permanency planning hearings periodically to review the status of the child and the progress being made toward the child's return home or show why the child should not be placed in the permanent custody of the court. The supervising agency must recommend one of the following when preparing the case service plan for the permanency planning hearing:

- The agency is recommending the court issue an order returning the child to the home of the parent; see FOM 722-07B, Permanency Planning - Reunification.
- The agency is not recommending the court issue an order returning the child to the home of the parent. If this is the recommendation, the service plan must also contain either:
  - A statement that the supervising agency believes it is in the child's best interest for the court to terminate the parents' rights to the child and the reasons why.
  - Documentation regarding the compelling reasons why termination of parental rights is not in the child's best interest.

    See FOM 722-07C, Permanency Planning - Termination of Parental Rights.

  Note: A parent's resumption of contact or minimal participation in the case plan in the days or weeks immediately preceding the permanency planning hearing is insufficient basis alone for retaining reunification as the permanency plan.

Court Responsibilities

At or before each permanency planning hearing the court is required to do the following:

- Obtain the child's views of their permanency plan in a manner that is appropriate to the child's age.
- Consider in-state and out-of-state placement options if the child will not be returned home.

Note: If a child is already in an out-of-state placement, the court must determine if the placement continues to be appropriate and in the child's best interest.

- Ensure the supervising agency is providing appropriate services to assist a youth who will transition from foster care to independent living.
- Determine whether the agency has made reasonable efforts to finalize the permanency plan. At the hearing, the court must determine whether and, if applicable, when the following must occur:
    - The child may be returned to the parent, guardian, or legal custodian; see FOM 722-07B, Permanency Planning - Reunification.
    - A petition to terminate parental rights should be filed; see FOM 722-07C, Permanency Planning - Termination of Parental Rights.
    - The child may be placed in a legal guardianship; see FOM 722-07E, Permanency Planning - Guardianship.
    - The child may be permanently placed with a fit and willing relative; see FOM 722-07F, Permanency Planning - PPFWR and APPLA.
    - The child may be placed in another planned permanent living arrangement, but only in those cases where the agency has documented a compelling reason for determining it would not be in the best interest of the child to follow one of the options listed above; see FOM 722-07F, Permanency Planning - PPFWR and APPLA.
- Determine whether the supervising agency, foster home, and/or institutional placement followed the reasonable and prudent parenting standard, and that the child has had regular opportunities to engage in age or developmentally appropriate activities.

Permanency Planning Hearing Placement Determinations

If the child is a temporary court ward, the court must determine at the permanency planning hearing whether returning the child to the parent would cause a substantial risk of harm to the child's life, physical health, or mental well-being.

Reunification

If the court determines the return of the child to the parent would **not** cause a substantial risk of harm to the child, the court must order the child returned to the parent; see FOM 722-07B, Permanency Planning - Reunification.

Termination

If the court determines that the return of the child to the parent would cause substantial risk of harm to the child, the court **may** order the agency to file a petition to terminate parental rights; see FOM 722-07C, Permanency Planning - Termination of Parental Rights.

Alternative Placement Plans

If the supervising agency demonstrates that initiating the termination of parental rights to the child is clearly not in the child's best interests or if the court does not order the agency to initiate proceedings to terminate parental rights, the court must order one of the following alternative placement plans:

- Foster care for a limited period stated by the court.
- Foster care on a long-term basis, if the court determines it is in the child's best interest based on compelling reasons; see FOM 722-07F, Permanency Planning - PPFWR and APPLA.
- Guardianship, which may continue until the child is emancipated; see GDM 600, Juvenile Guardianship.

POST-TERMINATION REVIEW HEARING AND PERMANENCY PLANNING HEARINGS

During combined post-termination review hearings for state wards and permanency planning hearings, the court will review the following:

- Appropriateness of the permanency planning goal.
- Appropriateness of the child's placement in foster care.
- The supervising agency's reasonable efforts to place the child for adoption or in another permanent placement in a timely manner.
- The supervising agency's reasonable efforts to finalize the permanency plan.

LAWYER-GUARDIAN AD LITEM (L-GAL)

The court must appoint a lawyer-guardian ad litem (L-GAL) for a child. The L-GAL's duties include:

- Maintaining attorney-client privilege.
- Representing the child's best interest.
- Determining the facts of the case by conducting an independent investigation including, but not limited to, interviewing the child, caseworkers, family members, and others as necessary, and reviewing relevant reports and other information.
- Reviewing the agency case file before disposition and before the hearing for termination of parental rights.
- Meeting with and observing the child before each of the hearings indicated below, in order to assess the child's needs and wishes concerning representation and issues in the case.
    - Before the pretrial hearing.
    - Before the initial disposition, if held more than 91 days after the petition has been authorized.

- Before a dispositional review hearing.
- Before a permanency planning hearing.
- Before a post-termination review hearing.
- At least once during the pendency of a supplemental petition.
- At other times as ordered by the court. Adjourned or continued hearings do not require additional visits unless directed by the court.

- Explaining the proceedings to the child in an age-appropriate manner.
- Filing all necessary pleadings and papers and independently call witnesses on the child's behalf.
- Attending all hearings and substitute representation for the child only with court approval.
- Determining the child’s best interest regardless of the child’s wishes, although the L-GAL must present the child’s wishes to the court.
- Monitoring implementation of the service plan and compliance with the service plan by all parties.
- Serving the child until discharged by the court, which must not occur if the child is subject to the jurisdiction, control, or supervision of the court, the MCI, or another agency.
- Identifying common interests among the parties and, to the extent possible, promote a cooperative resolution of the matter through consultation with the child's parent, foster care provider, guardian, and caseworker.
- When necessary, requesting authorization by the court to pursue issues on the child's behalf that do not arise specifically from the court appointment.

MDHHS and PAFC staff must inform foster parents and relative caregivers they have access to the L-GAL. MDHHS and PAFC staff must facilitate communication between the foster parents, the child, and the L-GAL; see FOM 722-06H, Case Contacts.

GUARDIAN AD LITEM (GAL)

The court may also appoint GAL for the child that is not an attorney to aid the court in determining the child's best interest.

The distinction between the L-GAL for the child and the GAL is:

- The L-GAL represents the child's **preferences** in the same way an attorney would represent an adult client.
- The GAL represents the child's **best interests**, which may differ from the child's preferences.

REFUSAL TO AUTHORIZE OR DISMISS A PETITION

If the prosecutor or the court refuses to authorize **or** dismisses a petition, the supervising agency must immediately forward the petition, along with the pertinent court order, to Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov) and the Children's Services Agency Legal Division Request for Research Mailbox (CSARequestforLegalResearch@michigan.gov) to determine if the supervising agency should appeal the prosecutor or the court's decision or if other additional steps are required. Notification must occur regardless of the basis for dismissal. If the supervising agency is also requesting legal representation, the supervising agency must contact the Children's Services Agency Request for Representation Mailbox (CSARequestforRepresentation@michigan.gov) with the appropriate request form.

PROBLEM COURT ORDERS

Court decisions, federal statutes, federal regulations, and state law affect the conditions under which MDHHS can accept care and supervision of court wards, MDHHS' jurisdiction over wards committed to the state, and the parameters for provision of care and supervision of temporary and state wards.

Problematic court orders include orders which:

- Conflict with existing federal statutes, federal regulations, state laws, and court decisions.

- Conflict with Title IV-E funding requirements; see FOM 902, Funding Determinations and Title IV-E Eligibility.
- Conflict with state policy.
- Do not include required wording.
- Order the Department/agency to pay for services for which there is not an available funding source.

The supervising agency must take **immediate** action, as any appeal of an order must be filed with the court within 20 calendar days of receipt of the order. The supervising agency must forward copies of problematic court orders to the Children's Services Agency Legal Division Request for Research Mailbox (CSARequestforLegalResearch@michigan.gov) immediately, but no later than the business day following receipt of the order. A written description of the problematic issue and a reference to applicable policy and law is required in the email. The supervising agency must attempt to resolve problematic aspects of the order with the court, up to requesting the court order be modified, while the problematic court order is under review.

Request for Legal Representation

If the local office is also requesting legal representation, the problematic court order and appropriate form requesting legal representation must be sent to the Children's Services Agency Request for Representation Mailbox (CSARequestforRepresentation@michigan.gov); see APL 403, Lawsuits, Litigation, Legal Documents and Forms.

QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP) PLACEMENTS

For court requirements when a child will be placed in a Qualified Residential Treatment Program (QRTP); see FOM 912, Residential Services: Caseworker Responsibilities.

RESOURCES

DHS-715, Notification of Hearing (https://www.michigan.gov/mdhhs/doing-business)

LEGAL AUTHORITY

Federal

Social Security Act, 42 U.S.C. 671(a)(15)(E)(i)

Social Security Act, 42 U.S.C. 671(a)(27)

Social Security Act, 42 U.S.C. 675(5)(B)

Social Security Act, 42 U.S.C. 675(5)(C)

Social Security Act, 42 U.S.C. 675(5)(G)

45 CFR 1356.21(i)(2)

State

Michigan Children's Institute, 1935 PA 220, et seq.

Probate Code, 1939 PA 288, as amended, MCL 710.28

Probate Code, 1939 PA 288, as amended, MCL 712A.1-2

Probate Code, 1939 PA 288, as amended, MCL 712A.17d

Probate Code, 1939 PA 288, as amended, MCL 712A.18f

Probate Code, 1939 PA 288, as amended, MCL 712A.19

Probate Code, 1939 PA 288, as amended, MCL 712A.19a

Probate Code, 1939 PA 288, as amended, MCL 712A.19c

Michigan Court Rule

MCR 2.004

MCR 3.920

MCR 3.921

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

OVERVIEW

The Michigan Department of Health and Human Services (MDHHS) must make efforts to normalize the lives of children who are placed in the custody of MDHHS. This includes empowering caregivers to encourage children to engage in extracurricular activities that promote child well-being.

DEFINITIONS

Caregiver

For purposes of the Reasonable and Prudent Parent Standard, caregiver is defined as a licensed foster parent with whom a child in foster care has been placed or a designated official for a child caring institution in which a child in foster care has been placed.

REASONABLE AND PRUDENT PARENT STANDARD

Children in foster care have the right to participate in age and developmentally appropriate activities that are accepted as suitable for children of the same chronological age or level of maturity. The Reasonable and Prudent Parent Standard is a standard of decision making that allows a caregiver to make routine parenting decisions regarding the participation in extracurricular, enrichment, cultural, and social activities. The standard is characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interests while encouraging the emotional and developmental growth of the child. Caregivers may make certain decisions, similar to daily decisions a parent is expected to make, regarding the child's participation in activities without prior approval of the child’s caseworker, the licensing or approval agency, or the juvenile court.

Requirements for Decision Making

A caregiver must use the Reasonable and Prudent Parent Standard in determining whether to permit a child to participate in an extracurricular, enrichment, cultural, or social activity. The caregiver must consider the following:

- The child's overall age, maturity and developmental level to maintain the overall health and safety of the child.

- Potential risk factors and the appropriateness of the activity.
- Federal and state laws, and licensing requirements.
- The best interest of the child based on the caregiver's knowledge of the child.
- The importance of encouraging the child's emotional and developmental growth.
- The importance of providing the child with the most family-like living experience possible.
- The behavioral history of the child and the child's ability to safely participate in the proposed activity.

An activity cannot override or interfere with case plans or other court-ordered requirements, such as parenting time.

Participation in Activities

Caregivers must ensure that the child has the safety equipment, necessary permissions, and training to safely engage in each activity in which the child participates. The DHS-5331, Caregiver Guidelines for Reasonable and Prudent Parent Standard, is available to provide caregivers with guidance on the types of activities they can approve and the types of activities that require further approval.

Residential Setting Activities

When children are placed in a residential treatment setting, the provider must incorporate normal activities into residential programming. These activities must comply with the Reasonable and Prudent Parent Standard and will help children with skills essential for positive development. A designated individual(s) must be onsite and authorized to apply the standard to decisions involving the child's participation in activities. This designated individual must be trained in how to use and apply the standard.

Caseworker Role

The caseworker must provide a child's information such as health, mental health, and education to the caregiver to assist with decision-making. The caseworker must document the child's

regular and ongoing opportunities to engage in activities and the foster parent or child caring institution's efforts to support those activities in accordance with the Reasonable and Prudent Parent Standard. The caseworker must document this information in the *Child Information* section under *Child Engagement and Perception of Circumstances* of the case service plan.

Licensing Worker Role

During the initial home evaluation process, licensing workers must provide foster home applicants with the DHS-5331, Caregiver Guidelines for Reasonable and Prudent Parent Standard, and ensure the foster parent completes the Reasonable and Prudent Parent Standard training prior to licensure. In the initial home evaluation, the licensing worker must document:

- The date the applicant was provided the DHS-5331.
- The date the applicant completed the Reasonable and Prudent Parent Standard training.
- The applicant's ability to make careful and thoughtful parental decisions under the standard.

The licensing worker must verify annually that the foster parent(s) is promoting and protecting the ability of children placed in their home to participate in age-appropriate activities according to the standard and must assess if there is a need for ongoing training.

Liability

When exercising the Reasonable and Prudent Parent Standard, a caregiver may not be liable for harm caused to a child while engaged in an activity or experience approved by the caregiver if:

- The foster parent is licensed and acting within the scope of their authority as a foster parent.
- The caregiver has completed the required training related to the Reasonable and Prudent Parent Standard.
- The caregiver has considered all the factors in the standard when approving the activity, and
- The approval does not conflict with any federal or state laws, licensing rules, court orders or the case service plan.

If legal action is taken against the licensed foster parent, MDHHS may reimburse the foster parent for the costs of legal counsel; see FOM 903-09, Case Service Payments. The reimbursement does not impose any liability on the department or the foster parent.

Unlicensed relatives do not have liability protection under the law, though it is best practice for relatives to make decisions under the Reasonable and Prudent Parent Standard. The caseworker must discuss licensure with the relative and ensure the relative is aware that licensure grants them liability protection when exercising the Reasonable and Prudent Parent Standard; see FOM 722-03B, Relative Engagement and Placement.

Parental Engagement

When the goal is reunification, caseworkers and caregivers must engage the legal parent in discussions regarding regular and ongoing activities that support normalcy for the child. The discussions may include participation in extracurricular activities the child was involved in prior to entering care or future involvement in activities such as sports, dating, or participation in the foster family's activities.

PARENTAL AUTHORITY TO CONSENT

Decisions made under the standard do not supersede the existing legal rights of a legal parent or guardian to consent or approve certain activities while their children are in care. This includes decisions such as entering the military, marriage, entering contracts or leases, and education.

Consenting Authority by Legal Status

The consenting authority is based on the child's legal status.

Temporary Wards

The legal parent or guardian is the consenting authority for activities that require legal consent. If the parents' whereabouts are unknown or the parents refuse to consent, the court may be petitioned to give consent.

MCI Wards

When a child is committed to MDHHS pursuant to Act 220 of the Public Acts of 1935, or Act 296 of 1973, the child becomes a ward of the Michigan Children's Institute (MCI), and the MCI superintendent is appointed as the child's legal guardian.

Permanent Court Wards

The court is the legal guardian for permanent court wards.

Young Adults Ages 18 and Older

Young adults ages 18 and older can consent for themselves. The caseworker must advise the young adult that if they participate in the activity, they do so without the authority of the supervising agency.

Public Use of Photographs

The consenting authority for public use of a child's photograph or video that identifies them as a child in foster care is as indicated above.

The DHS-199, Consent for Publication, is required for photo releases for all children in foster care under the age of 18. For temporary wards, the form must be completed and signed by the child's legal parent or guardian.

Media Interviews

Media interviews of children in foster care will be granted in cases when the appropriate authorizing party has determined the interview is in the best interest of the child. Even with the appropriate authority's consent, the child has the right to decline to be interviewed. Young adults ages 18 and older can consent for themselves but must be advised that if they participate in the interview, they do so without the authority of the supervising agency.

Foster parents and relative caregivers do not have the authority to decide if an interview should be conducted with a child.

If there is a dispute or questions about youth participating in a media interview, the caseworker must contact the MDHHS Office of Communications.

Out-of-State Travel

The legal parent or guardian must give consent for a temporary court ward to travel out-of-state. The foster parent or relative caregiver must be provided with evidence of authority to travel with the child on department/agency letterhead.

If the parents' whereabouts are unknown or the parents refuse to consent, the court must be petitioned to give consent. The foster parent or relative caregiver must be provided with a copy of the court order authorizing travel.

If the child is an MCI ward, the supervising agency can give permission to travel out-of-state. Consultation with the MCI Superintendent is not necessary. The foster parent or relative caregiver must be provided with evidence of authority to travel with the child on department or agency letterhead.

If the youth is a permanent court ward, local court procedures must be followed.

For all children under the care and supervision of the department, the supervising agency must notify the court each time a child travels out-of-state. If the child is being supervised by a Placing Agency Foster Care (PAFC), the PAFC must also notify the MDHHS purchase of service (POS) monitor.

International Travel

The legal parent/guardian must give consent for a temporary court ward to travel internationally. The foster parent or relative caregiver must be provided with evidence of authority to travel with the child on department or agency letterhead.

If the child is an MCI ward, the supervising agency can give permission to travel internationally if no passport is required. MCI must grant consent for any international travel that requires a passport, **even if the child already has a current passport**.

If the child is a permanent court ward, local court procedures must be followed.

For all children under the care and supervision of the department, the supervising agency must notify the court each time a child travels internationally. If the child is being supervised by a PAFC, the PAFC must also notify the MDHHS POS monitor.

Passports

If a passport is needed for international travel and the child does not have a passport, see the US Department of State US Passports webpage for information on current requirements to obtain a passport for children under age 16 and children ages 16 and 17.

If a passport is required for an MCI ward and the child does not have a current passport, the caseworker must contact MCI to obtain authorization for the foster parents to apply for a passport for the child.

Legal Action or Suits on Behalf of a Ward

If the supervising agency becomes aware of legal action/suit being brought on behalf of or against a child under the care and supervision of the department, the supervising agency must immediately notify the Children's Services Legal Division.

Note: If the child is an MCI ward, the caseworker must also notify the MCI superintendent immediately.

The written notification must include pertinent information about who is suing, why the suit is being brought, and a copy of the child's commitment order. Under no circumstances is a local county MDHHS, PAFC, foster parent, or any other party to initiate or give another person permission to initiate legal action/suit on behalf of a child or youth without the approval of the Children's Services Legal Division.

Driver's License

Only the legal parent or guardian may sign a driver license application for temporary court wards. The caseworker may sign the driver license application for the youth if the youth is an MCI ward. Signing the application does not normally result in civil liability for negligent operation of a motor vehicle on the part of the youth; liability may result for the owner of the vehicle or for the youth.

Health Care

For policy pertaining to consent for medical care, see FOM 801-04, Consent for Health Treatment and Care, and FOM 802-1, Psychotropic Medication in Foster Care.

LEGAL BASE

Federal Law

Preventing Sex Trafficking and Strengthening Families Act, Public Law 113-183. Section 111 Supporting Normalcy for Children in Foster Care

Section 111 of this act establishes standards for normalcy for a child who is in the custody of the state and includes a Reasonable and Prudent Parent Standard and normalizing activities for children. Michigan communicated the implementation of this provision to foster children through the Foster Children Bill of Rights.

State Law

Reimbursement of Legal Costs of Foster Parents, 1980 PA 33, MCL 722.161 et seq.

An ACT to provide for the reimbursement of certain legal costs of foster parents; to provide for the recognition and nonrecognition of certain causes of action against foster parents and legal guardians; and to prescribe powers and duties of the department of social services.

Child Placing Agency

Mich Admin Code, R 400.12315.

Rule 315. Child's communication with family and friends.

Foster Family Homes and Foster Family Group Homes for Children

Mich Admin Code, R 400.9419.

Rule 419. Opportunities for participation in activities.

Child Caring Institution

Mich Admin Code, R 400.4124.

Rule 124. Child's communication with family and friends.

Mich Admin Code, R 400.4135.

Rule 135. Work experience for residents.

Mich Admin Code, R 400.4136.

Rule 136. Recreational activities.

POLICY CONTACT

Send questions about this policy item to the Child Welfare Policy Mailbox.

OVERVIEW

Funding sources are available through local offices to fund services for children and families involved with the child welfare system. These resources may be utilized to fund services for emergency situations or to assist with essential needs. Families may be eligible for financial assistance for childcare, Medicaid, or other assistance payment programs. Local offices also have program funds or allocations to purchase contracted community-based services.

STATE EMERGENCY RELIEF (SER)

State Emergency Relief (SER) is a statewide resource intended to prevent serious harm to individuals and families. SER assists applicants with safe, affordable housing and other essential needs when an emergency arises which threatens health or safety. SER, when applicable, is a first resource to individuals and families and is often sufficient to resolve an emergency.

Eligibility for SER is determined by Family Independence Specialists/Eligibility Specialists.

SER program information, covered services, and department policy is detailed in the State Emergency Relief Manual (ERM).

FAMILY REUNIFICATION ACCOUNT (FRA)

The Family Reunification Account (FRA) is a flexible funds sub-account under the local office Child Safety & Permanency Plan (CSPP) allocation. The amount of CSPP funds designated for FRA is determined by the local office. Use of FRA funds is for the individualized needs of families and must avert/prevent unnecessary removal of children from their home or facilitate early return home or permanency through relative placement. The local office is responsible for certifying that the concrete/direct service purchase is needed in reference to the above.

FRA Eligibility

The FRA is a local office children’s services resource. The following families are eligible:

- Families at imminent risk of removal.

- Families with one or more children under the care and supervision of the department.
- To secure placement with a relative and/or prevent removal from an existing relative placement to promote permanency for the child.

SER is the first resource that should be accessed when applicable. Utilization of FRA payment for services must be pursued in the following order:

1. Regular SER services, if applicable.
2. If regular SER is not sufficient to remove a threat to health or safety or to relieve an extreme hardship, an exception to SER policy is to be requested following procedures outlined in ERM 104, SER Policy Exceptions.
3. Payment from FRA funds may be utilized for food, clothing, shelter, security deposits, appliances, furniture, and household items when not covered by SER. Client-specific transportation assistance is allowable for families with an open CPS investigation or CPS ongoing case. FRA funds cannot be used for transportation assistance covered or reimbursed by other responsible resources including classified service functions; see FOM 903-09, Case Service Payments.

Process for FRA

Caseworker Process

The local office must complete the following process:

- Prepare a memo that states:
  - SER eligibility has been exhausted, denied, or is not applicable.
  - The funds are needed to prevent a removal, to accomplish a child's return home by a specified date within the next six months, or to secure/preserve a relative placement.
  - The specific item or service and amount of money need per specified item/service.
  - The case name and case ID.

- The phone number of the primary caseworker and supervisor.

- Prepare the MDHHS-5602, Payment Request.

- Submit the memo and MDHHS-5602 with a hardcopy invoice or bill, per the local business office process. An invoice or bill must be obtained from the vendor/provider before authorizing payment. The invoice or bill obtained from a vendor/provider may be original, faxed, copied, scanned, or emailed. If an invoice is not available, a purchase order should be requested.

  Accounting procedures require submittal of the DHS-1419, State Emergency Relief Decision Notice, with the FRA payment request for any services that could be covered by SER. The DHS-1419 documents that SER was attempted but denied. **A DHS-1419 is not required to access FRA for non-SER covered services**. Instead, the local office FRA memo should note that SER is not applicable.

- If the amount from FRA is more than $500 or the needed service is different than those specified under number 3 of the eligibility section above, an exception may be requested of the local office director; see Family Reunification Account Local Office Exception Process in this item.

Local Business Office Process

Payments are processed by the local business offices.

FRA Local Office Exception Process

The local office director must approve an exception for a support service not specifically identified as a covered service or for amounts exceeding $500. The local office director is responsible for ensuring that the payment request is an allowable expense. Once the local office director signs an exception request, the payment procedures as outlined above must be followed.

Questions about allowable expenditures may be directed to the Family Preservation Program Office Mailbox (MDHHS-Funds@michigan.gov).

FAMILY INDEPENDENCE PROGRAM (FIP)

The Family Independence Program (FIP) provides financial assistance to families with children. The goal of FIP is to help strengthen family life for children and the parents or caregivers with whom the children are living, and to help the family attain or maintain self-sufficiency.

FIP Eligibility for a Legal Parent

A parent of a dependent child in foster care may be eligible to receive FIP up to 12 months when there is a plan to return the child to the parent's home; see BEM 210, FIP Group Composition.

FIP Eligibility for a Caregiver

A person other than a parent or stepparent may be a caregiver only in the absence of the dependent child's parent or stepparent. If a court order makes the Michigan Department of Health and Human Services (MDHHS) responsible for a child's care and supervision and MDHHS places the child with a caregiver other than the parent or stepparent, the caregiver may be eligible for FIP. If the court allows a parent to reside in the caregiver's home, but not assume custody, the group may be eligible for FIP with the parent as the grantee and the caregiver as the third party payee; see BEM 210, FIP Group Composition.

MEDICAID ELIGIBILITY FOR A PARENT

Parents with children placed out of the home are not eligible to receive Medicaid (MA) based on FIP eligibility.

Parents without dependent children living in the household may be eligible for another type of FIP related MA, such as Low-Income Family MA for pregnant women, SSI related MA, or a non-Medicaid medical program. Parents in need of medical coverage should pursue the possibilities through the local MDHHS office.

Given the limited MA eligibility and medical programs for parents, insurance coverage should not be considered a barrier to reunification if a parent is trying to address their medical or mental health

needs. The caseworker is to assist the parent with service referrals to address barriers, regardless of insurance eligibility. Once the child is returned home, the parent may again be eligible for MA.

CHILD DEVELOPMENT AND CARE (CDC) SERVICES

The Child Development and Care (CDC) program provides financial assistance with childcare expenses to qualifying families.

Eligibility for Parents

A child's legal parent may apply for CDC services once the child has been returned home and is residing in the parent's household.

Eligibility for Caregivers

CDC services may be approved for a child who is in one of the following out-of-home placements, and the placement meets payment eligibility requirements:

- Licensed foster parent.
- Paid relative placement that receives MDHHS State Ward Board and Care funding for the child's care.
- An unlicensed relative when:
    - The child needing care receives FIP or SSI.
    - The relative caregiver receives SSI or FIP for the child as an ineligible grantee.

CDC services may be approved for a child in an unlicensed relative placement that does not meet payment eligibility requirements; however, these cases may have a contribution/co-payment and the child's income and assets may be considered; see BEM 703, CDC Program Requirements.

Child Age Eligibility

The child who needs childcare services must be one of the following:

- Under age 13.
- Between the ages of 13-17 if one of the following apply:
  - Requires constant care due to a physical/mental/psychological condition.
  - Supervision has been ordered by the court.
- Age 18 and requires constant care due to a physical/mental/psychological condition or a court order, and all the following apply:
  - A full-time high school student.
  - Reasonably expected to complete high school before reaching age 19.

Application

The foster parent/relative caregiver must apply for CDC. The foster parent/relative caregiver must submit a MDHHS-1171, Assistance Application, to the local MDHHS office serving the area where they live; or an electronic application may be completed on the MIBridges Portal (https://newmibridges.michigan.gov).

Need

If there are two foster parents/relative caregivers in the home, both foster parents/relatives must be unavailable to provide the needed childcare due to a valid CDC need reason:

- Employment.
- High school completion program.
- Family preservation.
- An approved activity.

Other verifications will be required, such as verification of identity, need/reason for childcare, and childcare provider information; see BEM 703, CDC Program Requirements, for more information on need reasons.

Eligibility Determination

Eligibility for the CDC program will be determined by an assistance payments worker after an application is received. The eligibility begin date is the date a complete application is received in the

MDHHS office or up to 21 days prior to the date the application is received.

Eligibility for CDC will end when either:

- The child moves from the eligible placement.
- The eligibility period ends, and the need no longer exists.

Note: When a foster child is adopted by the child's current foster parents during the 12-month eligibility period, CDC may remain open until redetermination with no negative action taken on the case.

Payment to Eligible Providers

Childcare must be provided in Michigan by the following eligible childcare providers, as defined in BEM 704, CDC Providers:

- Childcare centers.
- Group childcare homes.
- Family childcare homes.
- License-exempt facilities.
- Licensed exempt-related or licensed exempt-unrelated providers.

If eligible, the maximum number of hours that can be authorized per child is 90 hours in a biweekly period.

The amount of payment depends on the provider type, age of child, and the provider's rating and training level; see BEM 706, CDC Payments.

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

OVERVIEW

Certain Michigan Department of Health and Human Services (MDHHS) employees and all placement agency foster care (PAFC) employees are required to report the suspected abuse or neglect of a child to the MDHHS Centralized Intake Unit; see SRM 110, Obligation to Report Suspected Abuse and Neglect and APR 200, Mandated Reporter - Child.

Additional requirements apply when the alleged victim of abuse or neglect is a child in foster care or the alleged perpetrator is the parent, legal guardian, or caregiver of a child in foster care; see FOM 722-13A, Maltreatment in Care - Foster Care Responsibilities.

CIRCUMSTANCES REQUIRING A COMPLAINT

Foster care caseworkers and supervisors must immediately report suspected child abuse and/or neglect to Centralized Intake (CI). This includes, but is **not limited to**:

- Allegations of abuse or neglect of a child with an open foster care program type, including abuse or neglect which is alleged to have occurred prior to the child's removal.
- When a person convicted of or determined by the Family Court to have committed physical abuse, criminal neglect, or sexual abuse moves into a home where a child with an open foster care program type is residing.
- When a new child is born into or moves into the home of a parent who is currently a respondent in a child protective proceeding or previously had parental rights terminated in child protective proceedings; see New Child in a Parental Home in this item.
- Allegations of abuse or neglect by a foster parent or relative caregiver, regardless of whether the alleged victim is a child in foster care.

Note: Foster care must not change the child's placement solely due to a CPS or CPS-MIC investigation **unless** there is an immediate concern for the child's health or physical safety; see FOM 722-03, Placement Selection and Standards:

New Child in a Parental Home-

Foster care caseworkers or supervisors who become aware of the birth of an infant or the movement of other children into the home of a parent who is a respondent in current child protective proceedings or previously had their parental rights terminated through child protective proceedings must immediately file a complaint of suspected abuse or neglect with CI. The complaint must include information regarding:

- The condition(s) which caused the removal of the parent's other child(ren).
- The basis for termination of parental rights, if applicable.
- Any other known risk factors.

Exception: A complaint is not required if the parent is or was a non-respondent parent in child protective proceedings involving his/her children; see FOM 722-01, Entry into Foster Care.

Joint Recommendation

The CPS and foster care supervisor(s) and caseworker(s) must make a joint recommendation on whether CPS should file a petition regarding a new sibling when there are other siblings currently in foster care, and if so, which children CPS will include on the petition. If the CPS and foster care supervisors disagree on the recommendation, a second line supervisor must make the final decision.

A decision must be made to either:

- Allow the child(ren) to remain at home with services in place, or
- Determine that CPS must immediately file a petition for removal.

If the decision is made to leave the child(ren) in the home, the foster care caseworker is responsible for providing case management services to the child who remains in the home of the parent, regardless of court wardship; see FOM 722-01, Entry into Foster Care.

If CPS files a petition and the prosecutor refuses to process the petition or the court rejects the petition, the foster care caseworker must document these circumstances in the family reunification assessment and case service plan for the appropriate report period.

CIRCUMSTANCES NOT REQUIRING A COMPLAINT

When a child receiving foster care services is in a parental placement and the caseworker finds that the parent has not benefited from services, but the caseworker does not suspect that the parent has committed an act of child abuse or neglect, a complaint to CPS is not required.

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox.

PURPOSE

The Michigan Department of Health and Human Services (MDHHS) must investigate all allegations of child abuse or child neglect relating to any child in foster care. MDHHS must ensure that allegations of abuse or neglect relating to any child in foster care are not inappropriately screened out for investigation. In addition, when MDHHS transfers a referral to another agency, the supervising agency must independently take appropriate action to ensure the continued safety and wellbeing of the child.

Anytime the supervising agency believes that a child in foster care is at risk of harm, the supervising agency is required to immediately secure the child's safety and assess the child's placement as necessary; see FOM 722-03, Placement Selection and Standards. If the supervising agency suspects that a child in foster care has been abused and/or neglected, the agency must make a referral to Centralized Intake (CI); see FOM 722-13, Referrals to Children's Protective Services (CPS).

DEFINITIONS

Immediately, for this item: occurring no later than one business day following the receipt of the intake decision notification from CI.

Maltreatment in care, for this item: the allegations of abuse or neglect relating to any child under the care and supervision of MDHHS.

Receiving agency, for this item: the agency to whom CI assigns or transfers a referral of maltreatment involving a child in foster care.

Supervising agency, for this item: the agency that has direct case management responsibility for a child in foster care.

CENTRALIZED INTAKE RESPONSIBILITIES

Intake Decision Notification

When a referral alleges abuse or neglect of a child with an open foster care or adoption program type, or when a child with an open foster care or adoption program type is placed in a home with an alleged perpetrator, a decision notification will be auto-delivered to

all active case managers and supervisors on the child's case. When a provider is linked to the intake, a decision notification will be auto-delivered to the licensing case manager and supervisor assigned to the provider record. The notification will contain:

- Intake ID.
- Case Name.
- Allegations.
- Screening decision.
  - Accept and Link.
  - Accept and assign for investigation.
  - Screen out referral.
  - Transfer to another county or agency for investigation.
  - Withdraw referral.
- Screening decision comments.

Note: A screening decision of Accept and Link occurs when CI assigns the referral to local Children's Protective Services (CPS) or Children's Protective Services - Maltreatment in Care (CPS-MIC) for investigation and there is already an active investigation regarding other allegations.

If the referral is assigned or transferred to one of the following agencies for investigation, the intake decision notification will indicate the receiving agency:

- CPS, including:
  - CPS-MIC.
  - Local office CPS.
  - Tribal CPS.
- Law enforcement/prosecuting attorney (LE/PA), including:
  - Local, state, or federal law enforcement.
  - Military law enforcement.
  - Tribal law enforcement.
- MDHHS Division of Child Welfare Licensing (DCWL).
- Michigan Department of Licensing and Regulatory Affairs (LARA).

FOSTER CARE CASE MANAGER/ SUPERVISOR RESPONSIBILITIES

All referrals involving children with an open foster care program type require action by the case manager and supervisor,

regardless of the screening decision or whether the child was the alleged victim.

Immediately, but no later than one business day following receipt of the intake decision notification from CI, the case manager or supervisor for each child included in the referral must:

- Review the intake decision notification and assess the urgency level; see *Exhibit I: Referral Urgency Level Decision Tree* in this item.
- If CI assigned or transferred the referral for investigation, coordinate with the identified agency listed in the notification to the extent determined necessary by the case manager and supervisor.
  - When the notification identifies DCWL as the receiving agency, the case manager's coordination requirements are determined by the child's placement setting at the time of the alleged maltreatment; see *Coordination with DCWL/LARA* in this item.
  - Coordination efforts with additional agencies may be necessary in certain situations; see *Coordination Requirements* in this item.
- Complete the required contacts to verify the child's safety; see *Contact Standards* in this item.

  Note: The case manager or supervisor is required to meet the contact standards for verifying the safety of the child regardless of whether the receiving agency opens the referral for investigation.
- Document the following in the electronic case record **within five days of the contact**:
  - Receipt of the notification.
  - Actions the supervising agency took to verify the child's safety.
  - Coordination efforts with the receiving agency and any other agencies involved in the investigation, if required.
  - Any other contacts made as a result of the referral.

Referral Reconsideration

Request for Reconsideration

If the case manager has additional information **related to the current allegations that may change the screening decision**, the case manager must request reconsideration of the screening decision and provide the additional information to CI within 24 hours of receipt of the intake decision notification. The case manager must send the information to the CI Reconsideration mailbox, MDHHS-Reconsideration@michigan.gov.

New Referral

The case manager must file a new referral with CI if:

- The case manager has new information regarding suspected child abuse and/or neglect related to the allegations contained in the intake decision notification that is discovered more than 24 hours after receipt of the intake decision notification.
- The case manager has new information regarding suspected child abuse and/or neglect unrelated to the allegations contained in the intake decision notification.

See FOM 722-13, Referrals to Children's Protective Services for information on filing a new referral.

Notification from Local CPS Office

A CPS investigator may determine during an investigation that a case member or alleged perpetrator whose identity or role was not known to CI at the time of intake is a parent or guardian on an open foster care case. If local CPS notifies the assigned foster care case manager or supervisor of a parent or legal guardian's involvement in a CPS investigation, all foster care case manager and supervisor responsibilities in this item must be completed within the timeframes required below, with notification from the local CPS investigator replacing the intake decision notification; see *Contact Standards* in this item.

Contact Standards

Contact requirements and timeframes are based on the referral's urgency level. Case managers must review the referral intake decision and allegations to determine the urgency level of the referral; see *Exhibit I: Referral Urgency Level Decision Tree*.

Contact requirements listed below are in addition to the required contacts outlined in FOM 722-06H, Case Contacts.

If the assigned case manager and/or supervisor are unavailable to contact the child or caregiver within the timeframe required by the referral's urgency level, another case manager or supervisor may complete the required contact.

Case managers must make every attempt to successfully contact the receiving agency prior to contacting the child or caregiver(s) in order to avoid compromising the receiving agency's investigation. The inability to successfully contact the receiving agency must not delay immediate verification of the child's safety. If the case manager is unable to make successful contact with the receiving agency, or the receiving agency requests the case manager delay making a face-to-face contact with the child beyond the timeframes established in this item, the case manager must immediately contact their supervisor to determine how to verify the child's safety without interfering with a pending investigation. For requirements specific to each receiving agency, see *Coordination Requirements* in this item.

Note: If the referral has been assigned to CPS-MIC for investigation, case managers and supervisors can contact the CPS-MIC intake mailbox, MDHHS-CPS-MIC-CWFO@michigan.gov if needed to ensure timely contact with the assigned CPS-MIC investigator prior to making contact with the child and/or caregiver(s).

High Urgency

For referrals which have a high urgency level, the case manager or supervisor must complete the following contacts within the timeframes indicated to ensure the child's safety:

- Immediately contact the receiving agency.
- Immediately after consultation with the receiving agency, complete a face-to-face contact with the child to verify the

child's safety and establish a safety plan or review the safety plan that is already in place.

- Immediately after consultation with the receiving agency, contact the caregiver to verify the child's safety and establish a safety plan or review the safety plan that is already in place, unless otherwise directed by the receiving agency. Contact with the foster parent/caregiver must be by phone or face-to-face.

Moderate Urgency

For referrals which have a moderate urgency level, the case manager or supervisor must complete the following contacts within the timeframes indicated to ensure the child's safety:

- Immediately contact the receiving agency.
- Immediately after consultation with the receiving agency, contact the caregiver to verify the child's safety and establish a safety plan or review the safety plan that is already in place. Contact with the caregiver must be by phone or face to face.
- Within five business days of the receipt of the notification from CI, complete a face-to-face contact with the child.

Exception: If a placement change occurred as a result of the referral but prior to receipt of the intake decision notification, the face-to-face contact is required within five business days of the placement change; see FOM 722-06H, Case Contacts.

Low Urgency

For referrals which have a low urgency level, the case manager or supervisor must complete the following contacts within the timeframes indicated to ensure the child's safety:

- Immediately contact the receiving agency, if applicable.
- Immediately after consultation with the receiving agency, the case manager and supervisor must review the intake decision notification to assess for potential risks to the child's safety and well-being.
    - The case manager must document the basis for the assessment of the potential risks to the child's safety and

well-being in the electronic case record within five business days.

- Within five business days of the receipt of the notification from CI, the case manager must have contact with the child and caregiver.

  - Contact must be by either phone or face-to-face, as determined necessary by the potential risk to child safety and well-being.

Note: If phone contact is determined appropriate to verify the child's safety, but phone contact with the child is not developmentally appropriate, the case manager is not required to make phone contact with the child.

COORDINATION REQUIREMENTS

When CI assigns or transfers a referral for investigation, the case manager must immediately contact the receiving agency; see *Contact Standards* in this item.

Coordination efforts are **not** limited to the receiving agency. The case manager must coordinate with all other agencies involved in the investigation of the allegations. Up to four separate investigations may be conducted concurrently when a referral is received alleging abuse and/or neglect of a child with an open foster care program type:

- CPS-MIC, local CPS, or tribal CPS will investigate allegations of child abuse and/or neglect.
- Law enforcement, including tribal or military law enforcement when applicable, will investigate criminal allegations.
- A licensing investigation may be completed by one of the following:
  - DCWL licensing consultants will investigate compliance with child caring institution (CCI) licensing rules.
  - MDHHS local office or placement agency foster care (PAFC) licensing staff will investigate compliance with MCL 722.111 et seq. and foster home licensing rules.

- LARA will investigate compliance with applicable governing acts and rules as determined by the program/facility type.

- MDHHS local office and/or PAFC foster care staff will investigate the continued appropriateness of the child's placement. If continued placement is not appropriate, but the child's health or safety is not at imminent risk, the case manager must notify the caregiver of the intent to move the child 14 days prior to the placement change; see FOM 722-03, Placement Selection and Standards.

The case manager must maintain contact with each agency investigating the allegations through completion of each investigation and/or prosecution, if applicable.

Coordination with CPS-MIC and/or local CPS

When invited, case managers must participate in any dispositional case conferences or family team meetings scheduled as a result of an investigation involving a child in foster care.

If, upon receiving the intake decision notification, the case manager is unable to make successful contact with the CPS-MIC or local CPS investigator assigned to the investigation, communication must be escalated through the investigator's chain of command until successful contact is made.

Confirmed CPS-MIC Case

If the only identified victim in the home is a foster child, and the child remains placed with the confirmed perpetrator, foster care must provide services to the family to support safe placement and rectify the issues which caused the CPS-MIC confirmation. The CPS-MIC case will be processed as an open/close, documenting that foster care will be providing services to the family via their open foster care case. Preventative services for the family must be initiated by foster care at the time of case opening. If the foster child victim is moved to a new placement, separate from the perpetrator, but the perpetrator is licensed, the case must transfer to CPS ongoing services in the county where the licensee resides, to provide services that address the risks identified during the confirmation of child abuse and/or neglect.

Note: Continued placement of a foster child in a home with a caregiver who is confirmed in a child abuse and/or neglect investigation will require county director approval.

Coordination with Law Enforcement and/or the Prosecuting Attorney

When CI transfers a maltreatment in care referral to LE/PA, including military law enforcement, the case manager must immediately contact the identified law enforcement agency to determine if an investigation will be opened.

If LE/PA is going to investigate, whether as the receiving agency or in addition to the receiving agency's investigation, the case manager must inquire how they can cooperate with the investigation.

Coordination with American Indian Tribal Unit

When CI transfers a maltreatment in care referral to an American Indian tribal CPS or tribal law enforcement unit, the case manager must contact the tribal unit to determine if an investigation will be opened.

If the tribal unit is going to investigate the allegations, whether as the receiving agency or in addition to the receiving agency's investigation, the case manager must inquire how they can cooperate with the investigation.

Coordination with DCWL/LARA

Coordination with DCWL

When CI transfers a referral to DCWL involving maltreatment in care by CCI staff, the case manager must immediately contact DCWL to determine if an investigation will be opened. Contact information for the DCWL area managers can be found on the Child Welfare Licensing Division Contact Information page.

When CI transfers a referral involving an out-of-home placement provider other than a CCI to DCWL, DCWL will determine if the provider is licensed or enrolled.

- If the family is licensed or enrolled, DCWL will notify the certifying agency responsible for the home.
    - The case manager must immediately contact the assigned certification worker to determine if an investigation will be opened.
    - The case manager is not required to contact DCWL.
- If the provider is not licensed or enrolled, the supervising agency is responsible for ensuring the child's safety and investigating the continued appropriateness of the child's placement. The case manager is not required to contact DCWL.

If DCWL or the certifying agency is going to investigate the allegations, the case manager must inquire how they can cooperate with any special investigation or home assessment.

Coordination with LARA

When CI transfers a referral to LARA, the case manager must immediately contact LARA to determine if an investigation will be opened and to obtain contact information for the person conducting the investigation.

- If the referral involves a child care program, a children's camp, or an adult foster care program, the case manager must immediately contact the Bureau of Community Health Systems Children and Adult Licensing (BCAL) Complaint mailbox , BCALOnlineComplaints@michigan.gov. If the case manager does not receive a response within two business hours, they may call the Children and Adult Licensing Complaint Hotline at 866-856-0126.
- If the referral involves a health facility, the case manager must immediately contact BCAL, BCALOnlineComplaints@michigan.gov. If the case manager does not receive a response within two business hours, they may call the Health Facility Complaint Hotline at 800-882-6006.

DOCUMENTATION

Social Work Contacts

Case managers and/or supervisors must enter all contacts made as a result of a referral involving suspected abuse or neglect of a child with an open foster care program type in the social work contact section of the electronic case record within five business days of the contact. The social work contacts must include all individuals with whom the allegations were discussed, as well as the specific details of any safety plans developed or reviewed as a result of the allegations.

Case Service Plans

The case manager must assess the impact of the allegations on the child's well-being and document any concerns in the Child Assessment of Needs and Strengths (CANS) and case service plan; see:

- FOM 722-08, Case Service Plans - Overview, Types, and Timeframes.
- FOM 722-08B, Permanent Ward Service Plan (PWSP).
- FOM 722-09, Child Assessment of Needs and Strengths (CANS).

Any services referred or provided to ensure the child's well-being as a result of the allegations must be documented in the Parent/Agency Treatment Plan (PATP); see FOM 722-08D, Treatment Plans.

Specific details of any safety plans developed or reviewed as a result of the allegations must be documented in the in the *Placement Details* section of the case service plan and must be included in subsequent case service plans as long as the safety plan is in place.

DUPLICATE REFERRALS

In some instances, CI may receive multiple separate referrals with duplicate allegations regarding the same incident(s). In these instances, the MDHHS county director, child welfare director, or

designee, or PAFC director or designee, may use discretion to waive the required contacts for the duplicate referrals. Contacts for duplicate referrals may be waived if **all** the following apply:

- CI received the duplicate referrals within 30 days of the initial referral.
- The duplicate referrals contain no new allegations or information that would warrant additional contact with the child or caregiver to ensure the child's safety.
- The case manager has already completed or plans to complete the contacts required for the initial referral within the timeframes outlined in *Contact Standards* in this item.

Prior to requesting discretion from the director or designee to waive contacts required for duplicate referrals, the case manager and supervisor must review the new referral and previously received referral to ensure the new referral meets the criteria above. The case manager must document the review of the new referral and the director or designee's decision in a social work contact.

REFFERALS BY THE FOSTER CARE CASE MANAGER

The MDHHS county director, child welfare director, or designee, or PAFC director or designee, may use discretion to waive the case manager's required contacts with the child and caregiver under *Contact Standards* if the case manager:

- Was the referral source of the referral, **and**
- Completed a face-to-face contact with the child and caregiver within one day of making the referral, **and**
- Established or reviewed a safety plan to address the concerns that lead to the referral during the face-to-face contact.

The case manager must document the director or designee's decision in a social work contact within five business days of the decision.

Note: All other contact standards, including contact and coordination with the receiving agency, are still required if additional contact with the child and caregiver is waived.

LEGAL BASE

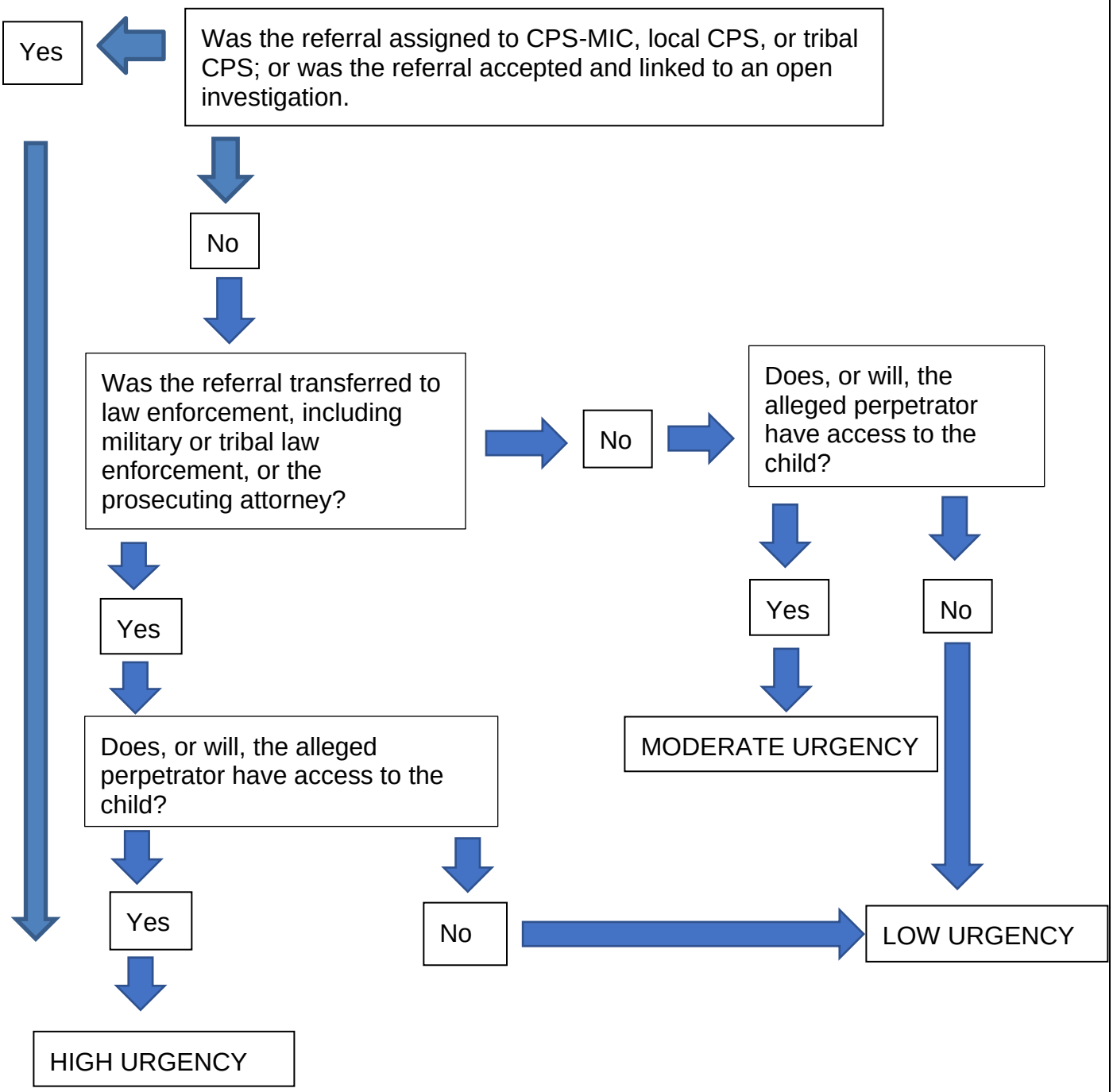
Modified Implementation, Sustainability, and Exit Plan, Dwayne B. v. Whitmer, No. 2:06-cv-13548, 6.12(a) CPS Investigations, Screening (Commitment 58)

DHHS shall investigate all allegations of abuse or neglect relating to any child in the foster care custody of DHHS (Maltreatment in Care). DHHS shall ensure that allegations of maltreatment in care are not inappropriately screened out for investigation. In addition, when DHHS transfers a referral to another agency for investigation, MDHHS will independently take appropriate action to ensure the safety and wellbeing of the child.

POLICY CONTACT

Questions about this policy item may be directed to the child welfare policy mailbox at Child-Welfare-Policy@michigan.gov.

EXHIBIT I: REFERRAL URGENCY LEVEL DECISION TREE



INTER-COUNTY COURTESY SERVICES

Inter-County Courtesy Services are referrals between counties within the state for the investigation and/or provision of service to a specific child or his parent(s).

If it becomes necessary to place a child in foster care in a neighboring county, or the child's parent(s) is located in another county, the two local offices are to reach a mutual agreement on the assignment of case responsibilities. The written agreement is to be filed in the child's record in each county before the placement county assumes responsibility.

If difficulties arise in reaching an agreement, the county of court jurisdiction is to initiate, through supervisory channels, a resolution of the problem. Updating of SWSS FAJ is the responsibility of the county of court jurisdiction. The foster care worker in the supervising county must be added onto SWSS FAJ as a secondary worker. This will allow the secondary worker to view (display-only) information on SWSS FAJ; see the SWSS FAJ **How Do I** automated help option.

Initial Service Plan (ISP)

If a child or his parent(s) is located in another county at the time of acceptance, the ISP is to be made cooperatively by both local offices. The local office in the county of court jurisdiction is responsible for compiling the information and recommendations into a single study, developing a plan, and providing services.

Updated Services Plan (USP)

If more than one local office is involved in the provision of services, the assigned FC worker in each local office is to complete the report section appropriate to his assigned function or responsibility as agreed upon in writing. Original copies of reports are to be placed in the Department case record and copies are to be forwarded to each local office for review and filing.

Note: If the child is not placed within close proximity to his family, both the ISP and the USP should contain the reasons why it is in the child's best interest to be placed elsewhere; see FOM 722-03, Placement/Replacement.

Out-of-County Private Child-Care Institution

When a child is placed in an out-of-county private child-caring institution, ISP and USP are to be completed by both the institution and the local office of origin. If services are being requested from the local office in the county where the child is placed, a written agreement DHS-3600, (RFF 3600), between local offices is to be arranged detailing assignment of responsibilities. The assigned FC worker in each local office is to complete the report section appropriate to their assigned function or responsibility and original copies of reports are to be placed in the DHS case record. Copies are to be forwarded to the local office providing continuing family services, the local office participating in long-range planning, and the county of jurisdiction's local office, if different than the local office maintaining the case record.

Apprehension of a Child on Runaway Status

It may be necessary to aid another county in securing the apprehension of a child who is on runaway status from the other county. When the child is located, the county with responsibility for the child must be prepared to return him to the county as soon as possible; see FOM 722-03, AWOL-Away Without Leave for procedures.

OUT OF TOWN INQUIRY (OTI)

Out of Town Inquiries are referrals to the Department by another state or country for the investigation and/or supervision of a specific child.

Information on Out of Town Inquiries is contained in FOM 930, **INTERSTATE SERVICES**.

SUPERVISION OF STATE WARDS

A child committed to the state under Public Act 220 of 1935 or Act 296 of 1974 may become the responsibility of any local county office through the relocation of his residence, regardless of his county of commitment. Complete responsibility for the supervision and case planning for any MCI ward should be transferred to the

county of residence of the child whenever the placement is expected to be long term. This includes situations in which there are no plans or intentions for the child to return to the county of commitment, or in which placement of the child is expected to be long term and the distance between the counties of commitment and placement is too great to economically allow for regular casework contact with the child as required. Any disagreements between counties on whether to transfer responsibility for a child are to be escalated for resolution by the county with current responsibility for the child to one of the following:

- Regional service delivery center.
- Outstate operations for urban counties.
- Wayne County Children and Family Services Administration for Wayne County.

OVERVIEW

Case managers must adhere to MiTEAM practice model principles when recommending court dismissal of temporary court wards or discharge of state wards. The child's safety and well-being are the primary considerations. When applicable, case managers must assess additional factors which include, but are not limited to:

- The parent/caregiver's ability to protect and provide for the child's ongoing needs.
- Resolution of the problem(s) which originally led to the child's removal.
- Permanency.
- The youth's adjustment in the community.

Definitions

Program closure

Program closure is the process of ending services provided through a specific child welfare program. The case may remain open if the child continues to receive services from another child welfare program.

Case closure

Case closure is the process of ending agency involvement with a family or child when the family and child are no longer receiving services from any child welfare program. Program closure and case closure occur simultaneously when there are no open program types remaining on the case.

PROGRAM CLOSURE

Cases with Court Involvement

To initiate foster care program closure for cases with court jurisdiction, the department must have a written court order ending the department's supervision of the child(ren). The department must enter the court order terminating the department's supervision of the child(ren) in the electronic case record within 10-calendar

days of receipt of the court order and no later than 30-calendar days from dismissal of court jurisdiction. The department must close the foster care program type in the electronic case record within 30-calendar days of entry of the court order in the electronic case record. This only applies to temporary court wards. For Michigan Children's Institute (MCI) wards and former MCI wards the foster care case is not closed with the court order.

Delays in Receipt of the Written Court Order

The court speaks through written orders. The case manager cannot close the program type in the electronic case record based on a verbal order. **Case managers must request and make every effort to obtain a written order at the time of dismissal of court jurisdiction.** Failure to obtain a written court order may result in a discrepancy between the date of dismissal of jurisdiction and the date the department can close the program type.

Case managers are required to continue and document all case management activities and services to the child and family until a written court order is received by the department ending the department's supervision of the child. Case managers do not have the authority to require the child and/or family to continue participating in case management activities and services after dismissal of court jurisdiction, even if the written order has not yet been received by the department.

Cases Without Court Involvement

The department must close the foster care program type in the electronic case record within 30 calendar days of receipt of the DHS-1476, Early Discharge of MCI Ward, or an approved DHS-1302, YAVFC Case Closure Request; see FOM 722-16, Young Adult Voluntary Foster Care. This would also include youth who are a legal status 51 and former MCI wards.

Child Death

In the event of the death of a child(ren) in foster care, the child(ren)'s foster care custody episode must be end dated in the electronic case record on the date of the child(ren)’s death; see SRM 172, Child/Ward Death Alert Procedures and Timeframes.

CASE MANAGEMENT ACTIVITY

All case management activities, including completion of case service plans, case manager contact requirements, etc., continue until one of the following documents is received:

- The written court order dismissing the case.
- An approved DHS-1476, Early Discharge of MCI Ward.
- An approved DHS-1302, YAVFC Case Closure Request.

Case Service Plans

Case service plans must document all case activity until the date the court order is received. If the program type is closed fewer than 30 calendar days after the last report period end date, then the DHS-69, Foster Care/Juvenile Justice Action Summary, may be completed in place of a final service plan; see FOM 722-08E, Foster Care/Juvenile Justice Action Summary.

DHS-69, Foster Care/Juvenile Justice Action Summary

The DHS-69, Foster Care/Juvenile Justice Action Summary, must be completed at the time of program closure; see FOM 722-08E, Foster Care/Juvenile Justice Action Summary.

Medicaid Closure

Children are no longer eligible for foster care departmental ward Medicaid (MA-FCDW) after foster care program closure. The case manager must ensure that the child's FCDW is closed at program closure; see FOM 803, Medicaid - Foster Care.

Note: The child's MA-FCDW may have closed prior to program closure if the child was no longer in an out-of-home placement, such as a parental home.

Consumer Credit Reports

See FOM 722-06E, Consumer Credit Reports, for information regarding credit reports for youth exiting foster care.

DISCHARGE DOCUMENTS

The case manager must provide the following documents to the child's legal parent/guardian, or to the youth if the youth is age 18 or older or has been legally emancipated, at the time of closure:

- A certified copy of the child's birth certificate (retain a copy in the case record).
- The child's social security card.

Note: In cases where the social security number has been verified and documented per policy, the case manager must make efforts to obtain a social security card.

- A copy of the child's updated DHS-221, Medical Passport; see FOM 801, Health Services for Children in Foster Care.
- Any available education records; see FOM 723, Educational Services.
- DHS-945, Financial Aid Verification of Court/State Ward Status, for youth ages 13 or older at the time of closure.

Note: The DHS-945 must be completed by a MDHHS case manager. Placement agency foster care (PAFC) case managers must request a completed DHS-945 from the MDHHS monitoring case manager.

- MDHHS-5748, Verification of Placement in Foster Care, for youth who were in foster care for at least 6 months after their 14th birthday.

Youth Exiting Care at Age 18 or Older or to Emancipation

In addition to the discharge documents listed above, the case manager must also provide youth leaving foster at age 18 or older or after legal emancipation with the following:

- Young Adult Voluntary Foster Care (YAVFC) Fact Sheet, if the youth is not currently in the program.
- Information on Foster Care Transitional Medicaid; see FOM 803, Medicaid - Foster Care.

- MiHealth card and, if enrolled in a health plan, the youth's Medicaid Health Plan member ID card.
- DHS-Pub-161, A Foster Youth's Guide to Preparing for Health Care Emergencies, Durable Power of Attorney for Health Care.
- DHS Pub-858, Important Information for Youth Transitioning out of Foster Care.

Driver's License or State-Issued Photo Identification

The case manager must ensure that youth leaving foster care at age 18 or older possess one of the following:

- Driver's license.
- State-issued photo identification card; see FOM 722-03C, Older Youth: Preparation, Placement, and Discharge.

Adoptive Placement

The adoption case manager is responsible for ensuring the adoptive placement receives all reasonably obtainable non-identifying information about the child; see ADM 670, Required Information to be Shared. The foster care case manager must provide the adoption case manager with copies of any additional documents that have been obtained since the adoption referral; see ADM 0210, Referral to Adoption.

CASE CLOSURE

Case closure is the electronic case record process of closing the ongoing or permanent ward case in the system when there is no longer an open program type within the case.

Program and case closure occur simultaneously when program closure results in no remaining open program types within a case. Cases may remain open after program closure when additional programs remain open in the case. Examples include, but are not limited to:

- Dual ward cases where the juvenile justice program closes but the child continues to be under court jurisdiction for abuse or neglect, or vice versa.
- Adoptive placement which results in the closure of the foster care program type while the adoption program type remains open for adoption supervision until finalization of the adoption.

Foster Care

When no program types remain open after the closure of the foster care program type, the case manager must complete the case closure process in the electronic case record. Case managers must use the Job Aid: Case Closure Requirements in the electronic case management system.

Adoption

The adoption case closure process differs from the foster care case closure process. MDHHS staff involved in the adoption case closure process should reference the electronic case management system Job Aid: Sealing and Closing an Adoption Case.

RETENTION OF CASE RECORDS

Temporary Wards

The closed foster care files for temporary wards must be retained in the local office until the youngest child turns 28 years old.

Foster care cases managed by a PAFC provider must be retained by the agency for one year after the foster care program closure date. One year after the closure date, the PAFC must send the original file to the local DHHS office to combine and retain until the youngest child turns 28 years old.

For record disposal instructions for MDHHS see the Records Management Services website.

Permanent Court Wards/MCI Wards

For both MDHHS- and PAFC-supervised cases, the supervising agency must retain all foster care case files for one year after the case closure date. One year after the closure date, the PAFC must send the original file to the local MDHHS office that was responsible for the case; **copies must not be maintained by the PAFC.** The local MDHHS office must combine and forward all records (both MDHHS and PAFC) to the MDHHS Document Control Section for permanent retention.

Michigan Department of Health and Human Services
Document Control Section
235 S. Grand Ave.

P.O. Box 30037
Lansing, MI 48909

Adoption

MDHHS provides a central location for the permanent retention of **all** records for children who have been adopted; see ADM 1030, Adoption Case Record Retention.

Note: For children who are adopted, the foster care record is combined with the adoption record.

Young Adult Voluntary Foster Care

For all Young Adult Voluntary Foster Care (YAVFC) cases, the retention schedule for the youth's wardship type, prior to entering YAVFC, should be followed.

LEGAL BASE

Federal Law

Social Security Act, 42 USC 675(5)(D).

Social Security Act, 42 USC 675(5)(I).

State Law

Foster Child Identification Theft Protection Act, 2016 PA 285, MCL 400.685.

Foster Care and Adoption Services Act, 1994 PA 203, MCL 722.954c(3).

Michigan Adoption Code, 1939 PA 288, MCL 710.27.

Licensing Rule

Mich Admin Code, R 400.12422.

Mich Admin Code, R 400.12509.

Mich Admin Code, R 400.12713.

OVERVIEW

The Young Adult Voluntary Foster Care (YAVFC) program provides youth, age 18 to 21, with extended foster care benefits that include financial stipends and case management.

PROGRAM REQUIREMENTS

The following criteria must be met by all youth entering YAVFC prior to signing the DHS-1297, Young Adult Voluntary Foster Care Agreement, which grants the Michigan Department of Health and Human Services (MDHHS) placement and care responsibility:

- The youth must be placed with or referred to MDHHS by the court in a child abuse/neglect case as of their 18th birthday.
- A youth must have been placed in an out-of-home placement as of their 18th birthday. A youth reunified with a biological and/or legal parent prior to turning 18 will not be eligible.
- A youth who had a delinquency court case must have had a dual abuse/neglect case at age 18 to be considered eligible.
- The youth's abuse/neglect court case, and delinquency case if applicable, must be closed by the court prior to the YAVFC case opening.
- If the youth's abuse/neglect court case was closed prior to age 18, they are not eligible for the YAVFC program.

  Note: A court order is not effective until the date signed by the judge.
- A youth committed to the Michigan Children's Institute (MCI) must be at least 19 years old or released by MCI on or after their 18th birthday.

Youth requesting to participate in YAVFC will enter the program by:

- **Extending** an open foster care case, if the youth is currently receiving foster care services and is at least 18 but is less than 21 years old.

- **Entering or re-entering** YAVFC after case closure, if the youth exited foster care or YAVFC after reaching the age of 18 and is less than 21 years old.

ELIGIBILITY CRITERIA

To be eligible for title IV-E funded extended foster care services and receive foster care maintenance payments the youth must meet one of the following criteria:

- Actively completing high school or a program leading to a general educational development (GED).
- Enrolled at least part-time in a college, university, vocational program, or trade school.
  - A youth who is on semester, summer, or other break, but was enrolled the previous semester and will be enrolled after the break, is considered enrolled in school. This includes a recent high school graduate who has been accepted to attend college in the fall. A natural break would occur between the time of high school graduation to the start of the fall semester.
  - The college, university, vocational program, or trade school determines if a student is enrolled in the institution. Once the school no longer considers a youth enrolled, the youth's grace period begins. See *Grace Period* in this policy for when a grace period is initiated.
  - There is no attendance or minimum grade point average requirement for college, university, vocational program, or trade school.
- Employed or participating in a program that promotes employment, such as Job Corps, Michigan Works!, or another employment skill-building program, for at least 80 hours per month.
  - To meet the 80-hour work requirement, a youth may be employed at more than one place or employed in combination with an employment skill-building program or volunteer work. An employment skill-building program representative must document hours spent participating.

- Federal guidelines do not allow for self-employment to be used for YAVFC eligibility.

- Volunteering for a community organization for at least 80 hours per month, or in combination with employment to meet minimum eligibility requirements. A community organization representative must document hours spent volunteering. If volunteering for MDHHS or another child welfare agency, documentation must be signed by both the foster care case manager and the supervisor.

- Incapable of the above educational, employment, or volunteer activities due to a documented medical condition.

  - Youth eligible for Supplemental Security Income (SSI) or Retirement, Survivors, and Disability Insurance (RSDI) due to a disability meet eligibility requirements.

  - If eligibility is based on incapacity expected to last more than one year, the case manager must assist the youth in applying for SSI if applicable; see FOM 902-12, Government and Other Benefits.

YOUNG ADULT VOLUNTARY FOSTER CARE (YAVFC) AGREEMENT

The DHS-1297, Young Adult Voluntary Foster Care (YAVFC) Agreement, outlines eligibility requirements regarding education, employment, living arrangements, residence notification, case manager contact, and case reviews. The youth's signature on the DHS-1297 grants MDHHS placement and care responsibility. Youth are eligible for foster care services and payments on the date it is signed by all parties, with an effective date of the youth's signature.

Note: Because the youth is not eligible for YAVFC until the agreement is signed, all attempts should be made to have it signed on the date the court order is signed closing the case.

Note: The DHS-1297 does not replace the DHS-4527, Independent Living Agreement. If a youth is in an Independent Living placement (IL), the DHS-4727 is required.

Copies of the DHS-1297 must be:

- Given to the youth.
- Filed with the CCFD 20, Ex-Parte Petition Regarding Young Adult Voluntary Foster Care; see *Judicial Determination* in this policy.
- Uploaded into the electronic case management system under Eligibility on the Young Adult Voluntary Foster Care screen in the Financial section.

Youth Extending

Whenever possible, the foster care case should extend directly into a YAVFC case to ensure continuity of care and services for the youth.

The case manager must discuss YAVFC during semi-annual transition meetings, 90-day discharge planning meetings, and at least 30 calendar days prior to the youth's 18th birthday as a part of a monthly home visit. See *Eligibility Criteria* in this policy for details regarding eligibility.

Youth must sign a DHS-1297, Young Adult Voluntary Foster Care (YAVFC) Agreement, before participating in YAVFC. **The youth is not eligible for YAVFC service or payments until the agreement is signed**, however it cannot be signed until all the following has occurred:

- The youth reaches 18 years old and was in an out-of-home placement at the time they turned 18.
- The MCI superintendent has discharged the case, if an MCI ward; see FOM 722-15, Case Closing.
- The case manager has received verification of eligibility.
- Family or juvenile court jurisdiction has been dismissed and the case manager has received the written court order.

Note: Because the youth is not eligible for YAVFC until the agreement is signed, all attempts should be made to have it signed on the date the court order is signed closing the case.

Youth Entering/ Re-entering

If the foster care case closed for a youth aged 18 or older and they later decide to enter/re-enter the YAVFC program:

- The youth can reach out to their last known case manager/county office who had their initial case or to the MDHHS office in the county in which they now reside. Either county can open the YAVFC case. Distance and consistency of services should be considered when making the determination of what county should open the case.

  Note: Youth must live in the state of Michigan at the time of entry or re-entry to YAVFC; see *Residency Requirements* in this policy.

- Within three calendar days of a youth's written or verbal request, the case must be assigned to a case manager.

- The assigned case manager must enter the new case through the non-Children's Protective Services (CPS) intake process in the electronic case management system.

  Note: If a youth is immediately found ineligible to enter YAVFC the assigned case manager must notify the youth within three business days they are ineligible and send them a DHS-1301-YA, YAVFC Case Closure Notice. The case should still be entered as a non-CPS intake in the electronic case management system and a YAVFC eligibility determination entered.

- Within five business days of case assignment, the case manager must visit the youth in their placement or living arrangement and explain YAVFC requirements.

- Within five business days of case assignment, the case manager must notify the Health Liaison Officer (HLO) in the county of residence. Notification to the HLO must include the youth's name, contact information, and name of the assigned case manager.

- If the youth agrees to participate in YAVFC, the case manager must provide the youth with the MDHHS-5778, Young Adult Voluntary Foster Care Verification of Eligibility, form. The form must be completed and returned within ten calendar days. The

case manager must follow-up with the youth to provide any needed assistance; see *Verification of Eligibility* in this policy.

- Upon returning the completed eligibility verification form, the youth must sign the DHS-1297, Young Adult Voluntary Foster Care (YAVFC) Agreement.
- The assigned case manager must enter the case into the electronic case management system by following the YAVFC Job Aid, Record Young Adult Voluntary Foster Care (YAVFC) Information.
- The foster care case manager must file the CCFD 20, Ex Parte Petition Regarding Young Adult Voluntary Foster Care, with the court in which the youth resides, within 60 calendar days of the youth signing the DHS-1297; see *Judicial Determination* in this policy.

Court Appointed Guardians

If there is a court order of mental incompetency and there is a court appointed guardian for the youth, the guardian is responsible for signing the DHS-1297.

VERIFICATION OF ELIGIBILITY

The youth must provide documents to the case manager verifying eligibility **prior to signing the** DHS-1297. A case manager should be available to assist a youth with gathering the appropriate documents to show eligibility.

The MDHHS-5778, Young Adult Voluntary Foster Care Verification of Eligibility, is the preferred documentation to verify employment, education, volunteer work, or medical needs.

The MDHHS-5778 can be used to document one type of eligibility criteria. If a youth is required to show two types, such as for both employment and volunteering, then a separate MDHHS-5778 must be completed for each.

The following verification forms may also be used to document eligibility:

- DHS-3380, Verification of Student Information, may also be used to verify enrollment in an educational program, vocational training, or trade school.
- DHS-38, Verification of Employment, may also be used to verify employment or an alternative to employment, such as volunteering.

  Note: Verification of volunteering not documented on the MDHHS-5778 or the DHS-38 must be by a representative of the community organization and written on organization letterhead.
- DHS-54A, Medical Needs, may be used to document the youth's medical condition that prevents them from meeting eligibility requirements for education, employment or volunteer work.

Alternative Verification

Alternative forms of eligibility verification may be accepted, including:

- Pay stubs that include employer, the youth's name, and how many hours per calendar month the youth worked.
- Equifax Verification Services printout.
- Letter from the school on letterhead showing dates of enrollment.
- Other documentation as approved by program office.

Questions regarding alternative forms of eligibility verification should be directed to the YAVFC Mailbox (MDHHS-YAVFC@michigan.gov).

Ongoing Verification of Eligibility

Ongoing verification of eligibility is required, at minimum, quarterly to coincide with the case service plan due date. The supervisor must review and verify the youth’s eligibility prior to approving the

case service plan. If the youth does not meet eligibility requirements, see *Reporting Eligibility Changes* in this item.

The case manager must provide the youth with the appropriate eligibility verification form at least 45 calendar days prior to the case service plan due date.

The case manager must discuss a youth's eligibility at each monthly face-to-face contact. The youth's failure to notify the case manager of eligibility changes in a timely manner will not delay the beginning of a grace period or case closure. A case manager can request to see paystubs or a work schedule each month to make sure the youth is meeting requirements.

Exception: The DHS-54A, Medical Needs, form may be submitted on an annual basis if the youth's condition is expected to persist for more than one year, **and** there is a pending application for SSI, or the SSI has been approved.

Reporting Eligibility Changes

Youth

Youth must report changes that affect YAVFC eligibility to their case manager within three business days of the change. Failure to report changes timely may affect a youth's eligibility.

Primary Foster Care Case Manager

The case manager must review reporting requirements with the youth prior to the youth signing the DHS-1297, Young Adult Voluntary Foster Care (YAVFC) Agreement.

The primary foster care case manager must inform the Child Welfare Funding Specialist (CWFS) within three business days of learning of a change that affects the youth's YAVFC eligibility including:

- Changes in a youth's living arrangement; for example, address changes, foster family license changes, child caring institution (CCI) license changes, or incarceration.
- Changes in the youth's family composition; for example, the youth has a child, custody change, or the minor child moves in or out of the youth's home. This change should be documented

in a social work contact, and the ward child payments must reflect only when the child remains in the care of their youth parent.

- SSI/RSDI starts or stops.
- The date a youth starts a grace period and the date the grace period is scheduled to end.
- Case closure.
- Case manager or agency change.

GRACE PERIOD

Youth who no longer meet YAVFC program requirements are eligible for a 30-day grace period to re-establish eligibility without penalty. Youth are allowed up to three grace periods per fiscal year. YAVFC payments and Medicaid coverage continue during the grace period.

Exception: YAVFC payments will not continue if the youth enters a non-reimbursable placement. See *Placements and Living Arrangement Options* in this policy for approved living arrangements. However, the youth will continue to be eligible for case management services during the grace period.

A grace period may not be used for youth who become ineligible due to one of the following circumstances:

- Reaches their 21st birthday.
- Enters active-duty military service, excluding the Reserve Officers' Training Corps (ROTC) or a reserve component of the Armed Forces, see *Termination of YAVFC* in this policy.
- Legally adopted.
- Death.

Case Manager Responsibilities

Within one business day of discovering the youth is no longer meeting the eligibility requirements, the case manager must schedule a 90-day discharge planning meeting; see *Family Team Meeting (FTM) Requirements* in this policy.

During the grace period, the case manager must actively assist the youth in re-establishing the employment, education, volunteering, or incapacitating medical condition requirements and include documentation of these efforts in the service plan.

Calculation of Grace Periods

The begin date of the grace period is determined by the eligibility criteria the youth was meeting prior to the grace period.

Actively completing high school or a program leading to a general educational development GED; the grace period starts the day after the date the school no longer considers the youth to be actively completing.

Enrolled at least part-time in a college, university, vocational program, or trade school; the grace period starts the day after the date the school no longer considers the youth enrolled at least part-time. A youth who is on semester, summer, or other break, but was enrolled the previous semester and will be enrolled after the break, is considered enrolled in school, and does not require a grace period.

Employed in either full-time or part-time work or participating in a program that promotes employment, such as Job Corps, Michigan Works!, or another employment skill building program. Participation must be at least 80 hours per month and may be at one or more places of employment and/or a combination of the above activities. Volunteering for a community organization for at least 80 hours per month, or in combination with education or employment to meet minimum eligibility requirements; the youth has until the end of the month to meet this eligibility requirement. The grace period starts the first day of the following month in which the requirement was not met.

If the youth completes the required 80 hours during the grace period month, then the grace period is ended effective the last day of the month and a new reimbursability must be added effective the first day of the following month.

If the youth does not complete the required 80 hours during the grace period month, then the YAVFC case must be closed. This does not prohibit the youth from applying again later if they meet the requirements.

Incapable of the above educational, employment, or volunteer activities due to a documented medical condition; the grace period starts the date following the expiration of the medical documentation provided if the youth does not meet any of the other eligibility requirements listed above. Verification of incapacity through SSI eligibility is only required once per year. If the youth loses SSI eligibility, the grace period starts the day following the expiration of SSI eligibility.

Fund Source

During the grace period, the youth does not lose title IV-E eligibility, but title IV-E payments cannot continue while the youth is in a 30-day grace period. Limited term/emergency/general funds must be used for all payments made during a grace period. If a youth re-establishes program eligibility and the grace period ends, a new reimbursability determination must be completed to determine if the youth is title IV-E reimbursable.

JUDICIAL DETERMINATION

Federal guidelines require courts to make a judicial determination that remaining in foster care is in the youth's best interests. If the order containing this finding is not signed by the judge or referee within 180 days of the date the youth signed the DHS-1297, Young Adult Voluntary Foster Care (YAVFC) Agreement, the youth is no longer eligible for the YAVFC program, and the case must be closed.

Ex-Parte Petition and Attachments

The foster care case manager must file the CCFD 20, Ex Parte Petition Regarding Young Adult Voluntary Foster Care, in the county in which the youth resides, within 60 calendar days of the youth signing the DHS-1297. The following information must be attached to the Ex-Parte Petition Regarding Young Adult Voluntary Foster Care:

- DHS-1297, Young Adult Voluntary Foster Care (YAVFC) Agreement.
- The applicable eligibility verification form(s).

- The most recent case service plan that includes the recommendation to participate in YAVFC.
- Any documentation that supports the youth's efforts and participation in YAVFC.

If the youth resides in the county where the family or juvenile court jurisdiction is dismissed, the foster care case manager should bring the youth to the court hearing as well as the completed CCFD 20, Ex-Parte Petition Regarding Young Adult Voluntary Foster Care, form and all required attachments. Having the youth and all necessary documentation will allow the youth to sign the DHS-1297 and the petition can then be filed immediately upon receipt of the written court order dismissing the abuse/neglect case.

Ex-Parte Filing Delays

Ex-parte petitions filed more than 60 calendar days after the youth signs the agreement may be accepted by the court up to but not exceeding the 150th day after the agreement is signed.

Court Responsibility

After the agreement has been filed, the court will:

- Open a YAVFC case. The court must determine that it is in the youth's best interest to be in foster care. This determination cannot occur later than 21 days after the date the report was filed.
- Serve the MDHHS and the youth with the CCFD 21, Order Regarding Voluntary Foster Care Agreement, which contains the best interest finding.
- Terminate jurisdiction over the youth.

Note: A hearing is **not** required for this process but may be held on the court's own motion or at the request of the youth or the department.

After this process is complete, the department will retain full responsibility of the YAVFC case and reporting requirements to the court will cease.

If the order containing this finding is not signed by the judge or referee within 180 days of the date the youth signed the DHS-1297, the youth is no longer eligible for the YAVFC program for this removal episode, and the case must be closed.

Closing a case due to the lack of best interest finding does not prohibit a youth from reentering the YAVFC program if they regain eligibility and are interested in receiving services.

PLACEMENT AND LIVING ARRANGEMENT OPTIONS

Youth in YAVFC may reside in the following living arrangements:

- Licensed foster home.
- Licensed CCI.
- Licensed adult foster home (AFC).
- Approved setting in which the individual is living independently including, but not limited to:
  - Rental home or apartment, with or without roommates.
  - College dormitory.
  - Relative home.
  - Friend or partner home.
  - Biological parent home.
  - Host home or supportive adult home.

Note: Youth in YAVFC are eligible for a bed hold for all reasons listed in the policy including if entering a facility to treat a substance use disorder or mental illness to ensure stable housing is still available upon leaving the facility; see FOM 903-07, Temporary Break/Bed Hold Payments.

Unpaid Placements

The following placement types are not eligible for payment:

- **Absent without legal permission** (**AWOLP);** youth in YAVFC who are placed with a paid provider who, without permission, do not return to their provider are considered AWOLP. Youth who are AWOLP are eligible for an unpaid grace period. The case manager is required to complete diligent searches to locate the youth during the grace period; see FOM 722-03A, Absent Without Legal Permission (AWOLP). Youth returning

from AWOLP to an eligible placement would become eligible for payment.

- **Incarceration;** a youth who is incarcerated may qualify for a bed hold payment; see FOM 903-7, Temporary Break/Bed Hold Payments.

REPORTING REQUIREMENTS

Case service plans are required for YAVFC cases. The DHS-442, Permanent Ward Service Plan, must be used for all YAVFC case plans, regardless of prior wardship.

An initial case service plan must be completed within 30 calendar days of the youth signing the DHS-1297, Young Adult Voluntary Foster Care (YAVFC) Agreement, and at least every 90 calendar days thereafter.

CASE MANAGER/ YOUTH VISIT REQUIREMENTS

Case manager contacts for youth in YAVFC are subject to the same policy, documentation, and frequency requirements as any other foster care case; see FOM 722-06H, Case Contacts.

Note: If a youth refuses contact, including by phone, text, or virtually, for 30 days, a grace period would be applied on the 31st day; see *Grace Period* in this policy.

Youth Extending

The case manager must continue to meet with the youth at least monthly. These visits are subject to the same documentation and frequency requirements as an open foster care case; see FOM 722-06H, Case Contacts.

Youth Entering/ Re-entering

During the first two months of the case assignment date, the case manager must have two face-to-face contacts with the youth. At least one face-to-face per month must occur in the placement. The first visit with the youth must take place within five business days from the date the case is assigned to the case manager.

Thereafter, the case manager must continue to visit the youth in their placement or living arrangement monthly.

Youth Residing Out-of-State

Youth participating in YAVFC who reside out-of-state must have an in-person visit once a month with the assigned foster care case manager unless an out-of-state agency is providing courtesy supervision.

If courtesy supervision cannot be secured, the assigned foster care case manager is responsible for all case management requirements.

DHS-1295, Young Adult Monthly Visit Report

The DHS-1295, Young Adult Monthly Visit Report, must be completed with the youth during each home visit. A copy must be uploaded into the electronic case record, and a copy must be given to the youth.

RESIDENCY REQUIREMENTS

Youth must reside in Michigan to file the CCFD 20, Ex-Parte Petition Regarding Young Adult Voluntary Foster Care, form.

County of Residence

The county of residence is the county where the youth has a permanent address or where the youth lives most of the time.

Youth without a Home

The county where the youth resides most of the time may be used as the county of residence. For further clarification of homeless persons; see BEM 220, Residence.

FAMILY TEAM MEETING (FTM) REQUIREMENTS

Semi-Annual Transition Meeting/ Semi-Annual Case Review

For a youth extending their case into YAVFC, a semi-annual transition meeting, also known as a semi-annual case review for the purpose of YAVFC, must be completed within 180 days from the date of the previous semi-annual transition meeting. For youth entering or re-entering, a semi-annual transition meeting/case review must be held within 30 days of the youth signing the DHS-1297, Young Adult Voluntary Foster Care (YAVFC) Agreement.

Each semi-annual transition meeting/case review must then be completed within 180 days from the previous. The semi-annual transition meeting/case review must follow currently established guidelines; see FOM 722-06B, Family Team Meeting.

Areas that must be addressed during the FTM include but are not limited to the following:

- Safety.
- Appropriateness and necessity of the placement.
- Compliance with the case plan.
- Permanency goals.
- Progress toward achieving independence, including whether appropriate and meaningful independent living skill services are being developed.
- Projected date by which the youth may no longer require extended foster care services.

If the FTM has not been completed by a neutral person without case management responsibility within six months of the previous FTM, a youth cannot be title IV-E funded and a reimbursability determination must be completed effective the first day of the following month. Once the FTM has been held, title IV-E funding can resume on the first day of the month that the FTM was held

and a reimbursability determination must be completed; see FOM 722-06B, Family Team Meeting.

Example: A youth's FTM is due on June 28th but is not held until July 7th. The youth does not lose title IV-E reimbursability because the youth continues to be reimbursable through the end of June. The July FTM allows the youth to be reimbursable effective the first day of the month in which all requirements are met. A new reimbursability determination would be entered effective July 1st which would determine as title IV-E reimbursable.

Example: A youth's FTM is due June 28th but is not held until August 11th. The youth would lose title IV-E reimbursability effective July 1st and a reimbursability determination must be completed effective that date. The youth would regain title IV-E reimbursability effective the first day of the month in which all the requirements are met (in this example it would be August 1st). A new reimbursability determination would be entered effective August 1st which would determine as title IV-E reimbursable.

90-Day Discharge Planning Meeting

Within one business day of discovering the youth is no longer meeting eligibility requirements, the case manager must schedule a 90-day discharge planning meeting to be held within three business days; see FOM 722-06B, Family Team Meeting.

The 90-day discharge planning meeting must be held to determine how the youth will regain eligibility or prepare to discharge from foster care. The youth must be informed that their case will close if eligibility requirements are not met by the end of the grace period; see *Grace Period* in this item.

CHILD OF A YOUTH IN FOSTER CARE

Foster care maintenance payments are available for youth who are parents, as well as payment for the youth's child, if that child is living or placed with the youth. Payments may be made for the child, regardless of the child's wardship status or whether the child is under the care and supervision of MDHHS; see *Youth Parent* in this policy.

MEDICAID

Youth who are eligible for YAVFC are eligible for Medicaid. The child of a parent in YAVFC is eligible for Medicaid.

FUNDING

Initial Funding Determination

When a youth agrees to voluntarily participate in foster care outside court jurisdiction, a new placement episode begins, and a new initial title IV-E determination must be completed. The new placement episode begins the date the youth signs the DHS-1297, Young Adult Voluntary Foster Care (YAVFC) Agreement.

Re-Entry

Youth requesting to re-enter YAVFC must sign a new DHS-1297 and a new placement episode begins as of the date of the signature.

AFDC Income and Assets

The income available to a youth must be considered initially when determining eligibility for YAVFC. A youth is considered a group size of one unless they have their minor children living with them when entering YAVFC.

The month the youth signs a DHS-1297 is considered the removal month for the new placement episode; see FOM 902, Funding Determinations and Title IV-E Eligibility, for further details on the income and asset requirements.

Earned Income

Earned income of a youth is not budgeted when they are a full-time student and expected to complete graduation requirements prior to age 19.

Earned income of a youth is budgeted any of the following apply:

- A youth is not a full-time student.
- A youth is age 19 or 20.
- A youth is a full-time student and not expected to complete the graduation requirements prior to age 19.

Other Income

Unearned income must be considered in the amount received for the removal month. Only available income must be budgeted; see FOM 903-08, Payments Requiring Special Processing, to determine net income and procedure to adjust the rate.

If a youth is in YAVFC and in an Independent Living (IL) placement and receives continuing benefits of SSI or RSDI, the youth can become their own payee for these benefits while still also receiving an IL stipend. Youth who are receiving title IV-E funded IL stipends must have their service authorization amended and request a fund source override from the Federal Compliance Division (FCD) to limited term/emergency/general funds; these are sent to MDHHS-FederalComplianceDivision@michigan.gov. If a youth is unable to be their own payee, they can identify another person or agency to assume this role.

Assets

The property of a youth must be considered in the initial funding determination, the first $10,000 in property is exempted.

A trust fund established for a youth must not be considered as available property for that youth unless it is designated and available to be used for their ordinary living expenses.

Reimbursability Determinations

A reimbursability determination must be completed every six months. Reimbursability determinations are required more frequently if a youth's situation changes in a manner that may affect funding. Examples of changes requiring a reimbursability determination include:

- A youth's placement changes.
- A youth enters a 30-day grace period; see *Grace Period* in this item. The case manager must complete verification on a quarterly basis.
- The youth regains eligibility after a grace period.
- The semi-annual transition meeting/case review is not completed by a neutral party within six months of the

previous case review; see *Semi-Annual Transition Meeting/ Semi-Annual Case Review* in this item.

Grace Periods

The youth does not lose title IV-E eligibility, but title IV-E payments cannot continue while the youth is in a 30-day grace period. Limited term/emergency/general fund must be used for all payments made during a grace period. If a youth re-establishes program eligibility and the grace period ends, a new reimbursability determination must be completed to determine if the youth is title IV-E reimbursable.

Reimbursable Placements

Placements must meet licensing requirements to be paid from title IV-E funds for a foster family home and licensed relative home.

Independent living (IL) placements can be paid from title IV-E funds for youth in YAVFC.

Allowable independent living (IL) placements include:

- Rental home or apartment, with or without roommates.
- College dormitory.
- Biological parent home.
- Unrelated caregiver.
- Licensed or unlicensed relative home.
- Friend or partner home.

Placement in a qualified residential treatment program (QRTP) is not title IV-E eligible for youth participating in YAVFC.

Youth Parent

A youth parent in an independent living (IL) placement will be paid directly for each of their minor children living with them. A youth parent being paid directly for a minor child living with them cannot simultaneously receive Family Independence Program (FIP) benefits for themselves or the child(ren). The youth parent must provide the child's birth certificate or other documentation to show the parent/child relationship prior to any payments being made. This documentation is needed to show that the youth parent being paid is the child's parent, not to determine citizenship.

Funding Source

If a youth is determined not to be title IV-E eligible or in a placement or in need of a service that is **not** title IV-E reimbursable, limited term/emergency/general funds must be used. This includes but is not limited to:

- Medical expenses not covered by Medicaid.
- Foster home or CCI on a numbered provisional license.
- AFC home.
- Grace period.
- Orthodontic care if approved prior to the youth entering YAVFC.

Payments must not be made for a youth in an unpaid placement such as the hospital or jail. The youth may qualify for a bed hold payment; see FOM 903-7, Temporary Break/Bed Hold Payments.

Payments

Payments from title IV-E cannot begin until the first day of placement in the month in which all title IV-E eligibility criteria are met. No payments can be made prior to the youth's signature date on the DHS-1297, Young Adult Voluntary Foster Care (YAVFC) Agreement.

The following payment policy changes **only** apply to youth participating in YAVFC:

- Determination of care (DOC) rates can continue to be paid to a foster parent receiving the board and care payments for a youth in the YAVFC program; see FOM 903-03, Payment for Family Foster Care for DOC requirements.
- CCI placements may be paid until the day prior to the youth's 21st birthday.
- Administrative rates paid to placement agency foster care (PAFC) providers may continue until the day prior to the youth's 21st birthday. The administrative rate **can** be paid to a PAFC provider supervising a youth placed in a licensed foster home and in an independent or supervised living placement.
- Recoupment action is not taken if the youth was paid incorrectly. If the youth was paid from title IV-E funds, reconciliation from title IV-E to general funds is required.

Example: If a youth in an independent living (IL) placement who has already been paid and their fund source changes because of entering the YAVFC program, reconciliation action is required.

Example: The case manager does not discover that the youth was in jail for three days and the youth received payment for those three days from title IV-E funds. Reconciliation action is required for the three days the youth was in a non-reimbursable placement.

If a child becomes ineligible or non-reimbursable for title IV-E, payments must be reconciled back to the date of ineligibility or non-reimbursability, not the date the ineligibility or non-reimbursability was discovered by the case manager. If title IV-E payments have been made for grace periods, they must be reconciled to limited term/emergency/general funds effective the start date of the grace period.

TERMINATION OF YAVFC

Self-Initiated Termination

Youth may terminate the DHS-1297, Young Adult Voluntary Foster Care (YAVFC) Agreement, by notifying the case manager, in writing, of their desire to terminate YAVFC.

MDHHS-Initiated Termination

MDHHS must terminate the DHS-1297 if the youth becomes ineligible. Ineligibility for YAVFC occurs when the youth:

- Discontinues their educational, vocational, or trade program, or volunteerism and does not re-enter a similar program or meet another eligibility requirement within the 30 calendar day grace period.
- Is no longer employed at least 80 hours per month and does not meet one of the other eligibility requirements within the 30 calendar day grace period.
- Is no longer deemed incapable due to a medical condition and does not meet one of the other eligibility requirements within the 30 calendar day grace period.

- Refuses to contact the case manager for more than 30 calendar days and does not make contact within the 30 calendar day grace period.
- Reaches their 21st birthday.
- Enters active-duty military service.

  Exception: Membership in the ROTC or a reserve component of the Armed Forces does not disqualify a youth for YAVFC, unless participation requirements exceed 21 consecutive calendar days of active duty or training responsibilities.
- Is legally adopted.

Case Closure Process

If the grace period ends and ineligibility continues, the case manager must start case closure within one business day by:

- Notifying the youth, either verbally or in writing that a request is being made to close their case.
- Submitting a DHS-1302, YAVFC Case Closure Request, to the supervisor.
- Obtaining the supervisor's signature of approval.
- Sending the approved request to one of the following:
  - For cases directly managed by MDHHS, the county director.
  - For PAFC-managed case, the agency's director.

If the director approves the case closure, send a DHS-1301-YA, YAVFC Case Closure Notice, to the youth and upload the form in the Financial section of the electronic case record.

If the director denies the closure, schedule an FTM within one business day of receiving the denial. The FTM should be held within three days of scheduling it to determine how the youth will regain eligibility.

YAVFC RE-ENTRY

Youth may re-enter YAVFC, before the age of 21, if eligibility requirements are met.

Youth requesting to re-enter YAVFC must have a new CCFD 20, Ex-Parte Petition Regarding YAVFC, form, including all attachments, filed with the court; see *Judicial Determination* in this item.

Youth must also receive a new initial funding determination; see *Initial Funding Determination* in this item.

CASE READING REQUIREMENTS

Comprehensive case reading practices must always be utilized to ensure compliance with federal regulations. On an ongoing basis, all cases determined to be title IV-E eligible, regardless of reimbursability status, must have a case read certified by a supervisor to ensure appropriate use of the funds. Case reads are to be completed using the MDHHS-5442, Young Adult Voluntary Foster Care (YAVFC) Case Read Tool.

Note: Best practice is for a full case read to be completed annually and at case closure for every title IV-E eligible case which includes a review of the payments.

RESOURCES

- DHS-38, Verification of Employment.
- DHS-54A, Medical Needs.
- DHS-1295, Young Adult Monthly Visit Report.
- DHS-1297, Young Adult Voluntary Foster Care (YAVFC) Agreement.
- DHS-1301-YA, Young Adult Voluntary Foster Care Case Denial/Closure Notice.
- DHS-1302, Young Adult Voluntary Foster Care Case Closure Request.
- DHS-3380, Verification of Student Information.

- MDHHS-5778, Young Adult Voluntary Foster Care Verification of Eligibility.
- YAVFC Entry/Re-Entry.
- YAVFC Extending.
- YAVFC Training.

LEGAL BASE

Federal Law

Social Security Act, 42 U.S.C. 672(f)(1)

Social Security Act, 42 U.S.C. 672(f)(2)

Social Security Act, 42 U.S.C. 675(8)

45 CFR 1356.21(k)

State Law

Young Adult Voluntary Foster Care Act, MCL 400.641 - 400.663

Court Rules

MCR 3.616. Proceeding to Determine Continuation of Voluntary Foster Care Services

POLICY CONTACT

Policy questions about YAVFC may be directed to the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

Program questions about YAVFC may be directed to the YAVFC Mailbox (MDHHS-YAVFC@michigan.gov).

Funding questions about YAVFC may be directed to the Federal Compliance Division Mailbox (MDHHS-FederalComplianceDivision@michigan.gov).

FAIR HEARING OVERVIEW

Youth have the right to contest a department decision affecting YAVFC eligibility. The youth may request an administrative hearing after receiving a denial or closure of YAVFC through the DHS-1301-YA, Young Adult Voluntary Foster Care Case Denial/Closure Notice. The department provides an administrative hearing to review the decision. Resolution to issues raised in the request for a hearing should be resolved as soon as possible. If the youth is found to be eligible, the caseworker must complete the necessary steps to enroll the youth immediately and withdraw the hearing request.

Hearing Request

A hearing request must be in writing and signed by the youth. Electronic, faxed, or photocopied signatures are acceptable. The Michigan Office of Administrative Hearings and Rules (MOAHR) will deny requests signed by unauthorized individuals and requests without signatures. The hearing request must reference the reason for the request and the specific issue in dispute.

Where to File a Hearing Request

Youth may email or mail the hearing request to:

MDHHS YAVFC mailbox **or**
MDHHS-Foster Care, Guardianship, and Adoption Program Office
Young Adult Voluntary Foster Care
235 Grand Ave., Suite 514
Lansing, MI 48909

Deadlines for Requesting a Hearing

The youth has 90-calendar days from the mailing of the DHS-1301-YA, Young Adult Voluntary Foster Care Case Denial/Closure Notice, to request a hearing. If a hearing request is filed more than 90-calendar days from the date of the notice of case action, the Foster Care, Guardianship, and Adoption Program Office must:

- Ensure the local office supervisor completes a DHS-3050, Hearing Summary, stating:

  - The reason a request is ineligible for a hearing.
  - The reason why the youth is ineligible for YAVFC.

- Send the hearing request and the summary to MOAHR.

MOAHR will inform the youth and the hearings coordinator if the request is denied.

Only MOAHR may deny a request for a hearing.

Hearing Request Process

Program Office must complete the following within 15-calendar days from receipt of the hearing request:

- Log the request.
- Contact the youth.
- Arrange a prehearing conference including all appropriate staff and the youth.
  - The conference is not required to be held within the 15-calandar day period.
- Determine the nature of the complaint and any possible resolution.
- Contact the local Michigan Department of Health and Human Services (MDHHS) director, program manager, supervisor, and worker.
  - The local MDHHS office must review the case prior to the prehearing conference, to assure staff completed the following:
    - Applied MDHHS policies and procedures correctly.
    - Explained MDHHS policies and procedures to the youth.
    - Uploaded all documentation into MiSACWIS for review.
    - Explored all eligibility alternatives. For example, if the denial is based on unemployment, is the youth involved in MI Works!?

  - The program manager or local MDHHS director submits the results of their review to Program Office.

- Program Office will forward a DHS-3050, Hearing Summary, to MOAHR.

Administrative Review

The Program Office manager or designee must review all hearing requests. The purpose of the review is to assure staff did the following:

- Applied MDHHS policies and procedures correctly.
- Explained MDHHS policies and procedures to the youth.
- Explored all eligibility alternatives.

The Program Office manager or designee must evaluate the advisability of a hearing in relation to intent of policy, types of issues raised, appropriateness of the department's denial, cancellation, and administrative alternatives. The Program Office manager is responsible for determining that an appeal request **cannot** be resolved except through formal hearing. The administrative review does not replace the hearing process. The hearing must be held as scheduled unless the department reinstates YAVFC eligibility or the youth withdraws the hearing request.

Prehearing Conference

Youth must be offered a prehearing conference upon receipt of a hearing request.

Concerns expressed in the hearing request should be resolved whenever possible through a prehearing conference with the youth rather than through a hearing.

At the prehearing conference, the Program Office representative may be anyone from Program Office. This person acts on behalf of the Program Office manager.

The prehearing conference must take place as soon as possible after the hearing request is received unless:

- The youth states that they will not attend a prehearing conference; or
- A prehearing conference was held prior to the hearing request, the issue in dispute is clear, and MDHHS staff understand the positions of both the department and the youth.

All appropriate staff, including placement agency foster care (PAFC) staff if applicable, must be consulted before the prehearing conference and attend as necessary.

The following must be completed at the prehearing conference:

- Determine why the youth is disputing the MDHHS action.
- Review any documentation the youth has to support their position.
- Explain the department's position and identify and discuss the differences.
- Determine whether the dispute can be resolved or requires a hearing.

Corrected Case Action

The youth's case worker must complete the following steps if Program Office determines that the denial or termination is incorrect:

- Have the youth sign the DHS-1297, YAVFC Agreement.
- Request that the youth sign the DHS-18A, Hearing Request Withdrawal.
- Provide notification to the youth that corrective action has been taken.
- Notify MOAHR that the disputed action has been corrected and the youth's concerns have been resolved. MOAHR must have the following documentation to deny hearing requests:
  - The hearing request with the signature of the youth.
  - A summary of the actions taken to correct all the concerns. A DHS-3050, Hearing Summary, may be used.

MOAHR will send the youth a letter stating the hearing request is dismissed because there is no longer a basis for a hearing. The hearing will not be dismissed if the youth claims that the department failed to correct all the disputed actions.

Hearing Summary

The youth's case worker must complete a DHS-3050, Hearing Summary, if the dispute is not resolved at a prehearing conference. Case identifiers and notations on case status must be complete.

The narrative must include the following:

- Clear statement of case action.
- Facts which led to the action.
- Policy which supported the action.
- Correct address of the youth.
- Description of the relevant documents that Program Office intends to offer as exhibits at the hearing. Attached exhibits and documents must be clearly numbered and identified.

Withdrawals

When the issue is still in dispute, do not:

- Suggest that the youth withdraw the request; **or**
- Mail a withdrawal form to the youth unless it is requested.

Prior to Mailing Hearing Request to MOAHR

If the issue is resolved at the prehearing conference, the youth can withdraw the request. Program Office must ask for a signed statement requesting withdrawal from the youth. The DHS-18A, Hearing Request Withdrawal, may be used for this purpose. The withdrawal must clearly state why the youth has decided to withdraw the request. Program Office staff must enter all identifying case information on the withdrawal, attach the original copy to the request and forward them to MOAHR. A copy of the withdrawal must be filed in the case record.

After Mailing Hearing Request to MOAHR

Program Office must take the following steps, depending on how the youth requests the withdrawal:

- If the youth requests withdrawal while meeting with the caseworker:

- The caseworker requests that the youth complete the DHS-18A, Hearing Request Withdrawal, and emails the request to the YAVFC mailbox.
- Program Office will fax a copy of the withdrawal request to MOAHR at 517-241-8541 or 517-335-6696. The original request form must be placed in the case file at the local office and submitted to Program Office.

- If the youth requests withdrawal via telephone:
  - Ask the youth to promptly send a written request for withdrawal to Program Office. The youth may obtain and complete a DHS-18A at the local office or online at MDHHS > DOING BUSINESS WITH MDHHS > FORMS AND APPLICATIONS under the Other category.
  - Program Office will fax a copy to MOAHR at 517-241-8541 or 517-335-6696, file the original in the case record.

Requests for Postponement/ Adjournment

The youth or local office may request a postponement, also called adjournment, of a scheduled hearing. If the youth requests a postponement, the youth should be instructed to call MOAHR to request the postponement. Only MOAHR can grant or deny a postponement. MOAHR will notify the hearings coordinator if the postponement is granted. MOAHR will send a new DHS-26A, Notice of Hearing, to all parties who received the original notice when the hearing is rescheduled.

If the postponement is granted at the youth's request, the standard of promptness is extended for as many calendar days as the hearing is postponed.

Late Arrival for the Hearing

The youth must arrive within 30 minutes of the hearing on the scheduled date.

If the youth arrives more than 30 minutes late, call MOAHR for direction on how to proceed. Whenever possible, the hearing will be held on the scheduled date.

Failure to Appear for the Hearing

If the youth does not appear at the hearing within 30 minutes of the scheduled time, MOAHR should be contacted. No negative action may be taken until written authorization from MOAHR has been received. If the youth later contacts MDHHS to have the hearing rescheduled, instruct the youth to contact MOAHR at the toll-free number listed on the DHS-26A, or by mail at: P.O. Box 30695, Lansing, MI 48909.

Presentation of the Case

Program Office and youth will each present their positions to the Administrative Law Judge (ALJ), who will determine whether the actions taken by Program Office are correct according to fact, law, policy, and procedure.

Following the opening statements, if any, the ALJ directs Program Office to explain the position of the department. The hearing summary, or highlights of it, may be read into the record. The hearing summary may be used as a guide in presenting the evidence, witnesses, and exhibits that support the department's position. The following should be included in the case presentation:

- An explanation of the actions taken.
- A summary of the policy or laws used to determine the action taken was correct.
- Any clarifications by the Program Office staff of the policy or laws used.
- The facts that led to the conclusion that the policy is relevant to the disputed case action.
- The MDHHS procedures ensuring the youth received adequate or timely notice of the proposed action and affording all other rights.

Both Program Office and the youth must have adequate opportunity to present the case, bring witnesses, establish all pertinent facts,

argue the case, refute any evidence, cross-examine adverse witnesses, and cross-examine the author of a document offered into evidence.

Admission of Evidence

The ALJ will follow the same rules of evidence used in circuit court to the extent practicable. The ALJ must ensure that the record is complete and may:

- Take an active role in questioning witnesses and parties.
- Assist either side to be sure the necessary information is presented on the record.
- Be more lenient than a circuit court judge in deciding what evidence may be presented.
- Refuse to accept evidence the ALJ believes is:
  - Unduly repetitious.
  - Immaterial.
  - Irrelevant.
  - Incompetent.

Either party may:

- State on the record its disagreement with the ALJ's decision to exclude evidence and the reason for the disagreement.
- Object to evidence the party believes should not be part of the hearing record.

The ALJ must state on the record when refusing to admit any evidence, and why it was not admitted. The ALJ may allow written documents to be admitted in place of oral testimony if the ALJ decides this is fair to both sides in the case being heard.

Hearing Decisions

The ALJ determines the facts based solely on the evidence at the hearing, draws conclusions of law, and issues a recommended decision to the state MDHHS director.

Copies of the recommended decision are sent to Program Office and the youth. Either party may file written exceptions within the timeframe as set forth in the recommended decision. The state

MDHHS director has 30-calendar days to issue a final decision and order or remand for rehearing.

The youth has the right to appeal the final decision and order to the family division of the circuit court in the county where the case is filed. The appeal must be filed within 30-calendar days of receipt of the final decision.

Implementing the Decision and Order

All hearing decisions must be recorded in the electronic and paper case records.

Some hearing decisions require implementation by Program Office and the caseworker. Any actions required by the decision and order must be implemented within 10-calendar days of the mailing date of the hearing decision. The decision and order serve as notice of the action, and additional notice is not required

The decision and order should be implemented pending a court appeal unless a circuit court or other court with jurisdiction issues a stay. In all cases the Federal Compliance Division must be consulted prior to reinstating or reconciling title IV-E payments as the result of a hearing.

Rehearing/ Reconsideration

A rehearing is a full hearing which is granted when:

- The original hearing record is inadequate for purposes of judicial review.
- There is newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision.

A reconsideration is a paper review of the facts, law or any new evidence or legal arguments. It is granted when the original hearing record is adequate for purposes of judicial review and a rehearing is not necessary, but one of the parties believes the ALJ failed to accurately address all the relevant issues raised in the hearing request.

Rehearing/ Reconsideration Requests

MDHHS or MOAHR may file a written request for rehearing or reconsideration. A decision must be made within 30-calendar days of receipt of the decision to request a rehearing or reconsideration. A request for a rehearing or reconsideration can occur under the following circumstances:

- Evidence that existed at the time of the original hearing and that could affect the outcome of the original hearing decision is newly discovered.
- Misapplication of policy or law in the hearing decision which led to a wrong conclusion.
- Typographical, mathematical, or other obvious errors in the hearing decision that affect the rights of the client.
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The department or the youth must specify all reasons for the request.

Local Office Requests

A written request from the local office for a rehearing or reconsideration must be sent to Program Office for a recommendation. The written request must include all the following:

- A copy of the decision and order.
- A copy of the hearing summary and all evidence presented at the hearing.
- Reasons why a rehearing or reconsideration is appropriate.

Send requests to the MDHHS YAVFC Mailbox.

Standard of Promptness

Final action on hearing requests, including implementation of the decision and order, must be completed within 90-calendar days

from the date the hearing request was first date stamped by any local office unless

- There were delays in the scheduling.
- A request for was granted for continuance of the hearing.
- The hearing took multiple days to complete.

Payments During an Appeal

Payments will not be made during an appeal process.

POLICY CONTACT

Questions about this policy item may be directed to the MDHHS YAVFC Mailbox.

OVERVIEW

The unaccompanied refugee minors (URM) program provides culturally appropriate foster care services to assist eligible children in developing appropriate skills to enter adulthood while achieving economic self-sufficiency and social adjustment. Foster care and independent living (IL) services must be provided to children who have been classified or reclassified by the Office of Refugee Resettlement (ORR) as URM.

DEFINITIONS

Unaccompanied Refugee Minor (URM)

Refugee minors, identified by the United States (U.S.) Department of State, who are eligible for resettlement in the U.S. but do not have a parent or relative available or willing to commit to provide long-term care.

Note: The director of the ORR may approve the reclassification of a child as unaccompanied; see FOM 722-06K, Services for Families Who Are Not U.S. Citizens.

PROGRAM ADMINISTRATION

Agency Responsibilities

Agencies that operate the URM program must:

- Obtain legal custody of the child from the court of jurisdiction by utilizing the documentation supplied by their national affiliated resettlement agency.
- Operate the program in compliance with all applicable contractual, legal, policy, licensing, payment, and administrative review requirements.

Office of Global Michigan Responsibilities

The Office of Global Michigan (OGM) must:

- Maintain the regulatory framework for foster care services to this population, consistent with care and services available to

the rest of the foster care population, and in compliance with foster care policy manual (FOM).

- Provide agencies with direction and guidance on the reports required by the ORR.
- Complete federal reporting on the URM program outcomes.
- Provide agencies with general program information needed to facilitate the implementation of the URM program.
- Administer educational planning and coordination of the Education and Training Voucher (ETV) program for URM youth; see FOM 960, Education and Training Voucher Program.

ELIGIBILITY STATUSES

Children eligible for the URM program include:

- Refugees: the URM classification is granted while the child is overseas and the individual is lawfully admitted to the U.S. as an unaccompanied minor.
- Cuban/Haitian: the ORR reclassifies the individual as a URM after arrival.
- Asylees: the ORR reclassifies the individual as a URM after asylum is granted.
- Child victims of a severe form of trafficking: upon issuance of a letter of eligibility, or a benefit letter, by the ORR. The ORR reclassification process requirements also apply to these children after the letter of eligibility has been issued.
- Reclassification: refugee minors and refugee family breakdown cases; see FOM 722-06K, Services for Families Who Are Not U.S. Citizens.
- Other minors: including those with special immigrant juvenile status (SIJS). Eligibility may be determined by ORR.

DURATION OF ELIGIBILITY

A URM continues to meet the definition while maintaining one of the eligibility statuses listed above, until the minor:

- Is reunited with a parent.
- Is united with a relative as defined by MCL 712A.13a, willing and able to care for the minor, to whom legal custody and guardianship is granted under the appropriate state law.
- Reaches 18 to 20 years of age without further court jurisdiction as a temporary court ward or Young Adult Voluntary Foster Care (YAVFC) status, **OR** reaches age 21 after YAVFC status concludes.

Note: Youth may voluntarily discharge from URM when a youth reaches 18 years of age. The family court must also discharge the case.

ELIGIBILITY DETERMINATION

Eligibility is determined through the following processes:

- The U.S. state department, in agreement with other federal immigration authorities and in consultation with the national resettlement agencies and the U.S. Department of Health and Human Services, determines the status of the child as a URM upon entering the U.S.
- At the request of the OGM, the ORR may reclassify a non-citizen child as a URM; see FOM 722-06K, Services for Families Who Are Not U.S. Citizens.
- The ORR, at the request of law enforcement officials, may issue an eligibility letter on behalf of a non-citizen child determined to be a victim of a severe form of trafficking under federal law.

ESTABLISHING LEGAL RESPONSIBILITY

The URM program agency must petition the local family court for an order of adjudication for temporary court wardship, placing the child with the Michigan Department of Health and Human Services (MDHHS) for care and supervision. The URM program agency must file the petition as soon as possible, but no more than 30-calendar days after the child is initially placed in the agency's URM program. Subsequent court reviews and issuances must be completed in accordance with the legal requirements of the family court of legal jurisdiction; see FOM 722-10, Court Review.

Note: In establishing legal responsibility, OGM strongly cautions against contacting the child's natural parents in their native country, as contact could place the parents in danger.

PROVISION OF SERVICES

The supervising agency must provide the same child welfare services and benefits to the same extent provided to other children in the state under the state's title IV-B plan. Foster care maintenance payments must be provided under a state's program under title IV-E of the Social Security Act if a child is eligible under that program.

CASE OPENING REQUIREMENTS

MDHHS purchase of service (POS) monitor will assign the case to the identified URM provider in the electronic case management system within one-business day following the referral from the OGM-RS.

When a case involving URM is assigned to a placement agency foster care (PAFC) provider, the PAFC must comply with FOM 914, MDHHS Responsibilities for PAFC Managed Cases.

The PAFC case manager must:

- Ensure the following documents are provided to the Office of Global Michigan-Refugee Services (OGM-RS) analysts:
  - Overseas biometric data.

  - Child Protective Proceedings Petition.
  - JC 11a, Order After Preliminary Hearing.
    - Ensure the court order indicates the child has been placed with MDHHS for care and supervision.

- For refugees and asylees, ensure receipt of the I-94, Arrival/Departure Record. In addition to the I-94, the following documents should be provided, if available:

  - I-571, Refugee Travel Document.
  - I-766, Employment Authorization Document.
  - I-730, Refugee/Asylee Relative Petition.

- For SIJS youth, ensure receipt of the following for status eligibility documentation:

  - Unaccompanied Children (UC) Discharge Notification.
  - URM approval letter from ORR.
  - I-797, Notice of Action, indicating the SIJS, and evidence of approved I-360, Petition of Amerasian, Widow(er), or Special Immigrant.

- For victims of human trafficking, ensure receipt of the eligibility letter from the Administration for Children's and Families (ACF) Office of Trafficking in Persons (OTIP).

ONGOING CASE RESPONSIBILITIES

The POS monitor must:

- Verify the child's social security number (SSN) and upload the documents that are provided in the opening packet into the electronic case record, when applicable.

- Notify OGM-RS analysts of MI Enrolls notices, corrections, and updates that need to be completed.

- Ensure updates to immigration status and needs are completed within appropriate time frames, including the application for and approval of lawful permanent residence (LPR) and employment authorization.

- Ensure the initial funding determinations and reimbursability determinations are completed; see FOM 902, Funding Determinations and Title IV-E Eligibility.

- Track approved placement and case services monthly on the URM-provided spreadsheet and submit to URM specialist; contact URM specialist with any questions or for more information.
- Ensure the PAFC is entering and reviewing manual payments and uploading receipts for case services; FOM 914, MDHHS Responsibilities for PAFC Managed Cases.
- Inform OGM-RS of one-on-one supervision, ILP extensions, or temporary breaks; see FOM 722-03D, Placement Change, for more information on temporary breaks.

Case Planning

Refugee-specific services may aid in addressing the additional trauma and unique needs associated with being in a URM program and may help to preserve the child's own ethnic identity, native culture, and/or religion. These services are described as refugee-specific to emphasize the unique needs of the refugee minors in the state's care.

The services provided through the URM program must minimally include the following elements:

- Family reunification.
- Appropriate placement of the unaccompanied minor in a foster home, residential facility, independent living, or other setting, as deemed appropriate in meeting the best interests and special needs of the child.
- Health screening and treatment, including provision for medical and dental examinations and all necessary medical and dental treatment.
- Orientation, assessment, and counseling to facilitate the adjustment of the child to U.S. culture.
- Preparation for participation in U.S. society, with special emphasis upon English language instruction and occupational and cultural training, as necessary, to facilitate the child's social integration and to prepare the child for independent living and economic self-sufficiency.
- Preservation of the child's ethnic and religious heritage.

- Independent living preparation for unaccompanied minors age 14 years or older; see FOM 722-03C, Older Youth: Preparation, Placement, and Discharge.

- Periodic review, at least every six months, of the appropriateness of each unaccompanied minor's living arrangement and services through the Child Assessment of Needs and Strengths (CANS) and monthly face-to-face visits.

Family Reunification

While reunification is a rare occurrence, it is appropriate for the service plan to consider family reunification as follows:

With Parents

Where possible, the supervising agency must facilitate family reunification in the U.S. by encouraging children to apply for admission of their parent(s) to the U.S. The child should be assisted with the preparation of the necessary documentation, including applications, as long as doing so will not pose any danger or risk of danger to the parent(s) in their native country, or to the child.

With a Relative

Upon appropriate investigation and following established MDHHS rules, the agency may approve a prospective relative placement for URMs; see FOM 722-03B, Relative Engagement and Placement.

If any relative expresses interest in providing care for a URM outside of the foster care system, the agency must assess the request based on the following factors:

- Input from the child if age appropriate.
- Best interests of the child.
- Safety of the child.
- The relative's willingness and ability to care for the child.
- The relative's commitment to assume legal custody or guardianship.

If the agency, OGM, and the court determine it would not be in the child's best interests to transfer legal custody or guardianship to the relative, foster care will continue as established.

Permanency Planning for URM

The URM program pursues the concurrent goals of reunification and Permanent Placement with a Fit and Willing Relative (PPFWR) or Another Planned Permanent Living Arrangement (APPLA).

When a youth reaches 16 years old, APPLA is typically the most utilized permanency goal, as it allows an unaccompanied minor to develop appropriate skills to enter adulthood and to achieve economic and social self-sufficiency through the delivery of child welfare services in a culturally sensitive manner.

URMs are not generally eligible for adoption; however, in certain situations, for example, when the parents are known to be deceased, or missing and presumed dead, adoption may be permitted pursuant to state adoption laws. The child must express an interest and desire to be adopted, the court must find that adoption would be in the best interest of the child, and there must be a termination of parental rights. When adoption occurs, the URM classification ends. See FOM 722-07 through FOM 722-07F for permanency planning policy.

URM PROGRAM REPORTING

ORR provides the following forms online for URM program reporting at http://www.acf.hhs.gov/programs/orr/resource/report-forms.

ORR-3, Placement Report Form

The agency must submit the ORR-3 through the Refugee Arrivals Data System (RADS) within 30-calendar days of any of the three following events:

- The initial placement of the child.
- A change in the status of the child in care, including:
  - A change of placement.
  - A change in legal responsibility.
  - Reunification of the child with a relative.
  - Reclassification of the child.
- Termination of URM services.

ORR-4, Progress Report Form

Annual Outcome Report

For each URM, the agency must submit an ORR-4 annually through RADS. The ORR-4 should be received within 30-calendar days, but in no case later than 60-calendar days, from the annual due date.

Follow-up Annual Report

A follow-up ORR-4 report should be completed for former URM clients who are 17 to 21 years old and who terminated all ORR-funded services and benefits after the age of 17.

INTERSTATE MOVEMENT OF URM

The Michigan Interstate Compact Office processes any interstate movement of URM cases.

After the initial placement of an URM, the same procedures that govern the movement of non-refugee cases to other states apply to the movement of unaccompanied minors to other states.

IDENTIFICATION OF CONTRACTUAL CONCERNS

For information on identification and resolution of contractual concerns; see FOM 914, MDHHS Responsibilities for PAFC Managed Cases. MDHHS must inform OGM-RS of any contractual concerns that are escalated beyond first line supervision for resolution.

LEGAL AUTHORITY

Federal

45 CFR 400, Subpart H

DOCUMENTS

- I-94, Arrival/Departure Record.
- I-571, Refugee Travel Document.

- I-766, Employment Authorization Document.
- I-730, Refugee/Asylee Relative Petition.
- JC 11a, Order After Preliminary Hearing.
- I-797, Notice of Action.
- I-360, Petition of Amerasian, Widow(er), or Special Immigrant.
- DHS-1297, Young Adult Voluntary Foster Care Agreement.
- DHS-470, Assessment of Determination of Care for Children in Foster Care (Age One Day Through Twelve Years).
- DHS-470A, Assessment for Determination of Care for Children in Foster Care (Age Thirteen Years and Over).
- DHS-1945, Assessment for Determination of Care for Medically Fragile Children in Foster Care.

POLICY CONTACT

Direct questions about this policy item to LEO Refugee Services (LEO-RefugeeServices@michigan.gov).

OVERVIEW

Every effort must be made to ensure the educational needs of all children in foster care are met. The supervising agency must ensure that children in the care of the Michigan Department of Health and Human Services (MDHHS) are provided appropriate educational services to support and encourage school success. The supervising agency is responsible for monitoring the provision of educational services to ensure identified needs are being addressed.

COMPULSORY SCHOOL ATTENDANCE

Minimum Age

Children who are six years of age by December 1st of the school year must be enrolled and attending school.

Maximum Age

Children are required to attend school until they graduate or successfully complete a General Educational Development (GED) program.

EDUCATIONAL REQUIREMENTS

All children in foster care must meet one of the following conditions:

- Is a full-time elementary or secondary student.
- Has completed secondary education.
- Is incapable of attending school on a full-time basis due to the child's medical condition. Incapacity must be supported by annual information submitted by a medical provider.

Note: The required supporting documentation of full-time school attendance, school completion, or medical incapacity must be documented in the case service plan and updated in the education section of the electronic case record.

SCHOOL ENROLLMENT

School-aged children must be registered for and attending school within five school days of initial placement or any placement

change, including while placed in child caring institutions (CCI) or emergency placements.

EVERY STUDENT SUCCEEDS ACT (ESSA)

The federal Every Student Succeeds Act (ESSA) of 2015 requires state education agencies ensure education stability for students who are in foster care. This includes requiring that school staff collaborate with child welfare staff to make best interest determinations for school placement.

ESSA requires that every local school district identify a foster care liaison. The local school district's foster care liaison is required to collaborate with foster care staff when considering school placement and to help arrange transportation when needed.

School District Foster Care Liaisons

Every local school district is required to have a foster care liaison identified.

School district foster care liaisons can be found in the Educational Entity Master (EEM) database. Instructions for how to find the liaison are as follows:

- Click "search" on the left.
- Select "quick".
- Under "entity name" type in the name of the local school district, not the building.
- Click "search".
- Select the district from the list, there may be several pages to look through, click on the blue underlined name.
- Scroll to the bottom of the page.
- Under the admin/contacts tab, using the scroll bar, find "foster care liaison".

The school district liaison will:

- Coordinate with the corresponding child welfare agency point-of-contact and the foster care case manager on the implementation of the ESSA provisions.
- Assist with education placement best interest determination.
- Facilitate the transfer of records and immediate enrollment.
- Facilitate data sharing with the child welfare agencies, consistent with Family Educational Rights and Privacy Act (FERPA) and other privacy protocols.
- Collaborate with the child welfare agency point-of-contact and the foster care case manager to develop and coordinate local transportation procedures.
- Manage best interest determinations and transportation cost disputes.
- Ensure that children in foster care are enrolled in and regularly attending school.
- Provide professional development and training to school staff on the ESSA provisions and on educational needs of children in foster care.

MDHHS Education Point-of-Contact

Every county MDHHS office will have an education point-of-contact identified. This point-of-contact will:

- Receive initial and ongoing training when new education policy/law goes into effect that will cause a change in case manager protocol.
- Share information with MDHHS offices and private agencies.
- Serve as the primary contact for school district foster care liaisons.
- Connect education staff with assigned foster care case managers, when needed.
- Provide technical assistance to foster care case managers with transportation paperwork.

- If assisting with an individual case, notify the case manager so that it can be documented within the electronic case record.
- Collaborate with district foster care liaisons regarding transportation plans and payment.

EDUCATION PLACEMENT

Children entering foster care or changing foster care placements must continue their education in the local school district of origin whenever possible and if in the child's best interest. The proximity of the caregiver home to the child's school is to be considered at initial placement and when changing a child's placement.

Best Interest Determination

The case manager must discuss best interest factors with the school district foster care liaison, parent, foster parent/relative caregiver, guardian, and child when appropriate, regarding school placement. Best interest factors include but are not limited to:

- The parent/legal guardian and child's preference.
- Input from the school district foster care liaison and other school staff.
- The child's:
  - Social and emotional state.
  - Academic achievement/strengths.
  - Extra-curricular activity participation.
- Continuity of relationships.
- Special education programming.
- Supportive relationships and/or services.
- Length of anticipated stay in placement.
- Distance/travel time to and from current school/new placement and impact on the child.

Note: The cost of transportation to the school of origin cannot be considered when reviewing best interest factors.

School Foster Care Liaison Involvement

When making the education placement best interest determination, the school district foster care liaison and other school staff should be involved. The local school district can:

- Provide input on academic, social, and emotional impact that changing schools may have on the child's wellbeing, progress, and services.
- Help determine which programs at the two schools are comparable and appropriate for the child.
- Provide information on the commute to the schools in terms of the distance, mode of transportation, and travel time.

Parent and Child Involvement

Case managers must engage both the parent(s)/legal guardian(s) and the child in the best interest determination.

School Placement Decision

As included in the Michigan Revised School Code, when a consensus cannot be reached between the foster care staff and the school district foster care liaison regarding where a child should attend school, the foster care staff, either MDHHS or placing agency foster care (PAFC), will make the decision, between the local school district of origin or the local school district of residence, giving preference to the child and parent's wishes.

Neither the local school district of origin nor the local school district of residence can deny enrollment for a child who is in foster care. This includes when there is a lack of paperwork, including immunization records or birth certificate.

If the foster parent or relative caregiver prefers the child attend a school that is not within the local school district of origin or the local school district of residence, they can apply for school-of-choice, if applicable. MDHHS is not able to assist with education transportation expense if enrolling in a school-of-choice option. All decisions about where to enroll the child must consider the child and parent's wishes.

School Change

If remaining in the school of origin is not in the best interest of the child, the case service plan must document that:

- The child was enrolled immediately into the school of residence, within five school days.
- Assist with the transfer of educational records of the child to the new school.

Transfer of Student Records to New School

When a child in foster care has a school change, public schools are required to request a copy of the CA-60, the Cumulative Record Folder, from the child's previous school within 14 school days after enrolling the transfer student. The sending school must forward a copy of the records within 30 school days of the request.

If the child's foster care case record does not contain the most recent school records, such as the report card, discipline records, or Individualized Education Plan (IEP), if applicable, the case manager must request copies of educational records from the last school attended within five-days of enrolling the child in the new school, using the DHS-942, School Notification and Education Records Release. This will ensure the child will be placed in the appropriate classes and receive any needed special accommodations immediately, without having to wait for the transfer of the full CA-60, Cumulative Record Folder.

DHS-942, School Notification and Records Release

The Uninterrupted Scholars Act amended the Family Educational Rights and Privacy Act (FERPA) to allow schools to release education records to child welfare case managers or other representatives of a state or local child welfare agency or tribal organization without parental consent for the purpose of school enrollment and case planning. As soon as a school move is expected, or any time a child changes school placement, a request for educational records must be sent to the former school. The case manager must request student records using the DHS-942, School Notification and Education Records Release. Requested records should include, but are not limited to:

- Grades/unofficial transcript.
- Attendance.
- Special education records (if applicable).
- Disciplinary records.

The DHS-942 is also to be used to ensure that schools are aware when a student is in foster care or has moved foster home placements. It should be sent to the school district foster care liaison at the following points:

- When a student first enters foster care, whether a school move is required or not.
- Any time a student moves foster home placements while in care, whether a school move is required or not.
- Any time a student transfers schools.
- When there is a case manager change, to notify the school of new contact information.
- When a case manager is completing the case service plan and is requesting updated education information.
- When a foster care case closes.

Transfer of Student Records to Placement

Any time a child changes placement, including initial placements and reunification, all of the child's available student records, such as report cards or IEPs contained in the foster care case file must be provided to the new caregiver, foster parent, relative, legal parent/guardian, provider.

Student records must be provided to the new caregiver, at the time of placement but no later than two-weeks from the placement date. Documentation of the transfer of student records must be completed on the DHS-69, Foster Care/Juvenile Justice Action Summary, and uploaded within the electronic case record; see FOM 722-08E, Foster Care/Juvenile Justice Action Summary.

CASE MANAGER'S ROLE

The case manager's role is to coordinate with school personnel to ensure the child's educational needs are identified and the child is provided the necessary educational services. In coordinating these efforts, the case manager must:

- Initiate the best interest determination discussion when any foster care placement change occurs. The case manager must discuss best interest factors with the school district foster care liaison, parents, foster parents, relative caregivers, guardians, and the child, when appropriate, to make the school placement decision.
- Send the DHS-942, School Notification and Education Records Release, to the school district foster care liaison at the time of every new placement, including initial placement, whether there is school placement change or not. This ensures that all updated placement information is provided to the school.
- Provide the school district foster care liaison information needed regarding the child and placement as early as possible but no later than three business days from any foster care placement/replacement. If new placement information is known prior to the actual move, the advance notice to the school district foster care liaison should assist in facilitating educational stability.
- Consult with parents, foster parents, relative caregivers, school staff, and the student to determine if education needs are met. This should be documented within the social work contact section of the electronic case record.
- Obtain information from the school district foster care liaison and other school staff for use in assessing the child's educational needs and strengths and to report on progress.
- For children placed outside of the school of origin, coordinate with the district foster care liaisons in both districts, to make a best interest determination for school selection and placement.
- Document all contacts and information exchanged in the social work contact section of the electronic case record.

- Update the education section of the electronic case record within five business days if a school move is required.
- Update the education section of the electronic case record at the end of each school year to reflect grade advancement. Each school year should be end dated with an end grade listed.
- Send the DHS-942, School Notification and Education Records Release, to the school district foster care liaison when the foster care case closes.

SCHOOL TRANSPORTATION

If it is determined that it is in the child's best interest to remain in the local school district of origin despite being placed outside of the local school district, there may be an additional cost for transportation. MDHHS and the local school district can assist with this cost.

Additional cost is the cost that is above the average cost that the local school district pays to transport per student.

Example: If the average cost of transportation per student for the local school district is $10 per day, but the cost to transport a student in foster care to their school of origin is $20 per day, only the additional $10 is a part of this agreement and will be considered for reimbursement, the district will be responsible for the first $10.

Transportation should be set up in collaboration with the school district foster care liaison and the caregiver to identify the most cost-effective plan. Options for transportation include, but are not limited to:

- Working with the local school district to re-route school buses.
- Gas reimbursement to the foster parent, relative caregiver, or volunteer driver.
- Public transportation.
- Taxi cab.
    - Taxi cabs should only be used when there are no other available options and are found appropriate for the age and maturity level of the child.

- When utilizing a taxi cab, alternative more cost-effective options should be considered on at least a quarterly basis.
- The case manager should ask the local school district what company they use and if there was a security clearance completed.
- If no security clearance has been completed, one must be conducted, including a criminal history and central registry clearance, on any driver that will be providing transportation.
- Payment to a cab will only be made for the time a child is in the vehicle. MDHHS will not pay for time or mileage back to the company location.

- Uber or Lyft.
  - When utilizing Uber or Lyft, identify specific consistent drivers and complete a security clearance.

The cost for transportation to the school of origin may be paid as follows:

- For a child who is in a title IV-E funded placement, MDHHS will pay the entire additional cost of the transportation expense while the local school district continues to pay the average daily cost.
- For a child who is in a non-title IV-E funded placement, MDHHS and the local school district of origin split the additional cost 50/50.
- Local school districts and MDHHS staff may also collaborate to agree on other payment options.

The MDHHS-5732, School Transportation Plan Agreement, should be completed by the case manager in collaboration with the local school district and signed by the local school district. The MDHHS-5732, School Transportation Plan Agreement, will be uploaded into the electronic case record, with the payment invoice once the payment is being made.

If MDHHS and the local school district are unable to come to an agreement on the transportation plan or payment, a formal dispute may be filed. If MDHHS or the PAFC is filing a dispute, the foster care supervisor will send information to the Education Policy

mailbox (MDHHS-EducationPolicy@michigan.gov). This should include the nature of the dispute and contact information for all parties, such as the foster care case manager, foster parent, relative caregiver, or school district liaison.

Ineligible Transportation Payment Reasons

MDHHS will not provide payment for transportation for the following reasons:

- If a child is placed within the district they are attending.
- If a caregiver chooses to enroll a child in a district that is not the district of origin or the district of residence, this is considered a school-of-choice. In this situation, the caregiver becomes responsible for the transportation.
- Transportation that occurs after a foster care case is closed or if a child is placed with a parent.

School District Transportation Plan

Each local school district is required to have established procedures that include details of how transportation is to be maintained for children in foster care who attend their local school district of origin. MDHHS county directors or their designees should have input into this plan and be asked to review.

Transportation Payment

School transportation to keep a child in the local school district of origin is paid within the electronic case management system; see FOM 903-09, Case Service Payments. The cost of transportation cannot be the reason that a child does not remain in the local school district of origin.

HOME AND PRIVATE SCHOOLING

All children in foster care are required to attend a regular public or private school program. Home schooling is not permitted. Online

and blended learning opportunities are not considered home schooling and may be considered in special circumstances.

When a child is attending a private school at the time of removal, they can remain enrolled at that private school when found in the best interest, provided the parent agrees to continue any tuition payment. MDHHS will not pay for private school tuition.

ONLINE EDUCATION PROGRAMS

Children in foster care must be enrolled in regular public or private school programs as often as possible. If the situation arises that an alternative education program is required, online programs may be considered for youth 16 years and older. All other options must be considered prior to considering an online education program.

Guidelines

Online education programs may be considered with the following guidelines:

- The decision to enroll a youth in an online education program should be a team decision and a Family Team Meeting (FTM) must be held.
- If found to be in the best interest for a youth to enroll in an online program, a plan must be formalized for how it will be monitored by the case manager and foster care/relative placement provider.

  Note: This is considered typical parental supervision of education and will not qualify for a Determination of Care (DOC) level. If there are needs outside of monitoring, see FOM 903-03, Payment for Foster Family/Relative Care.
- All information must be clearly documented in the case service plan.
- *Online Education Best Interest Factors* must be considered.

Online Education Best Interest Factors

The best interest factors to consider when determining if an online education program is appropriate for a foster youth include:

- The youth's preference.
- The parent/legal guardian's preference.
- The local school district's recommendation.
- Whether the youth's academic, physical, emotional, and social needs will be met despite not being in a school setting.
- The youth's ability to make educational progress outside the classroom.
- If the youth is eligible for special education, the online program must meet the youth's specific educational needs as identified in the IEP.
- Whether the program offers a high school diploma or Certificate of Completion.

  Note: A youth will **not** qualify for college federal funding through the Free Application for Federal Student Aid (FAFSA) if obtaining a Certificate of Completion.
- The college the youth is planning to attend must accept the diploma/certificate from the online program.

Accepted Programs

All online programs that are offered through the local public-school district must be considered first. If an online program within the local public-school district is not available, these other options may be considered:

- Cyber Education Center.
- Great Lakes Cyber Academy.
- iCademy.
- K-12.
- Michigan Connections Academy.
- Michigan Virtual Charter Academy.
- Mosaica Online Academy of Michigan.

Exception Requests

An exception request for a youth to attend online education must be completed when either of the following circumstances applies:

- A youth is under the age of 16, regardless of whether they are attending an approved program.
- Approval for a youth to attend an online program that is not on the list of accepted programs or offered through the local school district.

Age Exception

When completing an Online Education Program exception request for a youth under the age of 16, include the following information:

- An explanation of why the youth is not/will not be attending school in-person and any expectation of them returning to in-person education.
- Justification for the appropriateness of the online program.
- Documentation that an FTM was completed.
- Documentation that the *Online Education Best Interest Factors* in this item were considered.
- Documentation that the county director or designee, or PAFC director or designee, has signed in agreement with the decision within two-weeks of the request.

Program Exception

When completing an exception request for a student to participate in an online program that is not provided by the local public-school district **and** is not on the approved list in this item, the following must be documented:

- Information about the program, including a contact person and their telephone number or email.
- Whether the program offers a Certification of Completion, a GED, or a high school diploma.
- If the student plans to attend college, the exception request must include a statement acknowledging that the online program will allow the youth to attend a post-secondary institution.

Send all exception requests to the Education Policy mailbox (MDHHS-EducationPolicy@michigan.gov).

SPECIAL EDUCATION

The Individuals with Disabilities Education Act (IDEA) ensures that all children with disabilities are entitled to a free appropriate public education to meet their unique needs and prepare them for further education, employment, and independent living.

Individualized Education Plan

An IEP is a written plan for a student who has been determined to have a disability through an evaluation by a multi-disciplinary team. The IEP details the special education and related services the student receives in the classroom. The IEP is developed at an IEP Team Meeting with school staff and is reviewed once per year, or more often if needed. Parents, legal guardians, or surrogate parents are encouraged to attend, along with the student if appropriate. Case managers are strongly encouraged to attend IEP meetings, to gain a better understanding of the child's needs and the services being provided.

Only the child's legal parent/guardian, foster parent, relative caregiver, or an appointed education surrogate parent can sign an IEP. **Case managers (MDHHS or PAFC) or CCI staff cannot sign an IEP as a parent.**

The case manager must ensure all children that have an identified special education need have an approved IEP on file and are receiving the services outlined in the IEP.

Information regarding special education services and IEPs must be documented in the electronic case record. This includes uploading a copy of the IEP into the education section of the electronic case record.

Requesting an IEP

If a child displays signs that a disability may exist and has not been identified as requiring special education services, a child’s parent, guardian, caregiver, or case manager can request an evaluation to be completed. In addition, anyone involved in a child's education, including CCI or PAFC staff can make the request. The request must be in writing and sent to the special education coordinator/director at the child’s school. Once the request is received, the school has no more than 10 school days to obtain consent from the parents and begin the assessment process.

Suspensions/ Expulsions

A child with an active IEP can be removed from the classroom or suspended from the school due to their behavior for short periods of time without it affecting the provisions of their IEP. If a child is removed from their classroom or the school for a period of more than 10 consecutive days or experiences a series of removals that accumulates to 10-days over the school year, the IEP team must reconvene to determine if the child's behavior is a manifestation of their disability and consider changes to the IEP.

SURROGATE PARENTS

Surrogate parents are appointed to represent children with disabilities and developmental delays who have an IEP under the following circumstances:

- No parent can be identified.
- The supervising agency, after documented reasonable efforts, cannot discover the whereabouts of a parent.
- The child is a ward of the state or court and parental rights have been terminated.

Surrogate parents have all the rights of legal parents for educational matters, including the authority to grant permission for evaluation and placement, release information, and request educational hearings. The primary responsibility of surrogate parents is to ensure that children with disabilities are provided with a free, appropriate public education.

An appointed surrogate parent must have received general overview training on the developmental needs, service options, and the legal rights of children eligible for special education services. The surrogate parent has all rights accorded to parents under Part C and/or Part B of IDEA and is to represent the child in all matters pertaining to educational evaluation and assessment. The surrogate parent has no rights outside Part C and Part B of IDEA.

Surrogate Parent Selection Requirements

Surrogate parents may not be employed by an agency that is involved in providing early intervention, special education services, and/or general care for the child. This includes, MDHHS, PAFC, and CCI employees.

Foster parents/relative caregivers are not considered paid employees of MDHHS, or a PAFC provider; therefore, foster parents and relative/unrelated caregivers may be appointed to serve as surrogate parents upon the determination they meet the criteria as stated in IDEA. In most instances, the child's foster parents or relative caregiver should be appointed as the surrogate parent unless they are unwilling or unable to serve in this capacity.

In selecting the surrogate parent, preference should be given to a person who knows and understands the child and family's cultural, religious, and linguistic background. Surrogate appointments will last until one of the following occurs:

- The surrogate resigns.
- The appointment is terminated by the local MDHHS, the local school district, or the child is no longer eligible for special education services.

Appointing a Surrogate

The local school district has the responsibility to have procedures in place to appoint surrogate parents and to train any potential surrogate parents so they have the knowledge and skills to adequately represent the child as needed.

Within 30-calendar days of the determination that a child needs a surrogate parent, the local school district must make reasonable efforts to ensure one is appointed. Although appointing the surrogate parent is the responsibility of the local school district, the case manager must collaborate with the school to identify someone who already has a relationship with the child, such as a relative or family friend.

POST- SECONDARY EDUCATION

All youth who have graduated or completed a GED program must have access to appropriate educational and/or vocational opportunities, including youth who are placed in a public, or a private contracted CCI. Case managers must work with the residential facility staff and the youth to ensure this occurs.

DOCUMENTATION OF EDUCATIONAL REQUIREMENTS

All educational information and related tasks, activities, and contacts must be documented within the social work contacts, case service plans, placement, and the education section of the electronic case record.

The education section of the electronic case record should be updated at the end of each school year to reflect when a child completes a grade and advances to the next or if they are repeating the same grade. Each school year should be end dated with an end grade listed.

Educational Information for Placement and Replacements

At the initial placement or any placement change, the narrative within the case service plan must include the following:

- Verification the child is enrolled in and attending school full-time within five school days of initial placement or any placement change, including while placed a CCI or emergency placement.
- The child’s placement was determined by considering the appropriateness of the current educational setting and the proximity to the school of origin.
- The best interest factors and the input of the parent or legal guardian, along with the district foster care liaison used to determine the preferred school.
- Discussion of the transportation plan.

- Documentation that requests for prior education assessments was completed within 30-calendar days of foster care placement.
- Documentation that prior education assessments were considered when determining the current educational needs of the child.
- An initial assessment of the child's educational needs and strengths must be documented in the Child Assessment of Needs and Strengths (CANS). Each child must be screened for educational needs within 30-calendar days of their entry into foster care. The case manager must use the CANS to assess and document a child's educational needs. The information obtained from the sources listed above will assist with the screening to identify the educational needs of the child and services required to meet the child's needs.
- All other required updated educational information as outlined below.

Updated Educational Information

Updated school information is required in all case service plans. The narrative must reflect the child's current academic achievements and challenges. All case service plans must document or address the following items:

- Document the child's full-time elementary or secondary school attendance with a statement that the child is a full-time student, has completed secondary education, or is incapable of attending school on a full-time basis due to the child's medical condition.
- Name of current school and grade.
- A reassessment of the child's educational needs and strengths is documented each report period in the CANS.
- Special education information, if applicable.
- Child's current academic performance and behaviors in school.

- Description of provided services from school, parent, foster parent/caregiver and/or others to meet the child's educational needs.

Caregiver Involvement

Supplemental activities provided by caregivers to assist with educational participation, details for school collaboration, and the actual tasks involved in educational interventions are required for the child.

RESOURCES

- DHS-942, School Notification and Education Records Release.
- DHS-69, Foster Care/Juvenile Justice Action Summary.
- Locating School Districts Liaisons in EEM.

LEGAL BASE

Federal Laws

Every Student Succeeds Act, Title I, Part A of the Elementary and Secondary Education Act of 1965, PL 114-95

Every Student Succeeds Act (ESSA), passed in December 2015, amends the Elementary and Secondary Education Act (ESEA), and includes protections to support students who are in foster care. It requires state and local level education systems collaborate with child welfare agencies to ensure the educational stability of children and youth in foster care.

Fostering Connections to Success and Increasing Adoptions Act, PL 110-351

The Fostering Connections to Success and Increasing Adoptions Act requires states to promote educational stability and appropriate school attendance for children in foster care.

Individuals with Disabilities Education Act, 20 USC 1400 et seq.

The Individuals with Disabilities Education Act (IDEA) is a federal law enacted to meet the needs of persons with disabilities. IDEA ensures that students with disabilities receive appropriate education through the development and implementation of an Individualized Education Program (IEP). The IEP is designed to meet the

assessed educational needs of each student with disabilities and assures students will be educated within the least restrictive environment appropriate to meet their needs.

Public Law 91-230, [20 USC 1400 et. seq.] the federal Individuals with Disabilities Education Act (IDEA) was enacted to meet the needs of persons with disabilities.

Part B [20 USC 1411-1419] covers children aged three to age 21 with disabilities and ensures that they will have available special education and related services to meet their unique educational needs.

Part C [20 USC 1431-1445] covers infants under the age of three who have established conditions associated with developmental delay or who are developmentally delayed and ensures early intervention services to the eligible child and the child's family.

Several procedural safeguards are provided under Part B and Part C that involve parental notice and consent. One of these procedural safeguards is the appointment of a surrogate parent if the child's legal parent cannot be located.

Uninterrupted Scholars Act, PL 112-278

The Uninterrupted Scholars Act became effective in January 2013. This Act makes key amendments to the Family Educational Rights and Privacy Act (FERPA) that improves information sharing between education and child welfare agencies. The Act allows schools to release a child’s education records to child welfare agencies without the prior written consent of the parents or court order.

State Law

The Revised School Code, 1976 PA 451

MCL 380.1561- compulsory attendance at public school; enrollment dates; exceptions.

MCL 380.1135(4)- within 14 days after enrolling a transfer student, the school shall request in writing directly from the student's previous school a copy of his or her school record. Any school that compiles records for each student in the school and that is requested to forward a copy of a transferring student's record to the new school shall comply within 30 days after receipt of the request.

MCL 380.1148(2)- if a child who is under court jurisdiction under section 2(b) of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.2, is placed in foster care, a school district shall allow the child to enroll in and attend the appropriate grade in the school selected by the department of health and human services or a child placing agency without regard to whether or not the child is residing in that school district. If the selection results in a child transferring to another school, the child's school records shall be transferred as provided under section 1135.

MCL 380.1310 (2)- If an individual is expelled pursuant to this section, it is the responsibility of that individual and of his or her parent or legal guardian to locate a suitable educational program and to enroll the individual in such a program during the expulsion. The office for safe schools in the department shall compile information on and catalog existing alternative education programs or schools and nonpublic schools that may be open to enrollment of individuals expelled under this section and pursuant to section 1311(2) or 1311a and shall periodically distribute this information to school districts for distribution to expelled individuals.

MCL 380.1311 - A school board, school district superintendent, school building principal, or another school district official if designated by the school board, may authorize, or order the suspension or expulsion from school of a pupil guilty of gross misdemeanor or persistent disobedience if, in the judgment of the school board or its designee, as applicable, the interest of the school is served by the authorization or order. If there is reasonable cause to believe that the pupil is a student with a disability, and the school district has not evaluated the pupil in accordance with rules of the superintendent of public instruction to determine if the pupil is a student with a disability, the pupil shall be evaluated immediately by the intermediate school district of which the school district is constituent.

Michigan Administrative Rules

Department of Education Special Education Programs and Services, R 340-1701-340-1862.

POLICY CONTACT

Questions about this policy item may be directed to the Education Policy mailbox (MDHHS-EducationPolicy@michigan.gov).

OVERVIEW

All children in foster care are entitled to healthcare services. This includes children under care and supervision of the Michigan Department of Health and Human Services (MDHHS) due to abuse, neglect, or delinquency. Federal and state statutes mandate healthcare requirements for children in foster care. The MDHHS health services policy provides the guidelines for compliance with the requirements.

DEFINITIONS

Healthcare includes medical, dental, mental health, behavioral health, and developmental assessments and treatment services.

CONTINUITY OF CARE/MEDICAL HOME MODEL

MDHHS has adopted a continuity in healthcare and medical home model as the basic approach to promote better health outcomes for all children in foster care. All children in foster care must have a medical home in which they receive ongoing primary care and periodic reassessments of their health, development, and emotional well-being to determine any necessary changes or need for additional services and interventions; see FOM 805, Glossary of Terms for Foster Care Health Services, Medicaid, Michigan Enrolls.

PARENTAL INVOLVEMENT IN CHILD'S HEALTH CARE

When a child is placed in out-of-home care, it is important to involve the parents or legal guardians in the child's medical, dental, developmental, and mental healthcare. Parental involvement in and awareness of the child's health needs, services, and treatment is necessary to promote positive health outcomes.

Case managers are to assist and engage the parent's/legal guardian's participation in the child's healthcare by:

- Notifying parents/legal guardians of all healthcare appointments.
- Inviting parents/legal guardians to attend child's healthcare appointments.

- Assisting with and resolving barriers that may prevent parent's/legal guardian's attendance in child's healthcare appointments.
- Consulting with parents/legal guardians regarding medical decisions and treatment planning.

Case Manager Responsibilities

The case manager must assess and document the child's current health status, regardless of the child's placement setting, as long as the child is under the supervision of MDHHS. The case manager must:

- Actively engage and support the parent(s)/legal guardian(s) in understanding and meeting the child's medical, dental, developmental, and mental health needs.
- Notify and inform the parent(s)/legal guardian(s) of changes in the child's health status and follow-up treatment recommended or required by health care providers in a timely manner.
- Monitor and encourage parental involvement in the child's health care treatment and services.
- Notify and assist the parent(s) in fully participating in all health care appointments.
- Encourage and assist facilitation of all routine medical and dental care, including the required initial, periodic, and yearly medical and dental exams. Assist parent(s)/legal guardian(s) with resolving barriers and challenges arising from child's health needs.
- Assess the parent(s)/legal guardian(s) understanding of and ability to meet the child's healthcare needs.

The case manager must ensure parents are aware of their child's medical appointments, understand their parental role in attending and assist in reducing barriers to the parent attending the appointment. Case managers must document the reasonable efforts provided to facilitate parental involvement in the child's healthcare appointments and development of the skills needed to meet the child's health needs. Documentation must include:

- When and how the appointment details were shared with the parent.
- Each parent's perception of the child's healthcare services, the child's healthcare needs, and the outcomes and findings of the child's appointments, if any.
- The case manager's assessment of each parent's understanding of the child's healthcare needs, and the outcomes and findings of the child's appointments, if any to meet those needs if the child is returned home.
- Action steps within the child and parent's treatment plan related to the parent's attendance and participation in the child's healthcare appointments regardless of the child's level of medical need.

If a parent cannot attend an appointment, the case manager must ensure the parent is provided detailed information about the appointment, concerns addressed during the appointment, and course of treatment, if any.

Supervisors and case managers must document the plan for the parent's involvement in the child's healthcare appointments and treatment in the Parent Agency Treatment Plan (PATP) and visitation plan; see FOM 722-08, Case Service Plans- Overview, Types, and Timeframes and FOM 722-08F, Visitation Plans.

The case manager must discuss the child's health needs and parent's involvement in the child's healthcare at least monthly. Discussions must be documented in the social work contacts and the relevant domains in the Family Assessment of Needs and Strengths (FANS) and Child Assessment of Needs and Strengths (CANS).

LEGAL BASE

Federal Law

Fostering Connections to Success and Increasing Adoptions Act of 2008, 42 USC 622

The Act requires states to develop, in coordination and collaboration with the state Medicaid and child welfare agencies and in consultation with pediatricians, other experts in health care, and experts in and recipients of child welfare services, a plan for

the ongoing oversight and coordination of health care services for any child in a foster care placement.

The plan must ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental health and dental health needs, and must outline:

- A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice.
- How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home.
- How medical information for children in care will be updated and appropriately shared, which may include the development and implementation of an electronic health record.
- Steps to ensure continuity of health care services, which may include the establishment of a medical home for every child in care.
- The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications.
- How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.
- The procedures and protocols the State has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as result of the inappropriate diagnoses.
- Steps to ensure the components of the transition plan development process required under section 675(5)(H) of this title that relate to the health care needs of children aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document

recognized under State law, and to provide the child with the option to execute such a document are met.

State Law

Probate Code, 1939 PA 288, MCL 712A.13a(19)

Mandates the court placing a child in foster care must include an order that:

- The parent, guardian, or custodian provides the supervising agency with the name and address of each of the child's medical providers.
- Each of the child's medical providers is to release the child's medical records to the agency.

The Child Care Organizations Act, 1973 PA 116, as amended, MCL 722.111 et seq.

Provides for the protection of children through the licensing and regulation of child care organizations and for the establishment of standards for child care in the form of administrative rules.

The Child Care Organizations Act, 1973 PA 116, MCL 722.124a

Provides the specifics for consent to routine, non-surgical medical care, or emergency medical and surgical treatment for the children in foster care; see *Authority to Consent, Medical Care* in this item.

Foster Care and Adoption Services Act, 1994 PA 203, MCL 722.954c

Provides the specifics for release of child's medical records, medical passport, contents, transfer, performance of assessment or psychological evaluation, medical examination, indication that child may have been victim of human trafficking, and counseling..

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

HEALTH REQUIREMENTS

Initial Medical Exam

Every child entering foster care must receive a comprehensive medical examination, including a behavioral/mental health screening, within 30-calendar days from the date the child entered into an out-of-home placement, regardless of the date of the last physical examination; see Initial Medical Exam Process Flow Job Aid for sequence of actions, responsible staff, and time frames.

Children re-entering foster care after case closure must receive a full medical examination within 30-calendar days of the new placement episode.

Hospitalization Exception

Children who are hospitalized during the timeframe for initial medical and dental exams are excluded from the requirements until the child is discharged from the hospital. Physicians cannot complete routine health exams for a hospitalized child. Obtain hospital medical records to document the child's health conditions, treatment, and discharge recommendations.

The hospital exception applies only for the first out-of-home placement. Upon discharge and subsequent out-of-home placement, the timeframes for the initial medical and dental exams commence.

Yearly Medical Exam

Yearly medical exams are required for children, youth, and young adults aged three through 20 years who are placed in an out-of-home placement and continue upon returning home. The yearly medical exam may occur up to 14 months from the previous medical exam to accommodate physician scheduling and insurance coverage requirements.

Children under three years of age require more frequent medical exams; see the periodicity schedule outlined below in *EPSDT/Well Child Exam, Periodicity Schedule* for the required exam frequency.

EPSDT/Well Child Exam

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program is the child health component of Medicaid. Federal regulations require state Medicaid programs to provide EPSDT to eligible Medicaid beneficiaries under 21 years of age. The EPSDT program follows the standards of pediatric care at specified intervals as defined in the current American Academy of Pediatrics (AAP) Periodicity Schedule to meet the special physical, emotional, and developmental needs of Medicaid eligible children.

As specified in federal regulations, the screening component includes general health screening commonly known as the EPSDT and/or well child exam. The required EPSDT/well child exam screening guidelines, based on the AAP recommendations for preventive pediatric health care, include:

- Health and developmental history.
- Height/weight measurements and age-appropriate head circumference.
- Blood pressure for children aged three and over.
- Age-appropriate unclothed physical examination.
- Age-appropriate screening, testing, and vaccinations.
- Blood lead testing for children under six years of age.
- Developmental and behavioral/mental health assessment.
- Nutritional assessment.
- Hearing, vision, and dental screenings.
- Health education including anticipatory guidance.
- Interpretive conference and appropriate counseling for the parent(s), guardian(s), or caregiver(s).
- Additionally, objective developmental/behavioral, hearing, and vision screening and testing must be performed in accordance with the Medicaid policy and periodicity schedule. Laboratory services for hematocrit, hemoglobin, urinalysis, hereditary/metabolic, or other needed testing as required.

Periodicity Schedule

After the initial medical examination upon entering foster care, all children require an EPSDT/well child exam according to the periodicity schedule recommended by the AAP.

- For children under three years old, the periodicity schedule for EPSDT/well child exams is as follows:
  - Newborn - one week of age.
  - Four weeks of age.
  - Two months of age.
  - Four months of age.
  - Six months of age.
  - Nine months of age.
  - 12 months of age.
  - 15 months of age.
  - 18 months of age.
  - 24 months of age.
  - 30 months of age.
- Children aged three and older require the EPSDT/well child exam annually.

Dental Examination Schedule

Dental examinations are required for children one year of age and older, as follows:

- A dental examination within 90-calendar days prior to entry into foster care or an initial dental examination must be completed not more than 90-calendar days after entry into a foster care out-of-home placement.
- A dental re-examination must be obtained at least every six months unless a greater frequency is indicated.
  - Children entering foster care under one year of age must have an initial dental exam within 90-calendar days of the child's first birthday.
- The periodic dental exam schedule starts with the initial dental exam date or the initial dental exam due date, whichever is

earlier. The term periodic dental visit/exam is used instead of six month dental exam.

- There will be a two month grace period to complete the periodic dental exam. Six months between dental exams followed by two months in which the exam must be completed.

Note: Dental exams are to be completed by a dental practitioner, either a Doctor of Dental Surgery (DDS) or Doctor of Medicine in Dentistry (DMD).

While a medical practitioner may examine a child's teeth and mouth during the EPSDT/well child exam, this is not a dental exam. If the physician recommends a dental examination for the child, this recommendation must be followed, regardless of the age of the child.

Note: Parental inclusion in all the child's health care appointments is to be encouraged and supported; see *parental involvement in child's health care* in this policy item.

Medical and Dental Exam Documentation

Documentation of the completed required medical (initial, periodic, and yearly) and dental exams for children in foster care must be entered into the Health Profile within the electronic case management record.

The standard forms providing the required documentation are:

- Medical Exams
  - Medical provider EPSDT/Well Child Exam form.
  - Medical provider electronic medical records (EMR).
  - Michigan Department of Health and Human Services (MDHHS) Well Child form.

  Note: Per MDHHS Medicaid provider policy, the medical provider exam form and EMR are to include all elements of the MDHHS Well Child Exam form.

- Dental Exams
  - DHS-1664, Youth Dental Exam.

- Dental provider exam form.

Alternative documentation permissible for medical and dental exam entries in the electronic case management record include:

- Explanation of Benefits (EOB) statements.
- Claim/encounter data from CareConnect 360.
- MDHHS-5338, Foster Care Well Child Exam/EPSDT Appointment Verification form (for medical exams only).

The three alternative types of documentation allow entry of the completed medical and dental exams in the electronic case management record. The actual exam form (or allowable provider form) must be obtained from the health care provider to ensure recording of identified health conditions and treatment and to facilitate follow-up services.

For more information regarding alternative documentation, refer to the job aid, Medical and Dental Documentation in the electronic case management system.

DHS-Pub-268

In addition, the child's parent(s), foster parent(s) and relative caregiver(s) play a crucial role in ensuring children and youth have timely access to medical and dental care. The DHS-PUB-268, Guidelines for Foster Parents and Relative Caregivers for Health Care and Behavioral/Mental Health Services, provides caregivers with an easily accessible reminder of the foster care health requirements and guidance in accessing medical and mental health care. The DHS-PUB-268, Guidelines for Foster Parents and Relative Caregivers for Health Care and Behavioral/Mental Health Services, contains information for caregivers regarding:

- Health requirements for children in foster care.
- Behavioral/mental health services.
- Assistance in scheduling and accessing appointments.

The DHS-PUB-268, Guidelines for Foster Parents and Relative Caregivers for Health Care and Behavioral/Mental Health Services, is provided to all MDHHS and private child placing agency (CPA) homes upon licensure through the monthly mailing of the MDHHS licensed home welcome letter.

Case managers, including children’s protective services (CPS) and juvenile justice, must provide the DHS-PUB-268, Guidelines for

Foster Parents and Relative Caregivers for Health Care and Behavioral/Mental Health Services, to all relative caregivers upon removal and placement with a relative caregiver.

The assigned case manager must review the DHS-PUB-268, Guidelines for Foster Parents and Relative Caregivers for Health Care and Behavioral/Mental Health Services, with the foster parent(s) or relative caregiver(s) at the first home visit after the child's placement in that home. Case managers must provide the DHS-PUB-268, Guidelines for Foster Parents and Relative Caregivers for Health Care and Behavioral/Mental Health Services, to relative caregivers when a child changes placements.

Required Medical and Dental Exams and Placements

The medical and dental exams described above are required for children placed in out-of-home settings and continue upon return own home. **The first out-of-home placement, even if for only one night, triggers the initial medical and dental exam requirements and due dates.**

All requirements for timely completion of medical and dental examinations apply when:

- A child is in an out-of-home placement.
- A child returns to a parental home or is placed with a non-respondent parent after placement in out-of-home care.
- A child is placed with a guardian after placement in out-of-home care.
- A child is placed in an adoptive home, until the final order of adoption.

The medical and dental examination requirements, after return home, continue if a child remains under the wardship of the court and supervision of MDHHS.

Note: At the onset of the case, if the court dissolves the legal guardianship, but allows the child to remain in the home, the placement is an out-of-home placement.

Medical and Dental Exams - Not Required

Medical and dental requirements are not applicable if the child is not placed in an out-of-home setting, and one of the following exists:

- Child remains in their home with a parent under court jurisdiction.
- Child is immediately placed with a parent.
- Child remains in their home with a legal guardian under court jurisdiction. The court has not dissolved guardianship.

Foster Care Re-Entry

Children re-entering foster care and placed in an out-of-home setting after case closure must receive a full medical examination within 30 days of this new placement episode; see *Initial Medical Exam* in this policy item.

Young Adults Aged 18 Years and Older

Initial and yearly medical and initial and periodic dental exams are required for young adults ages 18 and older receiving foster care services, including those participating in Young Adult Voluntary Foster Care (YAVFC).

Young Adult Voluntary Foster Care (YAVFC) Youth

Youth entering YAVFC by extending an open foster care case continue to follow the youth's current yearly medical and periodic dental exam requirements as established in foster care.

Youth entering/re-entering YAVFC after case closure require an initial medical exam within 30 days. The initial dental exam is required as outlined under *Dental Examination* in this policy item.

Youth Refusal

If a young adult aged 18 or older refuses to participate in medical and dental exams, a DHS-1147, Foster Care Youth Services

Refusal, form must be completed. DHS-1147, Foster Care Youth Services Refusal, is completed with the youth to provide health care access and services information to meet the youth's health needs. Youth signature is required.

For more information, see the DHS-1147, Foster Care Youth Services Refusal Policy Aid.

Children from Other States

Michigan foster care health requirements do not apply to out-of-state children placed through the Interstate Compact for the Placement of Children (ICPC). The case manager from the child's sending state provides the necessary medical, dental, and mental health standards for the child's health care while placed in Michigan; see the Interstate Compact Manual (ICM) for more information on health services for children placed in Michigan through ICPC.

Emergency Care

The child's parent(s)/legal guardian(s) must be notified immediately in all cases of medical emergencies. Information from the emergency department discharge papers, such as the diagnosis, prescribed medications, and follow-up care is documented in the electronic case management record Health Profile section. Upload the discharge document into the electronic case management record.

Follow-up Health Care

The case manager is responsible for reviewing the information within the child's well child exam form, the DHS-1664, Youth Health Record, Dental form, and other healthcare reports and/or assessments. The case manager must ensure all healthcare recommendations, including follow-up care recommended after an emergency room or urgent care visit, are completed. The case manager must document the parent(s)/guardian(s) understanding of and ability to meet the child's identified healthcare needs in the Family Assessment of Needs and Strengths (FANS). The case manager must document discussions with the parent(s)/guardian(s) and caregiver(s) in the social work contacts.

Follow-Up Documentation Requirement

All follow-up recommendations and ensuing treatment must be documented in the electronic case management record Health Profile section within the appointment details screen under the appointments tab. The follow-up question must be answered by checking the applicable box and entering follow-up information in the additional explanation field. This information populates within the case service plan.

Lead and Copper Action Level Exceedance (ALE)

When lead and copper ALE is issued for a water supply, a list of all impacted placements of children supervised by MDHHS in the area served by that water supply is sent to the county director by the child welfare medical and behavioral health division. Purchase of service monitors must notify the private agency case manager when they are supervising a case that is on the list.

The list is prepared at the time of the initial notification. For placements made after the initial notice, the county is responsible for notification to those new placement settings until the ALE is lifted.

The Division of Child Welfare Licensing (DCWL) will notify child caring institutions (CCI) when there is an ALE and provide recommendations to address the ALE.

Lead ALE

The assigned case manager must:

- Contact the caregiver(s) to discuss the need for a water filter, assist with securing one, and to discuss the need to flush the pipes regularly.
- Check that a water filter is being used and the pipes are being flushed every six hours when conducting the monthly home visit.
- Instruct the caregiver(s) to notify the primary care physician at the next medical appointment the child is placed in a home with lead ALE.

Copper ALE

The assigned case manager must:

- Contact the caregiver(s) to discuss the need to flush pipes regularly.
- Check that pipes are being flushed every six hours when conducting the monthly home visit.

Blood Lead Level Testing Children Under Age Six

Michigan Medicaid policy requires all Medicaid enrolled children have a blood lead level test (BLL) at 12 and 24 months of age, or between 36 and 72 months of age, if not previously tested. Case managers are required to ensure children within this age range have a BLL test. The Michigan Care Improvement Registry (MCIR) may include the child's BLL testing results. Unless previous documentation exists, prior to the child's next required EPSDT/well child exam, the case manager must request the child's MCIR record be verified by the local health liaison officer (HLO) to confirm that BLL testing occurred.

If the MCIR does not include BLL results, the case manager must follow-up with the child's physician to determine if BLL testing has occurred. If BLL testing results are not found within MCIR or physician records, the case manager must make efforts to ensure testing occurs at the next required EPSDT/well child exam.

Documentation and Follow-up of BLL results

The child's BLL test results (from MCIR or physician's office) are to be documented in the Health Profile section in the electronic case management record. The paper copy of BLL test (if applicable) is downloaded into the electronic case management record Health Profile section.

If the BLL results indicate the need for health services and other interventions, the case manager must ensure all follow-up is provided and document all treatment provided under the electronic case management record appointments.

Chronic Health Concerns

Health services for children with chronic health care needs, such as children identified as medically fragile and/or within the Children's Special Health Care Services (CSHCS) program require ongoing follow-up by the case manager.

Case Manager Contact with Health Care Providers

For children with chronic, ongoing health conditions, case managers must contact the child's health care provider as recommended by the specific provider to solicit their view of the child's medical status. Feedback from physicians and other health care service professionals treating the child must be obtained and incorporated in each service plan. The case manager must discuss the information provided by the health care provider with the child's parent(s) and foster care provider. Contacts must be documented in the social work contacts and the information obtained must be detailed in the case service plan; see FOM 722-06H, Case Contacts.

Hospitalizations, Emergency, and Urgent Care Services

All hospitalizations, emergency room, and urgent care visits must be documented in the case service plan and medical passport. The case manager must obtain and review the hospital discharge report. The information within the report is to be discussed with the child's parent(s) and foster care provider. Scan and upload the discharge report into the electronic case management record and file in the medical section of the case file.

DOCUMENTATION OF HEALTH REQUIREMENTS

All health requirements are to be documented and maintained as indicated below.

Paper Documents and Forms

All paper documents and/or forms, reports, and records related to the child's health are maintained as documentation of the child's health status by:

- Uploading the documents into the Health Profile section of the electronic case management record**.**
- Filing documents in the Medical Records Section of the child's case file.

The documents included in the uploading and filing process are as follows:

- Age-specific well child exam form or other approved alternatives as indicated in this policy.
- DHS-1664, Youth Health Record, or applicable alternative form.
- Medical Passport, signature pages only.
- Copy of Serious Emotional Disturbance Waiver (SEDW), if applicable.
- Immunization record, including waivers or parental refusal for immunizations (as applicable).
- Copy of child's Medicaid card.
- Copy of DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment card, for initial and each subsequent placement.
- Copy of Medicaid Health Plan member card (as applicable).
- Copy of private health insurance card (as applicable).
- Copies of mental health services, such as child's psychiatric and/or psychological evaluations and any other mental health assessments.
- Hospital records and discharge summaries.

- Reports and assessments from specialty clinics, such as trauma, neurology, fetal alcohol spectrum disorder, etc.

Electronic Case Management Record Documentation

Health Profile Section Information

- Information entered into the electronic case management record Health Profile section populates or downloads into the case service plan (Initial Service Plan, Updated Service Plan, and/or Permanent Ward Service plan).
- Medical Passport.

The screens within the electronic case management record Health Profile section are to be completed with all relevant health information to enable case managers, foster parents, parents, and health care providers to manage the child's health care needs appropriately and to report the child's well-being to the court.

The information in the electronic case management record Health Profile is to include the following:

- Required medical and dental exams.
- Diagnoses.
- Health appointments/office visits, including mental health services and medication reviews.
- Hospitalizations.
- Chronic conditions.
- Allergies.
- Medications, including dosage, diagnosis resulting in prescribed medication and prescribing physician.
- Emergency treatment.
- Immunization record.
- Description of follow-up healthcare services; see *Follow-Up Documentation Requirements* in this item.

CareConnect 360

The child's health status, medical needs, and health care providers prior to entering foster care may be found in CareConnect 360. Case managers and supervisors must review CareConnect 360 to ensure that the child's current health information (if available) is considered for placement and provided to the foster care provider.

PSYCHOTROPIC MEDICATIONS

For policy requirements regarding psychotropic medication, refer to FOM 802-1, Psychotropic Medication in Foster Care.

LEGAL BASIS

Federal and state statutes mandate health care requirements for children and youth in foster care. The MDHHS Health Services policy provides guidelines for compliance with the requirements.

Federal Law

Fostering Connections to Success and Increasing Adoptions Act of 2008, 42 USC 622, Subsection 15(A)

State Law

Probate Code, 1939 PA 288, MCL 712A.13a(18)

The Child Care Organizations Act, 1973 PA 116, as amended, MCL 722.111 et seq; MCL 722.124a.

Foster Care and Adoption Services Act, 1994 PA 203, MCL 722.954c

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

OVERVIEW

Required immunizations are considered routine medical care. Children in foster care due to abuse, neglect, or delinquency must be up to date on immunizations according to the Michigan Department of Health and Human Services (MDHHS) Chief Executive Health Officer's guidance.

IMMUNIZATIONS

The case manager must review the information provided on the Michigan Care Improvement Registry (MCIR). If a review of MCIR indicates a child's immunizations are not current, every attempt should be made to contact former medical providers to verify the information on MCIR. If, after a thorough review, it is determined the child is not current on immunizations, action must be taken to begin a schedule of catch-up immunizations as determined by a medical provider.

Exception: It is strongly recommended that children in foster care receive influenza and COVID-19 vaccines as recommended by the MDHHS Chief Executive Health Officer, but they are not required for temporary court wards.

Note: If a temporary court ward becomes a state ward, it is expected the state ward will receive all vaccinations recommended by the MDHHS Chief Executive Health Officer, including any missed vaccinations. The child's primary care physician will determine a schedule for administration of missed vaccines.

The child's parent(s) or legal guardian(s) should be involved in all decisions about immunizations.

Current immunization schedule recommendations are produced by the American Academy of Pediatrics and the American Academy of Family Physicians.

IMMUNIZATION DOCUMENTATION

Documentation of a child's immunization status includes the following:

- MCIR record.
- CareConnect 360 immunization record.
- Certified nonmedical waiver from local health department.
- Parental objection to immunizations statement.

- DCH-0713, State of Michigan Medical Contraindication Form, or a valid physician medical exemption statement with the information found in the DCH-0713, State of Michigan Medical Contraindication Form.

Documentation must be entered and uploaded into the documents section of the electronic case management record Health Profile.

IMMUNIZATION WAIVERS

Michigan Administrative Code R 325.176 requires that children must be current on certain immunizations to enroll in:

- Kindergarten.
- Seventh grade.
- A new school district.
- A licensed childcare, preschool, Head Start program, or group camp.

Prior to attending the above programs, the following immunizations must be up to date:

- Hepatitis B (HepB).
- Diphtheria, tetanus, and acellular pertussis (DTaP/Tdap).
- Haemophilus influenzae type b (Hib).
- Pneumococcal conjugate (PCV13).
- Inactivated poliovirus (IPV).
- Measles, mumps, and rubella (MMR).
- Varicella (VAR).
- Hepatitis A (HepA).

Caregivers will be asked to supply proof of a child's current immunization status at enrollment. Caregivers of children who are not current due to a medical exemption or the parent or guardian's religious or philosophical objection will be asked to provide the appropriate waiver at enrollment.

Medical Contraindication

The DCH-0713, State of Michigan Medical Contraindication Form, or valid physician immunization exemption form containing the same information as in the DCH-0713, State of Michigan Medical Contraindication Form, is required to document a child's medical exemption from one or more required immunizations.

Certified Nonmedical Waiver

Parents or guardians who object to immunizations for religious or philosophical reasons must contact the local county health department to schedule an appointment for the nonmedical waiver education sessions and obtain the required certified waiver. For children not enrolling in the programs or grades listed above, the nonmedical waiver from the previous year is acceptable.

If a completed immunization record, medical contraindication, or a certified nonmedical waiver form are not provided at registration or enrollment, the child in the specific groups listed above may be excluded from school or childcare, unless the child is in a dose waiting or provisional period. Local school districts may have more stringent immunization requirements.

Note: A school cannot deny immediate enrollment of a student who is in foster care based on a lack of immunization documentation; see FOM 723, Educational Services.

Case Manager Role

For parents or legal guardians who have a religious or philosophical objection to immunizations for their child who will be entering one of the settings or grades affected by administrative rule, the assigned case manager must:

- Provide the parent(s) with information on obtaining the nonmedical waiver; see Information for Parents/Guardians: Nonmedical Waiver Rule for Childhood Immunizations.
- Assist the parent(s) in obtaining the certified nonmedical waiver, such as by providing or arranging transportation or assisting with scheduling the appointment, so the child may participate in school.

Court Involvement

MDHHS does not have the authority to circumvent a parent's right to refuse to immunize their child. A court order is necessary to immunize a child whose parent(s) or legal guardian(s) has refused to have their child immunized based on a religious or philosophical objection.

If the parent(s) or legal guardian(s) refuses to immunize their child as required in the administrative rule and does not obtain a waiver from the health department within seven business days of refusal, the assigned case manager must document efforts by the department or agency to assist the parent and petition the court to obtain a remedy.

PARENTAL OBJECTION TO IMMUNIZATIONS

For children who do not fall into the categories noted in Michigan Administrative Code R 325.176, but whose parent(s) or legal guardian(s) opposes immunizations for religious or philosophical reasons, a written, signed, and dated statement documenting the parent's objection to each specific immunization being refused is required. The parental objection statement must be updated annually.

Note: A foster parent, relative caregiver, or court-ordered unrelated caregiver may not prohibit immunizations of a child placed in their care based on religious or philosophical grounds.

LEGAL BASE

State Law

Public Health Code, 1978 PA 368, MCL 333.9205

Public Health Code, 1978 PA 368, MCL 333.9208

Public Health Code, 1978 PA 368, MCL 333.9215

Michigan Administrative Code

Communicable and Related Diseases R 325.176

Immunizations required of children attending group programs or entering school.

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

OVERVIEW

A medical passport is required for each child in foster care. The supervising agency must maintain a comprehensive medical passport. Per MCL 722.954c the medical passport shall contain all of the following:

- All medical information required by policy or law to be provided to foster parents.
- Basic medical history.
- A record of all immunizations.
- Any other information concerning the child's physical and mental health, including information that the child may be a victim of human trafficking.

Note: The medical information provided to the foster parent includes copies of the medical and dental examinations (if available).

The medical passport is generated from the electronic case record. The health information entered into the electronic case record *Health Profile* screens, such as the child's appointments, medications, and diagnosed medical conditions populates to the corresponding section of the medical passport. The health screens within the electronic case record *Health Profile* section must be updated quarterly to ensure the child's current health information is up-to-date and accurate.

To ensure the health information populates to the medical passport it must be entered into the health profile screens in the electronic case record. Information from the Child Assessment of Needs and Strengths (CANS), social work contacts, and case service plans does not populate into the medical passport.

Medical Passport Documentation

Health information entered into the electronic case management *Health Profile* screens populate into the child's medical passport upon generating the report. The printed medical passport must reflect the specifics regarding the child's health needs and conditions. Health information downloaded from the electronic case record contains the following items:

- Diagnoses and health needs.
- Medical, dental, and mental health appointments, with date and appointment type. Completed appointment information includes outcomes, findings, recommendations, and all follow-up treatment or services as required by health care provider.
- Developmental and behavioral concerns.
- Immunization record, printed from the Michigan Care Improvement Registry (MCIR).
- Medication record with psychotropic medication entered by the Psychotropic Medication Oversight Unit (PMOU) and general medications (including opioids) entered by the case manager, including dosage, diagnosis or reason for prescribed medication and prescribing physician.

Note: If a medical passport is printed a copy of the immunization record needs to be printed and attached to the medical passport.

Initial Medical Passport

For children entering foster care, the initial medical passport must be provided within two weeks of the child's placement date to the following:

- Foster care provider.
- Young adult voluntary foster care (YAVFC) youth/young adult re-entering foster care.

The actual date the medical passport is provided must be documented in the electronic case record.

Note: Foster care provider includes foster homes, shelter, adult foster home, fictive kin, relative placements, detention, and residential facilities.

See FOM 801-01, Health Requirements, CareConnect360, for more information.

Updated Medical Passport

All medical information within the medical passport must be current and updated at least quarterly to reflect the child's current and

complete health information. Include end dated general medications and diagnoses that are no longer active.

Note: Medical information is to be entered within five-business days of receipt of the health information.

Each case manager who transfers a child's medical passport to another case manager must sign and date the medical passport verifying they have sought and obtained the necessary information under law and Michigan Department of Health and Human Services (MDHHS) policy.

An updated medical passport is provided to:

- Participating legal parents if the child is a temporary court ward.
    - Quarterly, while in out-of-home placement.
    - At reunification. Subsequent medical passports are not required after reunification.
    - Non-offending parent, subsequent medical passports are not required after reunification.
- The child’s foster care provider at or prior to each placement.

  Note: Non-offending parent with custody of the child is not considered a foster parent placement.
- All medical and mental health professionals to whom the child is newly referred to and accepted for treatment or services prior to or at the first scheduled appointment while the foster care case is open, regardless of placement or legal status. Subsequent medical passports are not required.
- Older youth/young adults:
    - Upon initial independent living placement (youth aged 16 and over).
    - Upon exiting the foster care system (young adults aged 18 and older).
    - YAVFC youth/young adult:
        - Within two weeks of re-entry into voluntary foster care.

- Upon exiting voluntary foster care.

Medical Passport Signature Page

Receipt of the medical passport by the above listed parties must be documented in the electronic case record by uploading the signed and dated signature page into the *Health Profile* section.

Medical Passports for Permanent Wards

Medical passports for permanent wards are still distributed to new caregivers at or prior to placement and to new health providers prior to or at the first scheduled appointment. Therefore, health screens must be updated quarterly to accurately reflect the child's current and complete health information. At least quarterly, the assigned case manager must sign, date, and upload the signature page of the medical passport into the Health Profile Section of the electronic case record.

LEGAL BASE

Fostering Connections to Success and Increasing Adoptions Act of 2008, 42 USC 622

State Law

Foster Care and Adoption Services Act, 1994 PA 203, MCL 722.954c

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

OVERVIEW

When a child comes under the jurisdiction of a court under MCL 712A.2(b), and remains a temporary court ward, parental or court authorization for medical treatment is required unless the medical care is routine or emergency medical care.

During child protective proceedings, absent a termination of parental rights, parents maintain the right to consent to medical care for temporary court wards. Yet, courts may enter orders of disposition that are appropriate for the child, including providing children with medical, dental, surgical, or other health care. MCL 712A.18(1)(f). However, the nature and urgency of medical intervention along with the accessibility or refusal to consent by the parent impacts who can authorize medical care and whether court authorization is necessary.

TYPES OF MEDICAL CARE AND AUTHORIZATION

When a child is placed in out-of-home care, it is important to involve the parent(s) or legal guardian(s) in the child's medical, dental, developmental, and mental health care. Case planning activities require case managers to solicit health information from the child's parent(s) or guardian(s) regarding the child's medical history and preferences for health care to complete the medical passport.

Attempts for parental consent should be requested for routine, non-surgical medical care, and non-emergency surgical treatment.

Note: It is important the case manager discusses routine medical care, as stated below, with the parent(s).

DHS-3762, Consent Authorizing Routine and Emergency Care

The court, placement foster care agency or the department making the placement must provide a written document (MCL 722.124a) investing the foster parent, relative caregiver, childcare institution (CCI) or any other foster care provider with authority to:

- Consent to routine, non-surgical medical care.
- Consent to emergency medical and surgical treatment.

To ensure there is no unnecessary delay in securing medical care for children in foster care, MDHHS and any foster care provider must ensure the caregiver(s) have received the DHS-3762, Consent to Routine, Non-surgical Medical Care and Emergency Medical or Surgical Treatment. The card provides authorization for the foster care provider to consent to routine and emergency medical care for the child in their care.

The authorizations allowed under MCL 722.124a(1) begin as soon as a child is removed from parental care and placed with MDHHS. As a result, once a family court places a child in foster care or other out-of-home living arrangement, the court has statutory authority to order medical care for a child. The court's authority to override a parent's expressed wishes increases once a parent is adjudicated as unfit.

See the Medical Authorization and Hospitalization at a Glance Chart for a breakdown of the consent authority for each legal status.

Routine, Non-Surgical Medical Care

For the foster care provider to access health care for the child, the case manager must provide the child's foster care provider with the following health cards:

- Child's Medicaid card.
- DHS-3762 card.
- Child's Medicaid Health Plan card, as applicable.

Each child in care must be enrolled in Medicaid (MA) and have an assigned MA recipient ID number to ensure prompt health services at the time of placement. The foster care provider is given the DHS-3762, Consent to Routine, Non-surgical Medical Care and Emergency Medical or Surgical Treatment, which allows the provider to take the child to the doctor and respond to emergencies. The DHS-3762 is completed by the case manager placing the child and the case manager must enter the child’s MA number on the card, if child is already on MA.

If a child is not active on MA at the time of placement, the foster care provider must receive the MA card or alternative verification of

the child's MA status and recipient ID number within 30 calendar days of the date a child enters foster care.

For any subsequent placement, the foster care provider must receive the child's MA card, or alternative verification, if necessary, and the DHS-3762 prior to or upon the child's placement.

The case manager must obtain the child's MA card from foster care providers to pass on to the new foster care provider at the time of the child's replacement or to the parent(s) or legal guardian(s) when child is returned home.

Medical Card Receipt Requirement

The date to be documented in the electronic case management record should be the date the foster parent was provided with the MA card and/or MA number. The case manager must provide the DHS-3762 to the foster parent. This must be documented in the placement detail screen of electronic case management record by checking the applicable box and entering the date the cards and MA number were provided.

Parental Engagement and Health Care

Although the DHS-3762 authorizes consent for routine medical care, it is important to continue engaging the child's parent(s) or legal guardian(s) in the child's ongoing medical, dental, developmental, and mental health care and treatment. The consent authorizing routine health care does not negate parental involvement. Ideally, the parent should be present at all health appointments. The case manager is responsible for facilitating the parent's or legal guardian's involvement in health care appointments, including attempts to accommodate the parent(s) and school with arranging transportation. See *parental involvement* in the Overview of this policy item regarding parent(s) or legal guardian(s) participation in child's health care appointments.

Routine, Non-surgical Medical Care Defined

Routine, non-surgical medical care is broadly defined and may include but is not limited to:

- A comprehensive health assessment and physical exam.

- Dental exam and procedures including cleaning, filling, or extraction of teeth.
- Developmental/behavioral assessment.
- Laboratory services for hematocrit, hemoglobin, urinalysis, hereditary/metabolic, or other needed testing as determined by the physician.
- Blood pressure for children aged three and over.
- Age-appropriate unclothed physical examination.
- Age-appropriate screening, testing, and immunizations.
- Immunization review and administration.
- Blood lead testing for children under six years of age.
- Mental health assessment, evaluation, counseling, and therapy.
- Psychological evaluations for children experiencing emotional disturbances. In re Trowbridge, 155 Mich App 785, 787-788 (1986).
- Nutritional assessment.
- Preventive health services.
- Treatment of communicable diseases.
- Vision and hearing tests.
- X-rays.
- Routine suturing and minor lacerations.
- Sleep studies.
- Occupational, physical and speech therapy.

Note: For the parent(s) or the legal guardian(s) of temporary court wards who object to required immunizations based on religious or philosophical grounds, refer to *Nonmedical Waivers* and *Parental Objection* within this policy item. When a parent explicitly objects to

their child receiving routine immunizations, the court can issue orders during the dispositional phase overriding the parents and ordering immunizations. The trial court has the authority to order vaccination of a child when the facts proven and ascertained demonstrate that immunization is appropriate for the welfare of the juvenile and society. In re Deng, 314 Mich App 615 (2016), lv denied, 500 Mich 860 (2016); see FOM 801-02, Immunizations.

Exclusions from Routine, Non-Surgical Medical Care

Routine, non-surgical medical care does **not** include:

- Psychotropic medications; see FOM 802-1, Psychotropic Medication in Foster Care.
- Clinical trials.
- Non-emergency elective surgery.
- Contraceptive treatment, services, medications, or devices. MCL 722.124a.
- Participation in the Waiver for Children with Serious Emotional Disturbance (SEDW).
- General anesthesia for any procedure including dentistry.

Authorization for Clinical Trials

Clinical trials and new therapies, procedures, or treatments for any type of human research involving children in foster care **requires** parental informed consent for temporary court wards, Michigan Children's Institute (MCI) superintendent consent for MCI wards, and judicial consent for permanent court wards. The MDHHS medical consultant will review all MCI requests.

Note: In the absence of parental consent court authorization is necessary. Child placing agencies (CPA) cannot consent to a child's participation in clinical trials.

Emergency Medical Care

Emergency medical care is not defined in the Child Protection Law or Juvenile Code. Staff must defer to health professionals and the Emergency Medical Treatment and Labor Act (42 U.S.C § 1395dd(e)(1)) on whether the child's medical issue gives rise to emergency care.

According to the American Academy of Pediatrics (AAP), emergency care for a child should not be delayed because of issues getting consent. By law, this is allowed under the emergency exception rule or the doctrine of implied consent. The rule applies if the following conditions are met:

- The child is suffering from an emergent condition that places their life or health in danger.
- The child's legal guardian is unavailable or unable to provide consent for treatment or transport.
- Treatment or transport cannot be safely delayed until consent can be obtained.
- The professional administers treatment for emergent conditions that pose an immediate threat to the child.

Beyond saving a life or preventing permanent disability, the treatment of fractures, infections, pain, and other similar conditions are broadly considered emergent conditions that require treatment.

Psychiatric Care and Inpatient Mental Health Care

For emergency psychiatric treatment, court authorization is not necessary for the request of admission itself. A minor's parent, guardian, or a person in loco parentis may request emergency admission if they believe the minor needs psychiatric treatment and presents as a danger to their self or others.

The Mental Health Code defines the term person in loco parentis as a person who is not the parent or guardian of a minor but who has legal custody of a minor. When a minor is removed from the custody of their parent or guardian and is placed by a court order

with MDHHS for care and supervision, MDHHS or its designee is deemed a person in loco parentis.

If the appropriate health professionals determine that emergency admission is necessary, the minor may be hospitalized without needing a court order.

Court authorization is necessary for non-emergency psychiatric admission with the non-emergency being determined by health professionals. Psychiatric treatment is distinct from general medical treatment; the immediate consent authority for routine/emergency medical care in MCL 722.124a does not apply to hospitalization for psychiatric treatment.

Note: The legal consenter for psychotropic medication is based on the legal status of the child, even when the minor was admitted on an emergency basis without a court order; see FOM 802-1, Psychotropic Medication in Foster Care, Authority to Consent to verify who can provide consent for psychotropic medication.

Consent for Non-Emergency Elective Surgery

MDHHS may not consent to non-emergency and elective surgery for temporary court wards. Only the child's parent(s) or legal guardian(s) may consent to non-emergency elective surgery unless parental rights have been terminated by court action. If the parent's whereabouts are unknown and consent is not given, a court order must be obtained.

Consent for Non-Emergency Elective Surgery for MCI Wards

Consent from the MCI superintendent must be pursued, and MCI authorization received for non-emergency and elective surgery for MCI wards. Two weeks prior to the planned surgical procedure, the case manager must submit the following to the MCI superintendent:

- A written request from the physician that explains the surgical procedure and includes:
  - The benefits and risks of the surgery.

  - An explanation of the need or requirement for the surgery.
  - The expected outcome.
  - The consequences if the surgery is not performed.

- A copy of the commitment order.

- The appropriate consent forms from the hospital, such as consent for surgery, consent for anesthesia, etc. The forms must be submitted in advance of the surgery date.

Upon review of the above information, the MCI superintendent will approve or deny the request and return the consent forms to the case manager. In the absence of the MCI superintendent, one of the MCI consultants within MDHHS may be designated as acting superintendent and authorized to approve or deny consents.

Health Consents and Young Adults Aged 18

At age 18, children in foster care reach the age of majority and are legal adults. MCL 722.52. Regardless of legal status, necessary medical consents for health care are to be signed by the young adult. However, if the young adult is physically or mentally incapacitated and unable to make their own health decisions, it is in the young adult's best interest for a guardian ad litem or other guardian to be appointed by the court to assist with health consents and decisions.

Consent to Substance or Pregnancy Testing

During medical treatment, if a physician recommends testing for substances or pregnancy to diagnose and determine medical condition of child in foster care, the temporary court ward and their parents should be informed and given an opportunity to consent.

A minor who professes to having a substance use disorder may consent to their own treatment. Under those circumstances the minor's consent is given effect as if the minor had achieved the age of majority. A minor may not at a later time, after giving consent, indicate that consent was not valid by reason of that minority. MCL 330.1264.

A minor may consent to prenatal or pregnancy related care. The consent of others, including the putative father of the child or a spouse, parent, guardian, or person in loco parentis, is not necessary to authorize the provision of pregnancy related health care to a minor. MCL 333.9132.

Disagreements should result in family team meetings and be addressed in court.

Withdrawal of Life Support

Absent parental consent, court authorization is necessary for a withdrawal of life support for temporary court wards.

BIRTH CONTROL AND CONTRACEPTIVES

Contraceptive treatment is excluded from routine, non-surgical medical care. MCL 722.124a. However, there are no specific Michigan statutes or laws on the provision of birth control or need for parental or guardian consent.

Federal statutes address the minor's right to contraceptives without consent from the parent(s) or guardian(s). Courts have interpreted Title X of the Public Health Service Act and the Medicaid law (Title XIX) to require the provision of confidential contraceptive services to minors. 42 USC §300(a); 42 USC §1396d (a)(4)(C).

When health care providers offer contraceptives to patients with MA insurance or through programs funded by the Public Service Act, such as Planned Parenthood, they may not require parental consent or notification. In addition, the federal constitutional right to privacy protects an adolescent’s decision to attempt to avoid unwanted pregnancy. Carey v. Population Services Int’l, 431 US 678 – 1977.

Provider discretion applies for health care providers not funded by Title X or Title XIX. Doctors accepting private health care coverage may require parental consent prior to providing contraceptives to minors.

LEGAL AUTHORITY

Federal

42 USC 1395dd(e)(1) Emergency Medical Treatment and Labor Act

State

MCL 330.1264

MCL 330.1498c(a)

MCL 330.1498d(3)(a)

MCL 330.1498h(1)

MCL 333.9132

MCL 722.124

MCL 722.124(a)

MCL 722.124(a)(1)

MCL 722.124(a)(3)

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

SUBSTANCE TESTING/ SCREENS FOR CHILDREN/YOUTH

Substance Abuse

Mental Health Code, MCL 330.1100d(10) defines substance abuse as “the taking of alcohol or other drugs at dosages that place an individual's social, economic, psychological, and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs, or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety, or welfare, or a combination thereof.”

Children’s Protective Services

CPS must not subject a child to substance testing during an investigation or services case.

Court Ordered Screenings or Treatment

If the caseworker has a suspicion or belief that a child is misusing substances, the caseworker must seek a court order for screens or substance abuse prevention, treatment, and recovery support services. The court has the authority to order substance testing and treatment for a minor under its jurisdiction.

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox.

MEDICAID HEALTH PLAN SERVICES

All Medicaid Health Plans (MHPs) cover medically necessary services such as:

- Ambulance.
- Doctor visits.
- Emergency care.
- Family planning.
- Health checkups for children and adults.
- Hearing and speech.
- Home health care.
- Hospice care.
- Hospital care.
- Immunizations.
- Lab and x-ray.
- Medical supplies.
- Medicine.
- Mental health.
- Physical and occupational therapy.
- Prenatal care and delivery.
- Surgery.
- Vision.
- Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT).

All MHPs are required to provide the services listed above. Some services are limited. The MHP Member Handbook (available online) within the individual health plan website should always be reviewed for services specific to the MHP; see *MHP Information Access* in this item for website information.

MHP Emergency Services

Emergency services are available 24 hours per day and 7 days per week. The MHP is responsible for payment of all out-of-plan or out-of-area emergency services and medical screening and stabilization services provided in an emergency department of a hospital consistent with the legal obligation of the emergency department to provide such services.

The MHP Member Handbook provides information on emergency and urgent medical care services. **If an emergency room is used**

for a non-emergency service, the foster care provider or private agency may be responsible for the charges.

MHP Outreach Services

The MHP will provide or arrange for outreach services for children who are due or overdue for Well Child/EPSDT visits. Outreach contacts by the MHP may be by phone, home visit, or mail. The foster care caseworker is still required to take all necessary action to ensure that the child's medical exams are completed on time.

Transportation

MHPs are required to assure a recipient's need for transportation necessary to receive health care services. Advance planning and authorization from the MHP is required to access non-emergency transportation services.

The MHP must use MDHHS guidelines for the provision of non-emergency transportation (BAM 825) for evaluation of the medical transportation request to maximize use of existing community resources. Transportation may be facilitated through bus tokens, cabs, volunteer drivers etc., dependent on the MHP available service.

For some MHPs, authorized transportation is only provided for the child and foster care provider. However, other MHPs will consider the situation and may provide transportation for a sibling if the foster care provider has difficulties in securing childcare. These types of exceptions are dependent on the individual MHP. In this type of situation, the specific MHP should be contacted and the foster care provider's situation discussed.

MHP transportation is not provided for the following services:

- Dental.
- Substance abuse.
- WIC appointments.
- Community mental health.

Foster Care Authorization for the MHP

At times, the MHP may need to contact the parent and/or caregiver to conduct an assessment on or provide case management services and/or caregiver education for a child with certain medical

conditions. The MHP representative must first contact the foster care caseworker/monitor (as the responsible party) to receive verbal authorization and obtain the parents and/or caregivers contact information. Foster care caseworkers and monitors must promptly respond to this request to facilitate the child's access to health services. Attempts must always be made to include the child's parents in the child's health care matters.

Mail Received from the MHP

Informational packets and letters from the MHPs call for timely action to ensure coordination of health care benefits. Correspondence should be forwarded to the supervising agency, as warranted by the information, but no later than one week of receipt.

Incentives from the MHP

The MHP may provide incentives, consistent with state law, to enrollees in the plan that encourage healthy behavior and practices. All marketing and health promotion incentives are approved by MDHHS, Medical Services Administration prior to implementation. Incentives **must be given** to the respective foster care provider for participating in targeted MHP service, such as bringing the child into the office for an EPSDT screening or immunizations.

MHP Member Handbook

The MHP Member Handbook (available online) and website should always be reviewed for services specific to the MHP. MDHHS and private agency caseworkers must be made aware of the resources to assist in the health care planning for and meeting the needs of the child.

MHP Information Access

A statewide listing of MHPs by county and access to individual MHP websites is available at MHP Service Area List.

CHILD AND ADOLESCENT HEALTH CENTER PROGRAM

Child and Adolescent Health Centers (CAHC) promote the health of children, adolescents, and their families by providing important primary, preventative, and early intervention health care services. The CAHC program is jointly funded by MDHHS and the Michigan Department of Education. Three models of service delivery exist- clinical health centers, school wellness program, and behavioral health service model.

- Clinical Health centers provide primary care (including well care and diagnosis and treatment for both acute and chronic illness), psychosocial and health promotion/disease prevention services, Medicaid outreach activities and access to Medicaid preventive services.

- The School Wellness Program health centers focus on limited clinical services, mental health services, case finding, screening, immunizations, referral for primary care, and providing health education services (no primary care services are provided).

- The Behavioral Health Service model provides a full-time licensed mental health counselor to a school. Services include individual and family counseling, screenings, group education, and intervention. Two sites are available in Wayne and Muskegon counties.

CAHCs accept all third-party payers including Medicaid Health Plans (MHP), fee-for-service (FFS) Medicaid, private insurance, and accept uninsured children and adolescents.

The program administers 82 clinical and alternative clinical centers, 14 School Wellness Programs and 4 Behavioral Health Service models throughout the state. The clinical program is targeted to uninsured, underinsured and Medicaid eligible children and adolescents ages 5-21 as well as infants and children of eligible adolescents. For more information on CAHC and a map of sites; see Child and Adolescent Health Centers

CHILDREN'S SPECIAL HEALTH CARE SERVICES

Children's Special Health Care Services (CSHCS) is a program administered by the MDHHS and created to identify, diagnose, and treat children in Michigan who have chronic illnesses or disabling conditions. CSHCS helps children with chronic health problems and their families and caregivers by providing:

- Coverage and referral for specialty services based on the child's health problems.
- Family-centered services to support the primary caregiver of the child.
- Community-based services to help care for the child at home and maintain normal routines.
- Culturally competent services, which demonstrate awareness of cultural differences.
- Coordination of services from different providers.

CSHCS covers medically necessary services related to the qualifying condition for individuals who are enrolled in the CSHCS program. CSHCS covers approximately 2,600 medical diagnoses that require care by a medical or surgical subspecialist and are handicapping in nature. Diagnosis alone does not guarantee medical eligibility for CSHCS. The individual must also meet the evaluation criteria regarding the level of severity, chronicity, and the need for annual medical care and treatment by a physician subspecialist.

CSHCS Application Process

Medical eligibility must be established by CSHCS before application for CSHCS coverage. This is the first requirement in the CSHCS application process. CSHCS requires the following steps:

1. The child's physician subspecialist must submit a medical report to the CSHCS describing the condition and treatment plan, either by:
    - A letter or office records with the necessary information.

- Completion of the MSA-4114, Medical Eligibility Report Form (MERF). The physician subspecialist also may complete a downloadable copy at Medical Eligibility Report Form.

Note: If the child is enrolled in a Medicaid Health Plan (MHP), the MHP is responsible for the evaluation.

2. Once the medical report is received, a CSHCS medical doctor will review the medical report to determine medical eligibility.

3. Based on medical information submitted by providers, if the child is found CSHCS eligible, an application for determination of non-medical program criteria will be sent to the child/family.

4. The application must be completed and submitted to CSHCS as directed on the application form. CSHCS will send a notification by mail if the application is incomplete and cannot be processed. The required information must be submitted within 30 calendar days from the date of the CSHCS letter to preserve the initial coverage date. Failure to submit the required information within the required time frame may result in the CSHCS coverage date being delayed.

CSHCS Application Signature

Applications must be signed by the medically eligible individual (when legally responsible for self), or the person(s) who is legally responsible for the individual. Verification of legal guardianship may be required. Only the parent(s) or legal guardian may sign a CSHCS application for temporary court wards. The caseworker may sign the CSHCS application only if the foster child is an MCI ward. The foster care provider cannot sign the CSHCS application.

Medicaid and CSHCS

The CSHCS fee is waived for children on Medicaid, MiChild, or WIC. Children can be covered by Medicaid (through fee-for-service MA) and/or private insurance at the same time as CSHCS coverage. The insurance provider and CSHCS will coordinate the covered benefits for services related to the covered condition. CSHCS also requires compliance with the insurance plan.

For more information, see Children's Special Health Care Services.

FAMILY SUPPORT SUBSIDY PROGRAM

The Family Support Subsidy (FSS) Program provides financial assistance to families that include a child with severe developmental disabilities. The intent is to help make it possible for children with developmental disabilities to remain with or return to their parents or adoptive families. The program provides a monthly payment of approximately $229, intended to cover special expenses incurred while caring for their child.

Family Support Subsidy Program Eligibility

Eligibility Criteria:

- Child must be younger than 18 years of age and live in the family home in Michigan and reside with the child's parent or legal guardian. A child's foster parents are not eligible for the FSS program.
- The family's most recently filed Michigan income tax form must show a taxable income of $60,000 or less.
- The Multidisciplinary Evaluation Team of the local public or intermediate school district must recommend the child under one of the three educational eligibility categories:
  - Cognitive impairment (CI). Children with an eligibility category of CI may be eligible if their development is in the severe range of functioning as determined by the local or intermediate school district.
  - Severe multiple impairment (SXI).
  - Autism spectrum disorder (ASD). Children with ASD must be receiving special education services in a program designed for students with autism or in a program designed for students with severe cognitive impairment or severe multiple impairments.

  In cases in which the child is not receiving special education services or if it is not known if the child is receiving special education services, contact the director of special education at the local or intermediate school district.

Applications are available at all community mental health services programs (CMHSPs) throughout the state. CMHSP contact information is available online at Community Mental Health Boards. Contact the local CMHSP for addition information and/or see the Family Support Subsidy Program Brochure.

FEDERALLY QUALIFIED HEALTH CENTERS

Federally Qualified Health Centers (FQHCs) are community-based health care providers funded by the HRSA Health Center Program to provide primary care services for underserved areas or populations. A stringent set of requirements must be met, including providing care on a sliding fee scale based on ability to pay. Medicaid and Medicare are also accepted. FQHCs may be community health centers, migrant health centers, health care for the homeless, and health centers for residents of public housing.

Comprehensive health services (either on-site or by arrangement with another provider) are provided including:

- Preventive health services.
- Dental services.
- Mental health and substance abuse services.
- Transportation services necessary for adequate patient care
- Hospital and specialty care.
- Discounts for pharmaceutical products.
- Free vaccines for uninsured and underinsured children.

FQHCs may be a resource for parents, other family members or children returned home who are no longer able to access the child's medical home.

To find a local FQHC, see https://findahealthcenter.hrsa.gov/

HEALTHY KIDS DENTAL (HKD)

Healthy Kids Dental (HKD) is a program that provides dental health coverage to children who are Medicaid beneficiaries, enrolled in one of the managed care dental health plans. Blue Cross Blue Shield of Michigan (BCBSM) and Delta Dental of Michigan administer the two dental health plans for HKD.

Covered services include:

- Oral exams.
- Teeth cleanings.
- Fluoride treatments.
- X-rays.
- Screenings and assessments.
- Fillings.
- Sealants.
- Stainless steel or resin crowns.
- Crown buildup, including pins.
- Space maintainers.
- Re-cementing of crowns, bridges and space maintainers.
- Root canals.
- Extractions.
- Complete, partial and temporary partial dentures.
- Denture adjustments and repairs.
- Denture rebases and relines.
- Emergency treatment to reduce pain.

Finding an HKD Dentist by Location

To find a dentist that participates in one of the two dental plans, see the following links:

- Delta Dental of Michigan
- BCBSM Dental (through DentaQuest)

FOSTERING MENTAL HEALTH FOR CHILDREN AND YOUTH

Children in foster care may be at greater risk for mental health problems, due to maltreatment and separation from family. These children need access to the latest mental health information and resources, and so do their parents, guardians, foster parents, and foster care and health care professionals. Here you will find answers to the top questions about physical health, mental health, and psychotropic medications, with a particular focus on the needs of children in the foster care system. See information and resources at this site, Foster Care/Fostering Mental Health.

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox.

HEALTH LIAISON OFFICERS (HLO)

All counties have an allocated health liaison officer position. The primary role of the Health Liaison Officer (HLO) is to promote and provide information for improved health outcomes for all children in foster care.

The HLO in the urban or local county office provides coordination, information, monitoring, and guidance for the health care needs of children in foster care to foster and/or birth parents, child welfare workers and supervisors including private foster care agencies and Michigan Department of Health and Human Services (MDHHS) central office personnel.

The individual tasks related to the position are as follows:

- Serve as health advisor to urban and local MDHHS/private agencies and Child Welfare Medical Unit, by providing guidance, information, and monitoring of health needs and service provisions of children in care within the local office. Provide assistance and guidance regarding physical, dental, and mental health needs.
- Provide policy interpretation and information (in consultation with Child Welfare Medical Unit as needed) to foster care staff and supervisors regarding the physical and behavioral health of foster care children.
- Coordinate services for children with medical, dental, and behavioral health providers as needed.
- Ensure documentation of informed consent for children in foster care on psychotropic medication.
- Assist the Foster Care Psychotropic Medication Oversight Unit (FC-PMOU) in the review and oversight process of psychotropic medications under the direction of the MDHHS Medical Consultant.
- Contact and work with the Medicaid Health Plans (MHPs) to resolve barriers and issues that impede timely access or treatment.
- Advocate within the MHPs to ensure the health needs of children in foster care are identified, assessed, and reassessed with provision of appropriate treatment services.

- Assist MDHHS and private agency foster care workers with the required physical, developmental, and mental health status monitoring of and documentation for children in foster care.
- Serve as resource to foster care workers, foster care supervisors, and private agency staff regarding MHP concerns - includes responding to questions, concerns, or issues.
- Identify training needs for staff regarding the physical, developmental, dental, and behavioral health needs for children in care and facilitate/coordinate training resources as needed, including provision of in-office trainings.
- Promote and educate caregivers, staff, and community partners on the continuity of health care and medical home model.
- Collect health data and prepare reports for the Child Welfare Medical Unit and MDHHS Urban/Field Operations as needed.
- Participate in family team meetings to discuss children's medical, dental, and mental health needs, as needed.
- Attend on-site trainings with CWMU and participate in monthly phone conferences with CWMU.
- Establish community partners to ensure foster care children have immediate access to medical, dental, and mental health services.
- Assist with obtaining appropriate Mental Health treatment for children.
- Provide assistance in access to and oversight for Medicaid, including Medicaid Health Plans (MHP).
- Utilize MiSACWIS, BRIDGES and CHAMPS, to assist with Medicaid openings and closures.
- Ensure timely opening of Medicaid, provide direction to staff for action needed to ensure Medicaid opening.
- Develop expertise in BRIDGES, MiSACWIS and CHAMPS navigation to resolve Medicaid issues.
- Troubleshoot Medicaid eligibility and payment issues.

- Serve as MiSACWIS Help Desk and Bridges Help Desk Liaison for Medicaid related issues.
- Liaison as necessary with primary care providers.
- Ensure timely enrollment and disenrollment of children in foster care into MHP.
- Serve as liaison with Michigan Enrolls to enroll and disenroll children in foster care in MHP.
- Educate new staff/foster care workers on the MHP enrollment and disenrollment process, including information on fee for Service Medicaid vs. Medicaid coverage under health plans.
- Troubleshoot problems with MHP enrollment or disenrollment.
- Check bi-weekly Ml Enrolls Auto Enrollment report and ensure MHP enrollment and PCP selection.
- Coordinate with foster care worker to contact birth parents and foster care providers to select appropriate MHPs and primary care providers and ensure continuity of care with medical home model being maintained.
- Establish a relationship with the identified contact at each MHP in the area.
- Serve as contact for local staff with concerns about MHP services and provide information regarding services covered by fee for service MA vs. MHP.
- Provide monitoring of MDHHS health policies.

OVERVIEW

This policy will provide comprehensive care management and coordination services to Medicaid beneficiaries with a serious mental illness or serious emotional disturbance.

MENTAL AND BEHAVIORAL HEALTH

Mental Health Screening

All children entering foster care, including temporary court wards (TCW) and permanent court wards (PCW) are required to have a mental health screening within 30-calendar days of out-of-home placement. The screening instrument must be completed by a person who knows the child best, before the child's early periodic, screening, diagnostic, and treatment (EPSDT)/well child exam. This may be the child's biological parent, foster parent, caregiver, or other adult who is very familiar with the child. The mental health screening is also to be performed during initial and subsequent periodic or yearly well child exams. The Children Services Administration (CSA) recommends a validated and normed screening instrument be used by the primary care provider for foster children. The following screening instruments are examples:

- Ages and stages questionnaire - social emotional (ASQ-SE) for children up to age 5 1/2 years.
- The pediatric symptom checklist (PSC), for children ages 5 1/2 years and older.

Verification that mental health screenings occurred must be documented on the EPSDT/well child exam form or an equivalent approved form; see FOM 801, Health Services for Children in Foster Care.

Any mental health appointments must be documented as a mental health appointment in the health screens of the electronic case management record.

Note: Although the ASQ-SE or PSC is recommended, the primary care provider may use another screening tool or screening method, such as surveillance, in which a tool is not used.

Case Manager Role

The case manager's role in the mental health screening process includes the following:

- Providing a copy of the completed screening assessment to the primary care provider. The screening instrument must be completed by a person who knows the child best before the child's well child exam.
  - The EPSDT/well child exam form indicates a psychosocial/behavioral assessment was completed, or a behavioral health screening tool was utilized.
- Uploading all documentation into the electronic case record, including but not limited to:
  - Completed screening tool(s), if applicable.
  - EPSDT/well child exam forms.
- Completing the appropriate referral(s) for services if the primary care provider indicates a need for further evaluation or services. If the child has received services through a community mental health services program (CMHSP) and/or the child's behaviors and doctor's screening indicate a possible serious emotional disturbance (SED), an intake appointment with the CMHSP must be scheduled. If the child does not meet criteria for CMHSP, refer the child to the behavioral health division of the child's Medicaid Health Plan (MHP) for assessment and treatment; see FOM 801, Health Services for Children in Foster Care.
- Contact the child's mental health provider, community mental health (CMH), or the behavioral health division of the child's MHP to schedule an appointment for an assessment if a significant concern about a child's mental health or behavior arises between well child exams.
- Discuss the child's behaviors and any mental health concerns with the child's parents and foster parent at every monthly home visit; see FOM 722-06H, Case Contacts.

Early On Services and Assessment

Early On is Michigan's system for providing intervention to families of infants and toddlers, birth to age three, who have a diagnosed physical or mental health condition that has a high probability of resulting in developmental delays. Early On assists families in finding social, health, and educational services to promote the development of their infants and toddlers with special needs.

Early On emphasizes early identification and early referral to enhance the development of infants and toddlers with disabilities, to minimize their potential for delay, and to recognize the significant brain development that occurs during a child's first three years of life.

Children's Protective Services (CPS) is required to refer children to Early On during an investigation; see PSM 713-01, CPS Investigation - General Instructions.

After foster care receives a new case from CPS, the case manager must check the status of the Early On referral and update the new case manager's contact information and the placement address and contact information. If there is not an active referral in the system, the case manager must complete a new referral within 30-calendar days of the initiation of the foster care case opening. Follow up on status of a referral is available at www.1800earlyon.org.

MEDICAID HEALTH PLANS

MHP provides outpatient mental health visits for children with mild to moderate behavioral needs. A referral from the primary care provider is not required for these visits. The Michigan Department of Health and Human Services (MDHHS) provides a list of MHP service area behavioral health providers who can be contacted for appointments. If the MHP behavioral health provider determines the child's needs are greater than mild to moderate, the child must be referred to the CMHSP.

Every health plan is required to have a community health case manager. The community health case manager can collaborate with the caregiver to identify and schedule an appointment with one of the MHP's therapists or counselors for necessary services. An

appointment must be scheduled within 10 business days of the request.

COMMUNITY MENTAL HEALTH SERVICES PROGRAM

CMHSP and the organization with which they contract with must provide a comprehensive range of services and supports to children, adolescents, and adults with mental illness, intellectual and developmental disabilities (IDD), and substance use disorders in all 83 Michigan counties. The CMHSP network provides 24-hour emergency and crisis response services, screens admissions to state facilities and psychiatric hospitals, and acts as the single point of entry into the public mental health system.

CMHSP has an array of services and supports in the community for children and families. These services include but are not limited to:

- Psychiatric hospitalization.
  - Community-based freestanding psychiatric hospitals and psychiatric units in general hospitals.
  - Walter Reuther (formerly Hawthorn Center) is the only state-run hospital for children.
- Child and family therapy.
- Home-based services.
- Respite services.
- Wraparound services.
  - When a child is receiving Wraparound services and is placed in a child caring institution (CCI) or Walter Reuther, Wraparound support will continue for the child and family for a period of up to 180-calendar days for the purpose of ongoing planning to transition the child back into the community. The primary focus of Wraparound services will be the development of a plan to transition the child from the CCI or Walter Reuther back to the community as soon as possible.

- Children who are in a CCI or Walter Reuther and are not already receiving Wraparound services may be provided Wraparound services up to 180-calendar days prior to discharge for the purpose of transitioning successfully back to their home and community.

- Infant mental health services.
- Community living supports.
- Family support and training.
- Parent support partners.
- Medication management and psychiatric evaluation.
- Case management and supports coordinates.
- Child peer support.

For more information and a description of services; see Child Welfare Medical and Behavioral Health Resources.

Note: When a child is denied or refused CMH services, please utilize the CMH Appeals Process Job Aid for further guidance.

Serious Emotional Disturbance

SED is a term used in reference to children under the age of 18 with a diagnosable mental health or behavioral illness that severely disrupts their ability to function socially, academically, or emotionally.

A determination of SED is made by the CMHSP, based on the child's functioning, and measured using the Michigan Child and Adolescent Needs and Strengths Tool (MichiCANS), or the Devereux Early Childhood Assessment Infant/Toddler (DECA). An interview performed by a clinician with specialized training on the effects of trauma, loss, and prenatal substance exposure on children and adolescents is also completed. If a child is determined to have SED, a plan of service is developed and delivered through the CMHSP.

If the CMHSP determines the child does not have SED, the CMHSP may identify community resources, and the case manager must follow up with referrals.

Waiver for Children with Serious Emotional Disturbance

The children's Serious Emotional Disturbance Waiver (SEDW) provides services that are enhancements or additions to the Medicaid state plan coverage for individuals through age 21 who meet eligibility requirements. The SEDW enables Medicaid to fund necessary home and community-based services for children with SED who meet the criteria for admission to the state inpatient psychiatric hospital and are at risk of hospitalization without waiver services. A child in foster care is eligible for the waiver if all the following apply:

- Is under the age of 18 at the time of initial approval.
- Resides with their birth parent, a relative, or in a foster home that is willing to commit to caring for the child for at least one year.
- Has a primary Diagnostic and Statistical Manual of Mental Health Disorders (DSM), mental health diagnosis.
- Meets CMHSP contract criteria for and is at risk of inpatient hospitalization in the state psychiatric hospital.
- Demonstrates serious limitations that impair their ability to function in the community.

A total daily rate is paid to foster parents and relative caregivers caring for a child in foster care with a SEDW, unless they qualify for a higher rate for providing treatment foster care services or a determination of care (DOC) rate. The foster parent or relative caregiver should always be paid the higher rate if the option exists; see FOM 903-03, Payments for Foster Family/Relative Care.

No more than two children qualified for the waiver may reside in the same out-of-home placement unless the placement is being made to reunify siblings. If the case manager is pursuing sibling reunification of three or more siblings who are qualified for the waiver in the same out-of-home placement, the case manager must contact the SEDW lead in the CMHSP providing services to the children to determine if joint placement is in the children's best interest prior to making placement; see the SEDW Job Aid.

Total Daily Rate With SEDW

Age Group	SEDW Daily Rate	Daily Maintenance Rate	Total Daily Rate for Youth Receiving SEDW
0 - 12	$32.76	$22.35	$55.11
13 - 18	$29.41	$26.69	$56.10

Autism Spectrum Disorder

Autism Spectrum Disorder (ASD) is a life-long neurological disability that is characterized by significant social-communication and behavioral deficits. The severity of this disorder can vary greatly from one individual to another. The term spectrum refers to the range of social communication and behavioral deficits. To learn more about the early signs of ASD, visit https://www.michigan.gov/autism/.

The screening tool for ASD is the Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R). The M-CHAT-R should be administered at the EPSDT exam at ages 18 and 24 months by the primary care physician (PCP).

If the M-CHAT-R shows concerns, the PCP will contact the Prepaid Inpatient Health Plan (PIHP) to refer for further evaluation. The PIHP will contact the child's parent or caregiver to arrange a follow-up appointment for a comprehensive diagnostic evaluation. This evaluation is a neurodevelopmental review of cognitive, behavioral, emotional, adaptive, and social functioning using validated evaluation tools. CMHSP will conduct the evaluation and recommend a treatment plan for the child. The MHP will provide physical health care and potentially speech and occupational therapy if indicated and the CMHSP may provide applied

behavioral analysis services (ABA) or other CMHSP services to the child and family.

Intellectual and Developmental Disability

IDD means either of the following:

- If applied to an individual older than five years of age, a severe, chronic condition that meets all the following requirements:
    - Is attributed to mental or physical impairment or a combination of mental and physical impairments.
    - Is manifested before the individual is 22 years old.
    - Is likely to continue indefinitely.
    - Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services that are of lifelong or extended duration and are individually planned and coordinated.
    - Results in substantial, functional limitation in three or more of the following areas of major life activities:
        - Self-care.
        - Receptive and expressive language.
        - Learning.
        - Mobility.
        - Self-direction.
        - Capacity for independent living.
        - Economic self-sufficiency.
- If applied to a child from birth to age five, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined above.

Common examples of disabilities that may fall under this definition include intellectual disabilities, cerebral palsy, down syndrome, and autism.

The disability may be identified at a well child exam, by the school system, or by Early On with a recommendation for further

evaluation. When a child has been referred for further evaluation, the case manager must instruct the caregiver(s) to initiate services through the CMHSP. After the evaluation, the CMHSP may add additional services that cannot be provided through Early On, the school system, or the MHP.

CMHSP may be able to provide the Habilitation Supports Waiver (HSW). HSW is an intensive home and community based, active treatment and support program, designed to assist individuals with severe developmental disabilities to live independently with support in their community of choice. This program is designed as a community-based alternative to living in a group home.

Crisis Residential Services

Crisis residential services are intended to provide a short-term alternative to inpatient psychiatric services. Services may only be used to avert an inpatient psychiatric admission or shorten the length of an inpatient stay.

Services are for children who are determined by CMH to meet psychiatric inpatient admission criteria or are at risk for admission, but who can be appropriately served in a less intensive setting.

Services must resolve the immediate crisis and improve the functioning level of the child to allow them to return to a less intensive community setting as soon as possible. The crisis residential services cover include:

- Psychiatric supervision.
- Therapeutic support services.
- Medication management/stabilization and education.
- Behavioral services.
- Milieu therapy.
- Nursing services.

Children who are admitted to the crisis residential services must be offered the opportunity to explore and learn more about:

- Crises.
- Substance abuse.
- Identity.
- Values.
- Choices and choice-making.

- Recovery and recovery planning.

Psychiatric Hospitalization

Psychiatric hospitalization is a short-term service that should be accessed when a child presents a risk of harm to self/others that cannot be managed with community-based supports.

PIHP/CMHSP are responsible for managing and coordinating Medicaid-paid psychiatric inpatient hospitalizations for children in foster care. The PIHP/CMHSP provides screening and authorization/certification of requests for psychiatric admission and continuing stay for inpatient services, defined as follows:

- Screening - the PIHP is notified of the child's mental health status and is provided enough information to decide the most appropriate services. The screening may be provided on-site, face-to-face by PIHP/CMHSP personnel, or over the telephone (as determined by the PIHP/CMHSP).

- Authorization/certification - the PIHP/CMHSP has screened the child and approved the services requested.

After authorization, the PIHP/CMHSP will arrange hospitalization for the child. Psychiatric hospitalization without PIHP/CMHSP authorization is not reimbursable through Medicaid.

Psychiatric hospitalization cannot be paid with foster care funds. These placements require prior CMH approval and are paid by Medicaid.

When a child is placed in a mental health institution paid for by Medicaid and is discharged but not moved to another placement, this is considered a non-contracted placement.

Note: Children discharged from a hospital setting should not maintain placement in the hospital and **must** be moved to another placement.

Refer to the Map of the Community Health Services Programs.

Case Manager's Responsibilities

Child in Crisis Residential/ Psychiatric Hospital

The case manager's responsibility when a child is in a psychiatric hospital or in a crisis residential is:

- Daily contact with the hospital or crisis residential on workdays for the first 30 days. Information being exchanged should cover; see FOM 722-06H, Case Contacts:
  - Treatment progress.
  - Discharge planning, including any change in placement or complications to a successful discharge.
- Notification to the foster care psychotropic medication oversight unit (PMOU) if the child is prescribed psychotropic medication while hospitalized or in treatment at a crisis residential. The PMOU hotline number is 1-844-764-PMOU (7668).

Note: When a child is at risk of psychiatric hospitalization, please utilize the Psychiatric Hospitalization Job Aid for further guidance.

Infant Mental Health

Infant mental health services are available to promote the social and emotional well-being of infants, toddlers (up to age three) and families within the context of secure and nurturing relationships. Infant mental health services support the growth of healthy attachment relationships in early infancy, reducing the risk of delays or disorders and enhancing enduring strengths.

Infants and toddlers that are targeted to receive infant mental health services are vulnerable to multiple factors that place them at risk for developing a variety of emotional, behavioral, social, and cognitive difficulties. Warning signs for potential social-emotional concerns in infants and toddlers are listed in the table below.

Warning Signs for a Potential Social-Emotional Concern

Infant (0-12 months)	*Toddler* (1-3 years)
• Resists holding. • Is difficult to comfort or console; has prolonged inconsolable crying. • Has sleeping or eating difficulties (sleeps or eats too much or too little). • Meets failure to thrive criteria. • Rarely seeks or makes eye contact or typically avoids eye contact with parents. • Appears unresponsive to efforts to interact or engage. • Rarely coos, babbles, or vocalizes. • Has limited ability to regulate emotions.	• Shows little preference for or excessive dependence on the parent(s) or other primary caregiver(s). • Does not show any apprehension about strangers. • Appears excessively irritable or fearful. • Has an inappropriate or limited ability to express feelings. • Lacks interest or curiosity about people or play. • Fails to explore the child's environment. • Often appears sad and withdrawn. • Inappropriate sexual, impulsive, or aggressive behavior. • Excessive fears that do not respond to reassurance. • Experiences frequent night terrors. • Extreme and frequent tantrums. • Experiences significant language delays. • Exhibits unusual need for order or cleanliness.

Note: Additional detailed information on the social-emotional development of young children can be found at MI Kids Matter.

Infant Mental Health Referrals

Infants and toddlers displaying signs of social-emotional delays must be referred to a local CMHSP to be evaluated for infant mental health services. Referrals must also be made in the following scenarios:

- Upon receipt of the well-child exam (if concerns are noted).
- Within 14-calendar days of a child's second (or more) placement change.

- Within 14-calendar days of a request from the foster parent, relative caregiver, or birth parent for evaluation.

FETAL ALCOHOL SPECTRUM DISORDER

Fetal alcohol spectrum disorder (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and learning disabilities. Often a person with FASD has a mixture of these impairments. FASD is not a diagnostic term.

Case Manager Role in FASD

Conventional treatment for some behavioral problems may be ineffective for children with FASD. Without proper intervention, birth families and other caregiving families may struggle to maintain these children in their homes.

The case manager may consider the possibility of FASD by observing the child, reviewing the child's medical history, and reviewing the FASD identifiers listed below. If the results of pre-screening for FASD contain two or more of the three identifiers listed below (and are not associated with another known syndrome) and include the presence of three or more physical/behavioral markers, the child **must** be referred for a full FASD diagnostic evaluation.

The FASD identifiers include:

- Prenatal maternal alcohol use.
- Physical markers:
  - Difficulty with eating or feeding, examples are:
    - Trouble sucking.
    - Considered a picky or slow eater.
  - Difficulty falling asleep and staying asleep.
  - Speech problems or language delays.
- Behavioral markers:

- Difficulty with paying attention.
- Impulsivity.
- Difficulty with verbal receptivity.
- Overreacting to minor problems.
- Difficulty with reasoning and judgment.
- Acts younger than children the same age.

Full FASD diagnostic screenings are available at Michigan FASD Diagnostic Centers. To learn more about FASD and prevention; see Fetal Alcohol Spectrum Disorders.

Results of the FASD review by the case manager must be included when requesting a pre-10 waiver for placement of children less than 10 years old in residential or other institutional settings; see FOM 722-03E, Placement Exception Requests and Approvals.

Plan of Safe Care

In any case that involves an infant born exposed to substances or who experienced or is experiencing withdrawal symptoms, or who has been diagnosed with FASD, the case manager must ensure a Plan of Safe Care (POSC) is in place; see FOM 722-06, Case Planning.

PSYCHOLOGICAL TESTING STANDARDS

Types of psychological testing and assessments include the following:

- Cognitive and neuropsychological assessment, the following are subsets of the assessment:
  - Abstract reasoning and categorical thinking.
  - Academic achievement.
  - Attention.
  - Cognitive ability.
  - Executive function.
  - Language.
  - Learning and memory.
  - Motor functions, sensorimotor, and lateral preference.
- Problem behavior testing and assessment.
- Family and couples testing and assessment.

- Social and adaptive behavior testing and assessment.
- Personality testing and assessment.
- Vocational testing and assessment, the following are subsets of the assessment:
  - Interests.
  - Work values.
  - Career development, maturity, and indecision.

The purposes of testing and assessments are as follows:

- Diagnosis.
- Neuropsychological evaluations.
- Intervention planning and outcome evaluation.
- Judicial and governmental decisions.
- Personal awareness, social identity, psychological health, growth, and action.

The process includes:

- Clarifying the purpose of the assessment.
- Driving the test selection and other sources of information needed to accomplish a purpose.
- Early results, which may lead to additional tests and measures.
- Integrating information such as collateral, tests, and characteristics.
- Reporting results.

Note: Medicaid payment is predicated on medical necessity.

Psychological Evaluations

A psychological evaluation must be obtained from a local provider for any child who has suffered sexual abuse or severe physical abuse, mental illness, or is the alleged victim of human trafficking MCL 722.954c(4).

A psychological evaluation may include the following:

- The reason the testing is requested.

- Review of prior diagnostic testing, current and past treatment records.
- Clinical interviews with the child and adult informants.
- Test and assessment results including IQ, adaptive functioning, achievement, and others, as necessary.
- Diagnosis and needs.
- Recommendations to address the needs.

The evaluation must be conducted by a licensed mental health professional or a licensed social worker who is trained in children's assessment. For children ages two and younger, a developmental assessment will suffice. The results of the evaluation must be incorporated into the narrative of the appropriate service plan. The costs for such assessments are the responsibility of MDHHS; see FOM 903-09, Case Service Payments.

Note: The Marschak Interaction Method (MIM) or other parent-child interaction technique may be conducted as part of a psychological or comprehensive trauma assessment but are not reimbursable on their own.

MDHHS CONTRACTED BEHAVIORAL HEALTH SERVICES

Mental health services for children under the supervision of MDHHS are provided by either the MHP behavioral health services for mild to moderate or CMHSP for SED, ASD, and IDD. MDHHS also contracts for some behavioral health services that are not covered by Medicaid.

Treatment Foster Care

Treatment foster care (TFC) is a placement option for children supervised by MDHHS who are diagnosed with SED and require an expertly trained foster home setting to meet their behavioral health needs. This service is not available statewide. Check current availability at Treatment Foster Care Contractors.

Referrals for TFC are completed in the electronic case record in the placement exception request (PER) screens. The county director is the final approver for these placements. TFC PERs must be completed quarterly; see FOM 903-03, Payment for Foster Family/Relative Care.

Comprehensive Trauma Assessment

A comprehensive trauma assessment is an in-depth assessment of the impact of trauma a child has experienced, how the trauma impacts the relationship with the child's caregivers and the child's functioning, and recommendations for services or community supports for the child and family.

The purpose of the assessment is to obtain clinical recommendations to guide case managers in developing case plans to assist the child and family with addressing identified trauma, behaviors, and diagnoses that meet clinical criteria to heal and remain stable in the home setting.

These assessments are not intended to provide answers to best interest decisions, such as permanency, parenting time or placement. Best interest decisions should be made by the case manager based on a holistic review of the child's case and following supervisor discussion and support.

Note: Local office practice may require additional screening.

The child must be participating in and not benefiting from current services to be eligible for a trauma assessment.

To determine if a child is eligible for a comprehensive trauma assessment, staff must utilize the appropriate MDHHS Trauma Screening Checklist based on the age of the child:

- MDHHS-5719, Trauma Screening Checklist (Ages 0-5).
- MDHHS-5720. Trauma Screening Checklist (Ages 6-18).

Case managers are required to administer the MDHHS trauma screening checklist to each child victim involved in an ongoing CPS or foster care case according to the following timeframes:

- Within 30 calendar days of case opening.
- When a Category 1 CPS case transfers to foster care.

- Within 180-calendar days of the initial screening.
- Prior to case closure.

The score of the trauma screening checklist will determine if a referral for a mental health assessment or a comprehensive trauma assessment is necessary. Referral for mental health assessment/treatment or comprehensive trauma assessments are not intended as standard practice for every child, and should be based on the following:

TOTAL SCORE (Endorsements)	Recommended Action
0-3	No referral required based only on the results of the trauma screening checklist. Determine appropriate next steps for case planning on an individual basis.
4-5	Make a referral for the child to be assessed for mental health services. For children receiving Medicaid, refer to local CMH or MHP behavioral health providers.
6-10	Convene team to discuss current services the child may be receiving, including mental health services. If the child is not making progress, consider making a referral for a mental health assessment from current therapist or local CMH that incorporates trauma exposure and impact.
11+	Convene team to discuss current services the child may be receiving including mental health services. If the child is not making progress, consider making a referral for an assessment and determine appropriate type of assessment: mental health or comprehensive trauma. Section 1 on the trauma screening checklist must have at least one trauma exposure identified to refer for a comprehensive trauma assessment.

The child must meet the following eligibility criteria to be referred for a comprehensive trauma assessment:

- The child has a current open MDHHS foster care, CPS, or MDHHS juvenile justice (JJ) case. The current open MDHHS foster care, CPS, or MDHHS JJ case must remain open until the comprehensive trauma assessment report is completed and sent to the case manager, recommendations are reviewed with the family, plans for implementation, and the invoice is paid.

  Note: CPS cases must be open as a category I or category II to be eligible for comprehensive trauma assessments. CPS investigations, category III, category IV, category V, and prevention cases are not eligible for comprehensive trauma assessments.

- The child must be aged 0-17.

  - Prior to referral any child less than three years of age must have been referred to all the following:

    - Medical professional/pediatrician.
    - Early On.
    - CMH for infant/early childhood mental health treatment services.

  Note: At least one of the professionals listed above must recommend a referral for a comprehensive trauma assessment. Documentation of the decision to refer, including applicable reports must be included with the MDHHS-5594, Trauma Assessment Referral.

In addition to the criteria above, the child must also meet one or more of the following eligibility criteria below:

- The child is struggling with functioning and behaviors in their current placement despite participating in services.

- The child entered care within the last 30-calendar days, and the current placement is in danger of disrupting due to the child's functioning and behaviors. The child has not been referred to or started services.

- The assessment is recommended by a current mental health clinician or current medical professional.

- The child is not benefiting from current services **and** received an 11+ on the trauma screening checklist.

- The assessment is court ordered.

When determined that a child should be referred for a comprehensive trauma assessment, the case manager must complete the DHHS-5594, Trauma Assessment Referral, and attach all supporting documents. The county director is the final approver and assigns a contractor to the referral based on the contactor rotation for the county's region. The case manager must enter a case service into the electronic case record and upload the MDHHS-5594, Trauma Assessment Referral, and supporting documentation into the document section of the electronic case record.

The case manager must route the case service to supervision for approval. The supervisor must route the case service to the behavioral health analyst within the Child Welfare Medical and Behavioral Health Unit for approval. The case service must be approved by the behavioral health analyst prior to sending the referral packet to the assigned contractor.

The contractor must complete all related contract activities and send the completed report to the referring case manager within 75 calendar days of the date the completed referral was sent to the contractor. The contractor must meet with the case manager and all team members, parents, caregivers, and mental health clinicians within 10-calendar days of assessment completion to review findings and recommendations. The case manager must ensure recommended services and action steps identified in the comprehensive trauma assessment report are implemented.

The established rate for the comprehensive trauma assessment is $2,343.33. The contractor must complete the appropriate section of the MDHHS-5594, Trauma Assessment Referral and send it, along with the report, back to the case manager. The case manager must go into the previously added case service and add the date the report was received as the completion date. The case manager must complete the payment in the electronic case management system for a payment to be issued to the contractor. The payment must be entered and approved within 10 business days of receiving the MDHHS-5594, Trauma Assessment Referral, from the contractor.

Comprehensive trauma assessments are intended to provide information that will inform ongoing case and treatment planning. Although specific elements of a child’s situation may change, in

nearly all circumstances an additional comprehensive trauma assessment is not necessary to incorporate new information into case and treatment planning. The changes that may prompt consideration of an additional trauma assessment are listed below:

- It has been a minimum of two years since the first comprehensive trauma assessment.
- All recommended services and action steps identified in the first comprehensive trauma assessment report have been implemented.
- Current services and interventions are not having an impact on the child's behaviors and/or mental health needs.
- There has been a significant traumatic event in the child's life.

Note: If the court orders an additional comprehensive trauma assessment, the court order must be attached to the comprehensive trauma assessment referral packet.

Additional comprehensive trauma assessment referral requests must be approved by the behavioral health analyst with the Child Welfare Medical and Behavioral Health Unit; see the Comprehensive Trauma Assessment Job Aid and Children's Services Administration Trauma Protocol for further instructions.

Ancillary Services

Ancillary services are specific activities performed by a contractor that are necessary to complete a comprehensive trauma assessment, provide counseling services, or complete a qualified residential treatment program independent assessment. Ancillary services must be requested by the contracted provider. All ancillary services must be pre-approved by the case manager and supervisor on the MDHHS-5599, Ancillary Service Approval. Ancillary services may be requested by the contractor at the time of referral or later as needed.

The following activities may be reimbursable ancillary services depending on the type of contracted service, which are indicated on the MDHHS-5599, Ancillary Service Approval:

Allowable with Counseling and Comprehensive Trauma Assessments

- Travel to perform the service off site (jail, home, residential facility, prison, etc.).
- Attendance at a family team meeting (FTM) or other meeting requested by the referring case manager.
- Appearance for court-ordered testimony and the court refuses to pay the witness fee. Verification of the court's refusal to pay must accompany this form.
- Preparation for court ordered testimony and travel time to court.
- Off-site observation at school, MDHHS, or placement agency foster care (PAFC) office.

Allowable with Comprehensive Trauma Assessments

- Partial assessment completed but cannot be finished due to client refusal or case manager determination that the assessment is no longer necessary.
- Conduct an additional parent/child relationship assessment.
- Review additional documents exceeding ten.
- Prepare a duplicate original hard copy report with signature.

Allowable with Qualified Residential Treatment Programs (QRTP) Independent Assessments

Partial assessment completed but cannot be finished due to client refusal or case manager determination that the assessment is no longer necessary.

Documentation of Assessment Services

Assessment services, such as comprehensive trauma assessments or psychological evaluations, regardless of the provider, must be documented in the appointment tab of the health profile in the electronic case record and the assessment report must be

uploaded in the electronic case record; see Entering Frequent, Ongoing, Appointments into the System.

Child Caring Institutions

CCIs are facilities organized for the purpose of receiving minor children for care, maintenance, and supervision, usually on a 24-hour basis, in buildings maintained by the institution for that purpose, and operate throughout the year.

When a child cannot be supported in a community-based setting, placement in a CCI may be considered. MDHHS contracts with CCIs to provide residential services based on a child's individual needs that include:

- General residential: A child presents risk at home, school, in the community, to self, others, and property. A child has exhibited a behavior(s) that has interfered with their ability to function adequately in a less restrictive setting, behaviors may include but are not limited to:
  - Aggressive episodes.
  - Stealing or petty theft.
  - Vandalism.
  - Inappropriate social interactions.
  - Reactions to past trauma.
- Mental health and behavioral stabilization (MHBS): A child currently experiencing or with a history of active unstable symptoms, which may include severely aggressive behavior toward self or others, psychotic symptoms such as, delusions, hallucinations, suicidal and homicidal ideations, or frequent severe emotional episodes.
- Developmentally disabled cognitively impaired (DDCI): A child who is experiencing significant adjustment problems at home, in school or in the community because of SED with or without substance use, or dependence symptoms, concurrent with cognitive impairment or developmental disability, emotional impairment, and behavioral concerns that cannot be addressed in a less restrictive placement.
- Substance abuse rehabilitation: A child experiencing substance use disorder with a significant impairment in an area of functioning.

- Youth with problematic sexual behaviors (YPSB): A youth displays problematic sexual behavior that impacted daily life functional areas, including relationships, school, family, or other domains to the extent continued services in the community do not provide sufficient support.

- Parent/baby: The parent/baby program is available to youth ages 13 and older who are pregnant or parenting and the youth's infant or toddler. The contractor must have the ability to serve both pregnant and parenting youth and the youth's infant or toddler(s).

- Specialized developmental disability (SDD): A child whose level of developmental impairment warrants a significant sensory sensitive individualized treatment setting. SDD is designed for children diagnosed with ASD, or children with IDD.

- Intensive stabilization (IS): A child with significant behavior challenges who may be stepping down from a hospitalization program or experiencing repeated placement instability. The child may be experiencing or have history of active unstable symptoms such as, delusions, hallucinations, suicidal/homicidal ideations, or frequent severe emotional episodes.

- Human trafficking survivor (HTS): A child who has experienced significant trauma and behavioral challenges resulting from commercial sexual exploitation or sex trafficking.

For both CCI and Walter Reuther placements, the case needs to be open to PIHP/CMHP. Mental health services initiated by the PIHP may be provided within the designated timeframes:

- Assessment of a child's needs for the purpose of determining the community-based service necessary to transition the child out of a CCI or Walter Reuther. This should occur up to 180-calendar days prior to the anticipated discharge from a CCI or Walter Reuther.

- Wraparound planning, case management or supports coordination. This should occur up to 180-calendar days prior to discharge from a CCI or Walter Reuther.

A case manager must complete a PER when a child in foster care is not making progress with community-based programming and residential services are being considered. The PER approval path is outlined in FOM 722-03E, Placement Exception Requests and Approvals, page 27, FOM 912, Residential Services: Caseworker Responsibilities, and FOM 912-1, Residential Services: Residential Provider Requirements.

Note: For information on QRTP; see FOM 912-1, Residential Services: Residential Provider Requirements.

CONTRACTED COUNSELING SERVICES

Fair Market Counseling

Contracted counseling services may be utilized by CPS, foster care, JJ, or direct support services for families including those who do not have Medicaid or another medical insurance.

For children in foster care, counseling should be obtained through the MHP or CMHSP. An exception to the use of MHP or CMHSP may be provided to a child in foster care or JJ by a mental health provider under contract with MDHHS, known as fair market contractor, under one of the following circumstances:

- The specific type of therapy is recommended by a mental health or trauma assessment and required to address mental health needs of the child, and the therapy is not available through the MHP's behavioral health services for mild to moderate needs or through the CMHSP for SED.
- Therapy was established with a fair market counselor while the child's case was monitored by ongoing CPS or prior to removal from the home. Decisions regarding continued service from the fair market counseling contractor are based upon:
  - The child's relationship with the counselor.
  - The success of the intervention.
  - The need for a specific therapy approach not available through the MHP or CMHSP.

- The therapist's role in the reunification or permanency plan. Consider the therapist's collaboration with the birth parent's therapist or other professionals and determine if a change might affect the forward momentum of the plan.

- The child is placed in a group home and individual or group counseling is provided to residents of the home through a contracted provider.

If one of the above circumstances apply, a DHS-1556, Behavioral/Mental Health Exception, must be completed to provide a documentation of the need for fair market contracted counseling services for children in foster care. The DHS-1556, Behavioral/Mental Health Exception, must be completed by the case manager, authorized by the supervisor, and uploaded in the medical section of the child's case file in the electronic case record.

Referral Process for Contracted Counseling

Within this section of the manual, the term client refers to either the child in foster care or the parents and caregivers that are part of the reunification household.

The child welfare case manager, in consultation with their supervisor, determines the client's eligibility for services. The CPS, foster care, or JJ case must be open at the time of referral. Contracted counseling services must end at the time of case closure. MDHHS foster care monitors must approve referrals from PAFC case managers and supervisors. To be reimbursed by MDHHS, a counseling contractor cannot accept referrals from any source other than MDHHS. Counseling contractors can be found at Counseling Services.

CSA Counseling Contract Protocol

The information included in the Counseling Contract Protocol is designed to outline the counseling contract services provided to children, youth, and families through MDHHS. The protocol will discuss the contracted counseling service requirements and address the roles and responsibilities of the contracted provider, case manager, and contract administrator.

When it is determined that counseling services are necessary and the client is eligible, the referral process requires the following steps be completed by the case manager:

- Contact with the counselor or therapist to discuss the referral and document in the social work contacts.
- Receives confirmation the counselor agrees to provide counseling services to the client.
- Completes the DHS-880, Child Welfare Counseling Services Referral. The following must be completed when filling out the form:
  - The period of eligibility and number of counseling units must be listed.
  - No more than 12 units may be initially authorized.
  - Obtain supervisor signature.
- Sends the DHS-880, Child Welfare Counseling Services Referral, to the counselor and documents in social work contacts.
- Files a copy of the referral in the child's electronic case record.
- Documents, discussion of the client's circumstances and preliminary goals and objectives with the counselor within social work contacts in the case service plan.

Counseling services cannot begin until the counselor receives the appropriate referral form and approvals.

Any extensions for continued service must be in writing, listing the number of counseling units authorized and the dates that the service is authorized. Extensions must be signed by the referring case manager, the supervisor, and approved by the county director on the DHS-880, Child Welfare Counseling Services Referral.

Note: The DHS-880, Child Welfare Counseling Services Referral, must be completed by the case manager if a referral is made to a contracted counselor. If the contracted counselor accepts Medicaid, Medicaid must be billed. The contract may only be billed when the client does not have Medicaid or if the contractor does not accept Medicaid.

Ineligible Services

The following services are not counseling services for children in foster care and their families:

- Parenting classes, such as Love and Logic.
- Anger management classes.
- Work preparation and readiness classes.
- Independent living classes.
- Counseling services for children in foster care under the supervision of the PAFC provider.

  Note: The PAFC provider is responsible for the cost of counseling services for children in foster care under their supervision. MDHHS does not provide counseling referrals for PAFC supervised foster care children.

Service Delivery Requirements

Within 10 business days of receipt of a written referral from MDHHS, an initial session must occur between the counselor and client and assess the following:

- Current circumstances and view of the presenting concern.
- Developmental history, family structure, support system, and employment.
- Physical health, emotional and mental status.

The DHS-840, Counseling Services Assessment and Treatment Plan Report, provides ongoing client information and progress updates to the case manager. The DHS-840, Counseling Services Assessment and Treatment Plan Report, is:

- Completed monthly by the counselor.
- Submitted to the case manager within 10 business days following the end of each month.
- Inclusive of client progress made toward treatment objectives and indicative of any changes made in the treatment plan.

- An opportunity for the case manager to closely monitor the client's progress or lack of progress with the service and provide feedback to the client.

Within 10 business days following the end of the month of the initial interview with the client, the counselor submits a DHS-840, Counseling Services Assessment and Treatment Plan Report, to the referring MDHHS case manager. The report must address:

- Record of client sessions kept and missed appointments.
- Phone or other case contacts.
- Individual and family assessment.
- Working diagnosis, if applicable.
- Identified concerns.
- Client strengths.
- Specific objectives and time frames. The objectives listed in the counselor's treatment plan must be:
  - Behaviorally based and measurable.
  - Reflective of the interventions and strategies employed to achieve the overall goals of the counseling treatment sequence.
  - Developed by the counselor with the client and in consultation with the referring case manager.

Termination of Contractor Counseling Services

When counseling services are terminated, the counselor must complete a DHS-841, Counseling Services Termination Summary. The summary is submitted to the case manager no later than 10 business days following the end of the month in which services were terminated. The DHS-841, Counseling Services Termination Summary, report addresses the following:

- Diagnosis at termination.
- Treatment summary.
- Objectives and progress towards objectives.
- Total number of sessions offered to the client.
- Number of sessions attended.
- Cooperation in treatment.

- Reason for closure.
- Recommendations.

Monitoring Service Provision

Ongoing communication between the case manager and the counselor provides the best assurance for a good working relationship and effective service for the referred client. The case manager must keep the counselor informed of significant case developments, court hearings, permanency case conferences, changes in case managers, address changes, or upcoming case closure.

In monitoring the provision of services, the case manager must review reports submitted by the counselor to ensure:

- All information listed in the service delivery section is included.
- The report is specific to the client and reflects updated information.
- Other contract requirements such as the following are addressed:
  - Did the counselor contact the client within three business days of a missed appointment?
  - Did the counselor notify the case manager by phone each time two consecutive appointments were missed?

Contracted Counseling Service Noncompliance

Each contractor signs a counseling contract, which outlines the counselor's responsibilities, including the services to be delivered. If a counselor does not meet the requirements, the following action(s) must be taken:

- The case manager contacts the counselor, discusses the concerns, and documents the contact in the social work contacts.
- If the counselor does not address the concerns, the case manager notifies their supervisor, in writing, of the issue.

- The supervisor or designated local office contract monitor reviews the case manager's concerns and submits a written complaint to the local office director. The complaint must include:
  - The name, address, phone number and contract or provider number of the counselor.
  - A narrative explaining the specific contract violation and a chronology of attempts to collaborate with the counselor to rectify the concern.
- The local office director submits the written complaint outlining the details of any action taken to date to the assigned business service center analyst.

Required Counseling

MCL 722.954c(6) states that the supervising agency must provide, in addition to any reunification, adoption, or other services provided to a child under the supervising agency's care, counseling services appropriate for minor victims of human trafficking.

Documentation of Counseling Services

Counseling appointments for children in foster care, regardless of the provider, must be documented in the appointment tab of the health profile in the electronic case record for ongoing, regular appointments; see the job aid, Entering Frequent, Ongoing, Appointments into the System.

POLICY CONTACT

Questions about this policy item may be directed to Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

OVERVIEW

The use of psychotropic medications as one part of a child's comprehensive mental health treatment plan may be beneficial. Recommended medications should only be used after a comprehensive psychiatric assessment, informed consent, and consideration of the full range of medication and psychosocial interventions, all of which should be evaluated throughout treatment.

DEFINITIONS

Informed Consent

Permission to begin a treatment after an explanation from the prescribing clinician to the consenting party of the proposed treatment, alternative treatments, expected outcomes, side effects, and risks.

Psychotropic Medication

A psychotropic medication affects or alters thought processes, mood, sleep, or behavior. A medication's classification depends upon its stated or intended effect. Psychotropic medications include, but are not limited to:

- Anti-psychotics for treatment of psychosis and other mental and emotional conditions.
- Antidepressants for treatment of depression and other related conditions.
- Anxiolytics or anti-anxiety and anti-panic agents for treatment and prevention of anxiety.
- Mood stabilizers and anticonvulsant medications for treatment of bipolar disorder (manic-depressive), excessive mood swings, aggressive behavior, impulse control disorders, and severe mood symptoms in schizoaffective disorder and schizophrenia.
- Stimulants and non-stimulants for treatment of attention deficit hyperactivity disorder (ADHD).
- Alpha agonists for treatment of ADHD, insomnia and sleep problems relating to post traumatic stress disorder (PTSD).

Medications available over the counter do not require documented consent.

Note: Opioid medications are not considered psychotropic. However, these prescribed medications must be documented by the case manager in the electronic case management system along with relevant diagnoses, doses, appointments, hospital records, and procedures or surgeries, per FOM 801-1 Health Requirements.

The National Institute of Mental Health - Mental Health Medications has an alphabetical listing of psychotropic medications by trade name, generic name, and drug classification.

FOSTER CARE - PSYCHOTROPIC MEDICATION OVERSIGHT UNIT

The Foster Care Psychotropic Medication Oversight Unit (FC-PMOU) tracks and provides technical assistance to foster care and adoption staff to ensure compliance with obtaining and documenting informed consent. The FC-PMOU is responsible for the following:

- Entering psychotropic medications from Medicaid claims into the electronic case management system within the medication screen.
- Making electronic case management system updates in the health screen for medication record updates (entering dosing changes, restarting a previously end-dated psychotropic medication, and discontinuing psychotropic medications) when informed of these changes by the case manager.
- Reviewing, processing, tracking, and uploading accurately completed consent documents in the electronic case management system.
- Providing witnessed verbal consent assistance.
- Sending communications to foster care and adoption case managers to inform them of missing or incomplete consents, and preparing reports to inform local office staff of every youth prescribed a psychotropic medication and status of the consent.

- Identifying, preparing, tracking, monitoring, and uploading documentation related to secondary physician reviews into the electronic case management system.
- Preparing routine and ad hoc reports to reflect prescribing practices, claim trends and other monitoring tools for youth in foster care prescribed psychotropic medications.

PROHIBITED USE

The use of psychotropic medications as a behavior management tool without regard to any therapeutic goal is prohibited. Psychotropic medication may never be used as a method of discipline or punishment. Psychotropic medications are not to be used in lieu of or as a substitute for identified psychosocial or behavioral interventions and supports required to meet a child's mental health needs.

PRESCRIBING CLINICIAN

Only a certified and licensed physician can prescribe psychotropic medications to children in foster care or in an adoptive home where the adoption is not finalized. If the prescribing clinician is not a child psychiatrist, referral to or consultation with a child psychiatrist, or a general psychiatrist if a child psychiatrist is not available, should occur if the child's clinical status has not improved after six months of medication use.

PRIMARY INSURANCE OTHER THAN MEDICAID

Case managers must notify the FC-PMOU if a child on psychotropic medication has primary insurance other than Medicaid by calling 1-844-764-PMOU (7668).

CLINICAL GUIDELINES

Prior to recommending medications, the prescribing physician must review the child's current health status including:

- Current physical examination, including baseline laboratory work, if indicated.

- Current mental health assessment with the Diagnostic and Statistical Manual (DSM)-based psychiatric diagnosis of the mental health disorder.

Urgent Medical Need

The role of non-pharmacological interventions should be considered before beginning a psychotropic medication, except in urgent situations such as:

- Suicidal ideation,
- Psychosis,
- Self-injurious behavior,
- Physical aggression that is acutely dangerous to others,
- Severe impulsivity endangering the child or others.
- Marked anxiety, isolation, or withdrawal.
- Marked disturbance of psychophysiological function, such as profound sleep disturbance.

INFORMED CONSENT

Consent is required for the prescription and use of all psychotropic medications for all children in foster care and for children placed for adoption where the court has not issued an order finalizing the adoption.

The public or private case manager must obtain informed consent for each psychotropic medication prescribed to a child in foster care or in an adoptive home where the adoption is not finalized.

Consent Documentation

The DHS-1643, Psychotropic Medication Informed Consent, **or** the prescribing clinician's alternative consent form that contains all the required elements of the DHS-1643, as determined by the FC-PMOU, must be used to document this discussion between the prescribing clinician and the consenting party.

A completed DHS-1643 must be legible and contain a child's name and date of birth, prescribing clinician name, date of appointment, medications recommended with dose range, signature/date of prescriber, signature/date of appropriate consenter, and attached court order for alternate consenters. Once completed, either form

must be sent via encrypted email for non-state employees to the FC-PMOU Mailbox (psychotropicmedicationinformedconsent@michigan.gov) or faxed to 517-763-0143 within five days of receipt of the form.

Note: No individuals outside of the FC-PMOU are permitted to upload a DHS-1643 or alternate consent form into the electronic case management system.

The FC-PMOU reviews all forms for accuracy and completion, documents information in the FC-PMOU tracking system, and then once fully processed, uploads completed forms into the electronic case management system in the Health Screens under *Upload Informed Consent Document*. The FC-PMOU will contact the local/community office staff to facilitate accurate completion of informed consents **that are incomplete or inaccurate**.

When to Complete Informed Consent

The following chart outlines timeframes for informed consent discussion and documentation.

Circumstance	Consent Needed Before Child Starts or Changes Medications	Consent Needed When Child is Already Taking Medications	Time Frame to Complete Consent
Prescribing new psychotropic medication	X		Seven business days from recommendation
Prescribing new psychotropic medications in a hospital setting	X		Three business days from recommendation. Seek court order on the fourth business day if legal parent(s) does not respond
Increasing dosing beyond the approved dosing range of the most recent valid consent in a hospital setting	X		Three business days from recommendation. Seek court order on the fourth business day if legal parent(s) does not respond

Circumstance	Consent Needed Before Child Starts or Changes Medications	Consent Needed When Child is Already Taking Medications	Time Frame to Complete Consent
Increasing dosing beyond the approved dosing range of the most recent valid consent	X		Seven business days from recommendation
Continuing medication started before child entered foster care		X	45 business days from foster care entry
Completing annual renewal of medication		X	One year from prior consent
Continuing medication after a youth in foster care reaches 18		X	At next appointment after youth's birthday
Continuing medication after legal status change, TCW to permanent court ward or Michigan Children's Institute (MCI) ward, or child placed for adoption, but adoption not yet finalized		X	At next appointment after court ordered legal status change or after order placing child for adoption

Authority to Consent

The following table outlines the authority to consent by legal status.

Legal Status	Authority to Consent
TCW	Parent(s) or legal guardian(s)
MCI/State Wards	The supervising agency *
Permanent Court Wards	The court must provide a written order

Legal Status	Authority to Consent
Youth 18 years and older	Youth ^
Child placed for adoption but an adoption is not finalized	Adoptive parent(s)

* Foster care or adoption case managers, as designated by the MCI superintendent.

^ Unless a court determines they are not competent. In this instance, the appointed guardian(s) provides consent.

Note: Foster parent(s) and relative caregiver(s) may not sign consent for psychotropic medications.

When a Parent is Unavailable or Unwilling to Provide Consent

Pursuant to MCL 712A.12, when a parent is unavailable or unwilling to provide consent and the child's prescribing clinician has determined there is a medical necessity for the medication, the supervising agency must file a motion with the court requesting an order for the prescription and use of psychotropic medications. If a court order is received and a new consenting party is designated for the child, the order must be attached to the DHS-1643 or approved consent form when submitting to the FC-PMOU.

The case manager must continue to facilitate communication between the child's parent(s) and the prescribing clinician regarding treatment options when medication is not deemed a medical necessity, but the prescribing clinician indicates medication may improve a child's well-being or ability to function.

All efforts made to obtain parental consent must be documented in the social work contact section of the electronic case management system.

Emergency Use

Informed consent is not required in an emergency when a prescribing clinician determines a child is at acute risk of harming

self or others and medication may reduce or eliminate the acute risk. The case manager must obtain a copy of the report or other documentation regarding the administration of emergency psychotropic medication. The report must be uploaded in the appointment tab of the Health Screen in the electronic case management system.

Note: Emergency use is considered a one-time administration of a medication as opposed to medications prescribed with an ongoing basis.

Non-Psychotropic Use

Some psychotropic medications are prescribed to treat medical conditions such as rashes, seizures, epilepsy, neonatal abstinence syndrome. When medications are used to treat medical conditions, the DHS-1643, Psychotropic Medication Informed Consent, is not required. Documentation in the electronic case management system is still required.

If there is any question about whether a medication is being recommended for a psychotropic purpose, see the definition in this policy. For a psychotropic medication prescribed for a general medical condition, the case manager should obtain supporting clinical documentation from the prescribing clinician and send this information to the FC-PMOU. The FC-PMOU will update the medication from *psychotropic* to *general* in the *medications* tab of the electronic case management system within the Health Screens. Until this action is resolved, the FC-PMOU will continue outreach for informed consent for any psychotropic medication that can be used for both psychotropic and general medical conditions.

Over the Counter Medications

Over the counter (OTC) medications such as melatonin, diphenhydramine, antihistamines, or cold and flu medications may affect sleep, mood, behavior, or thoughts. These do not require a consent form (DHS-1643) to be sent to the FC-PMOU. Some placements and residential facilities may have internal policies that require consent for OTC medications. See CANNABIDIOL (CBD) SUPPLEMENTS section for additional monitoring and communication requirements.

WITNESSED VERBAL CONSENT

Verbal consent is acceptable when an in-person discussion between the prescribing clinician and the consenting party is not possible. Verbal consent must be witnessed by a member of the FC-PMOU. The FC-PMOU dedicated phone line 1-844-764-PMOU (7668) must be used for the conference call with the following participants:

- Prescribing clinician.
- Consenting party.
- FC-PMOU staff.

Note: Each of the listed members must be present during the conversation for the witnessed verbal consent to be valid.

The FC-PMOU staff is responsible for documenting the verbal consent and uploading the completed DHS-1643, Psychotropic Medication Informed Consent, in the *Upload Informed Consent Document* hyperlink in the electronic case management system.

If a child is in a psychiatric hospital setting, a hospital designee may witness a verbal consent if the consenting party is unable to provide consent in person.

If the witnessed verbal consent process cannot be completed, the PMOU will contact the case manager by email. The case manager must ensure that consent and documentation is obtained and sent to the FC-PMOU Mailbox (psychotropicmedicationinformedconsent@michigan.gov) within seven business days of the treatment recommendation.

CHILDREN IN PSYCHIATRIC HOSPITAL SETTINGS

When children are admitted to a psychiatric inpatient setting, the case manager must:

- Document the hospital admission in the electronic case management system by changing the living arrangement to *hospital* and the service type to *psychiatric* no later than the following business day. The electronic case management system will prompt the case manager to call to the FC-PMOU at 1-844-764-PMOU (7668). The case manager should leave a

message with the child's name, electronic case record ID, and the hospital where the child was admitted. This call must also be made no later than one business day after admission.

- During the first month of any psychiatric hospital admission, maintain a minimum of daily contact on business days with hospital personnel regarding the status of the child and document contact in the electronic case record under social work contacts. If a hospital stay extends beyond one month, the case manager will maintain weekly contact with hospital personnel.

- Ensure the child has either prescriptions for the medications that will be ongoing after discharge or has a medication supply directly from the hospital at discharge.

SECONDARY PHYSICIAN REVIEW

Certain medication regimens require secondary physician review. The review does not denote that the treatment is inappropriate, only that further review is warranted. The Michigan Department of Health and Human Services (MDHHS) established prescribing guidelines, known as criteria triggering further review, that direct when psychotropic medications are reviewed by a FC-PMOU contracted physician.

Criteria Triggering Secondary Physician Review

The FC-PMOU is responsible for reviewing criteria and triggering the secondary physician review when one of the following criteria is met:

- Prescribed four or more concomitant psychotropic medications.

- Prescribed two or more concomitant anti-psychotic medications.

- Prescribed two or more concomitant mood stabilizer medications.

- Prescribed two or more concomitant antidepressant medications.

- Prescribed two or more concomitant stimulant medications.

- Prescribed two or more concomitant alpha agonist medications.
- Prescribed psychotropic medications in doses above recommended doses, per Food and Drug Administration (FDA) recommendations or per prevailing standard of care when there are no FDA recommendations.
- Prescribed psychotropic medication and child is five years or younger.

The FC-PMOU uploads the completed MDHHS physician secondary review documents into the electronic case management system in the same location as informed consents. These are in the *Health* profile section of the electronic case management system in the *Medication* tab, under *Upload Informed Consent*.

CASE MANAGER ACTIVITIES

For each child prescribed psychotropic medications under the supervision of foster care or placed for adoption but the adoption is not finalized, medication compliance and treatment effect must be addressed by the assigned case manager during the monthly home visit with the child and caregiver(s).

Caregiver(s) discussion must include:

- Information about the intended effects and any side effects of the medication.
- Compliance with all medical appointments, including dates of last and upcoming appointments with prescribing clinician.
- Medication availability, administration, and refill process.

Child discussion must include child's point of view:

- Noted side effects and benefits of the medication.
- Administration of medication; time frame and regularity.

The case manager must review the following points with the child and caregiver(s):

- Medication should not be discontinued or changed without consultation with the prescribing clinician.

- Medical appointments including any laboratory work, if applicable, must occur as recommended by the prescribing clinician.

- Any adverse effects must be reported to both the prescribing clinician and case manager.

The case manager must contact the prescribing clinician with information regarding the child's condition if it is not improving, is deteriorating, or if adverse effects are observed or reported.

When medication is permanently or temporarily discontinued, restarted, or if there is a change in medication dosage within the approved range of the most recent consent, the case manager must send an email with the subject "medication screen record changes" to the FC-PMOU Mailbox (psychotropicmedicationinformedconsent@michigan.gov) containing the child's name, DOB, medication name, dose, prescriber, and pertinent dates.

DOCUMENTATION IN ELECTRONIC CASE MANAGEMENT SYSTEM

The following documentation is required in the electronic case management system required for all children prescribed psychotropic medication:

- Medical information must be entered in the appropriate health screens in the electronic case management system, which will then populate case service plans and the medical passport. Information entered must include:

    - Medication reviews (Appointments screen).
    - Psychological evaluations (Appointments screen).
    - Lab work (Appointments screen).
    - Diagnosis (Health Needs and Diagnoses screen).
    - All non-pharmacological treatment services, such as, therapy, behavioral supports/monitoring, other interventions, etc. (Appointments screen).

Note: Psychotropic medications are entered by FC-PMOU in the Medication screen.

- Signed documentation supporting psychotropic medication use including the DHS-1643, Psychotropic Medication Informed Consent, or approved alternative consent form must be sent via email, encrypted for non-state employees, to the FC-PMOU Mailbox (psychotropicmedicationinformedconsent@michigan.gov) or faxed to 517-763-0143. The FC-PMOU will upload within the health screen tabs in the electronic case management system.
- Court orders and supporting documentation are required to be uploaded in the electronic case management system under the case overview.
- Monthly home visits must be documented in social work contacts.

CANNABIDIOL (CBD) SUPPLEMENTS

A crystalline, nonintoxicating cannabinoid found in cannabis and hemp that is sometimes used medicinally. CBD is not classified as a psychoactive supplement if it contains less than 0.3 percent Tetrahydrocannabinol (THC).

Caregiver(s) considering the use of CBD supplements or products for a child must schedule an appointment with the primary care provider (PCP) or prescriber(s) treating a medical or behavioral health condition. The PCP or prescriber(s) must be made aware of any diagnoses or symptoms that a caregiver intends to manage by using CBD. The PCP or prescriber(s) will review a child's diagnoses, discuss health benefits and risks, and determine if CBD use is appropriate.

The case manager must inform the parent(s) of a TCW of a recommendation to administer CBD supplements. The parent(s) may refuse to allow CBD use.

The case manager and caregiver(s) must ensure children maintain regular wellness visits with their PCP or prescriber(s) to discuss continued use of CBD and any side effects. The case manager must discuss the child's use of CBD supplements with the caregiver(s) and child, if age-appropriate, monthly; see FOM 722-06H, Case Contacts.

TECHNICAL ASSISTANCE

For technical assistance or questions with this policy, contact the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

RESOURCES

DHS-1643, Psychotropic Medication Informed Consent

LEGAL BASE

Federal and state statutes mandate health care requirements for children and youth in foster care. The MDHHS Health Services policy provides the guidelines for compliance with the requirements.

Federal Law

Fostering Connections to Success and Increasing Adoptions Act of 2008, 42 USC 622. Sec. 205. Health oversight and coordination plan.

The Act requires states to develop, in coordination and collaboration with the state Medicaid and child welfare agencies and in consultation with pediatricians, other experts in health care, and experts in and recipients of child welfare services, a plan for the ongoing oversight and coordination of health care services for any child in a foster care placement. The plan must ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental health and dental health needs, and must outline:

- A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice.
- How health needs identified through screenings will be monitored and treated.
- How medical information for children in care will be updated and appropriately shared, which may include the development and implementation of an electronic case management system.
- Steps to ensure continuity of health care services, which may include the establishment of a medical home for every child in care.

- The oversight of prescription medicines.
- How the state actively consults with and involves physicians or other appropriate medical or nonmedical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.

[42 U.S.C. 622] Sec 422(b)(15)(A)(i)-(viii) State Plans for Child Welfare Services

(b) Each plan for child welfare services under this subpart shall—

(15)(A) provides that the State will develop, in coordination and collaboration with the State agency referred to in paragraph (1) and the State agency responsible for administering the State plan approved under subtitle I of title XIX, and in consultation with pediatricians, other experts in health care, and experts in and recipients of child welfare services, a plan for the ongoing oversight and coordination of health care services for any child in a foster care placement, which shall ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental health and dental health needs, and shall include an outline of—

(i) a schedule for initial and follow-up health screenings that meet reasonable standards of medical practice;

(ii) how health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home[85];

(iii) how medical information for children in care will be updated and appropriately shared, which may include the development and implementation of an electronic health record;

(iv) steps to ensure continuity of health care services, which may include the establishment of a medical home for every child in care;

(v) the oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications[86];

(vi) how the State actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children;

(vii) the procedures and protocols the State has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses; and

(viii) steps to ensure that the components of the transition plan development process required under section 475(5)(H) that relate to the health care needs of children aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under State law, and to provide the child with the option to execute such a document, are met; and[87]

(B) subparagraph (A) shall not be construed to reduce or limit the responsibility of the State agency responsible for administering the State plan approved under title XIX to administer and provide care and services for children with respect to whom services are provided under the State plan developed pursuant to this subpart;

State Law

MCL 712A.12 Examination of child; hearing; summons.

Authority for the court to order an examination of a child by a physician, dentist, psychologist, or psychiatrist. History: Add. 1944, 1st Ex. Sess., Act 54, Imd. Eff. Mar. 6, 1944 ;-- CL 1948, 712A.12

Mich. Admin. Code. R. 400.9403(a)(b) Foster parent duties. Rule 403

A foster parent shall carry out each of the following functions: (a) Cooperate with and assist the agency in the agency's implementation of the service plan for children and their families. (b) Fully disclose to the agency information concerning a foster child's progress, strengths, and needs. History: Eff. January 1, 2001, Am. Eff. January 5, 2015.

Mich. Admin. Code R. 400.9412 Medical and dental care. Rule 412

(1) A foster parent shall follow the health plan for a foster child as prescribed by a physician, health authority, or the agency. (2) A foster parent shall follow agency approved protocols for medical care of a foster child who is injured or ill. (3) A foster parent shall

ensure that all medications, both prescription and nonprescription, are properly stored and are accessible as appropriate for the age and functioning level of the child. (4) A foster parent shall ensure that prescription medication is given or applied as directed by a licensed physician. History: 1998-2000 AACS; 2014 AACS; 2023 MR 11, Eff. June 16, 2023.

Mich. Admin. Code R. 400.9502(e)(f) Reporting foster home changes. Rule 502

A foster parent shall report to the agency any significant changes in the foster home by the next business day from the time a foster parent knows of a change, including any of the following: (e) Admission to, or release from, a correctional facility, a hospital, or an institution for the treatment of an emotional, mental, or substance abuse problem of a foster parent or member of the household. (f) Assessment, treatment, or therapy on an outpatient basis for an emotional, mental, or substance abuse disorder of a foster parent or member of the household. History: Eff. January 1, 2001, Am. Eff. January 5, 2015, Am. Eff. June 16, 2023.

OVERVIEW

The Child and Adolescent Needs and Strengths (CANS) assessment is a multipurpose information integration tool that was developed by the Praed Foundation. The MichiCANS Screener and MichiCANS Comprehensive were customized as behavioral health eligibility determination and treatment planning tools for Michigan and focus on the identification of needs and strengths of children eligible for behavioral health services.

The MichiCANS Screener will be used to support timely identification of the needs of children in foster care that may best be met by Community Mental Health Service Providers (CMHSP). CMHSPs that receive referrals from the Children's Services Administration (CSA) based on the MichiCANS Screener scores will complete the MichiCANS Comprehensive at intake for behavioral health services.

MICHICANS SCREENER

The MichiCANS Screener has two versions based on the age of the child:

- MichiCANS Screener Ages 0-5.
- MichiCANS Screener Ages 6+.

Each version has three domains:

- Life functioning.
- Behavioral/emotional needs.
- Risk factors and behaviors.

Each domain contains multiple items to be scored based on the child's current functioning and level of need.

In addition, both age ranges utilize the same domain to assess family cultural factors and caregiver resources and needs.

TRAINING AND CERTIFICATION

Specialized health liaison officers (HLO) will administer the MichiCANS Screener. Specialized HLOs and their direct supervisors must be certified by completing:

- MichiCANS overview training.

- A certification assessment with a score of 70% or higher.
- Transformative Collaborative Outcomes Management (TCOM) orientation.

To maintain certification, specialized HLOs and their supervisors must complete and pass an annual reassessment.

ADMINISTRATION OF MICHICANS SCREENER

Specialized HLOs will administer the MichiCANS Screener to all children and youth from birth through age 20 at the time of removal or when re-entering Young Adult Voluntary Foster Care (YAVFC) more than 30-calendar days after case closure.

A MichiCANS Screener is not required for children who are:

- Receiving services from a CMHSP at removal.
- Placed in a qualified residential treatment program (QRTP) at the time of removal.
- Entering YAVFC as an extension of their original foster care case or within 30-calendar days of closure of their prior foster care case.

A MichiCANS Screener is required when completion of the Structured Decision Making (SDM) CANS for an updated services plan (USP) or permanent ward service plan (PWSP) has the following scores, and the child is not receiving mental health services from a CMHSP:

- For children ages 0-3, severely limited social and emotional development and attachment in domain C2. Social/Emotional Development and Attachment.
- For children ages four and older, severely limited emotional behavior and coping skills in domain C2. Mental Health and Well-being.

The case manager must make a referral to the specialized HLO for completion of the MichiCANS Screener within five business days of supervisor approval of the SDM CANS.

A MichiCANS Screener is required when a child's behaviors or mental health symptoms are negatively impacting the home and

school environments, the behaviors were not present when the most recent MichiCANS Screen or SDM CANS was completed, the child is not participating in mental health services, and the supervising agency is considering a referral to the CMHSP for mental health services.

REFERRAL AND SCREENING PROCESS

The specialized HLO must gather information by engaging parents, caregivers, children, service providers involved with the child and family, and the family's informal supports and reviewing available information about the child.

The specialized HLO must engage with children's protective services (CPS) staff and assigned foster care staff to ensure information about the child and family is relevant to completion of the MichiCANS Screener and is shared across program areas. Information including the child and family's history and new information obtained after the child's removal must be shared with the appropriate program areas.

Foster Care Entry/YAVFC Screening Process

Upon a child's removal from the parental home or youth's entry to YAVFC:

- The assigned CPS investigator or ongoing case manager must refer the child or youth entering care to the specialized HLO within one business day of removal for completion of the MichiCANS Screener. Referrals must include, at minimum and if available, the petition, the results of the MDHHS-5719, Trauma Screening Checklist (Ages 0-5) or the MDHHS-5720, Trauma Screening Checklist (Ages 6-18), and any additional information about the child or youth that would aid in completion of the MichiCANS Screener.

  Note: If the MDHHS-5719 or the MDHHS-5720 has not been completed at the time of referral, it must be provided to the specialized HLO upon completion, if completed prior to completion of the MichiCANS Screener.

- The specialized HLO must engage parents, caregivers, the child, or youth, when age and developmentally appropriate,

and other service providers involved with the child or youth and family to obtain information about the child or youth.

Note: Whenever possible, the assigned case manager and specialized HLO must meet jointly with the individuals involved in the assessment process. This may require the specialized HLO to be involved virtually by video chat or phone during case manager contacts with case members and service providers.

- The specialized HLO must be included in any family team meetings (FTMs) that occur within 21-calendar days of the child's removal.

- The specialized HLO must complete the MichiCANS Screener in CareConnect (CC360) and the specialized HLO's supervisor must review and approve the MichiCANS Screener in CC360 within 21-calendar days of the child's removal or re-opening of the youth's YAVFC case. If the supervisor does not approve the MichiCANS Screener results, the specialized HLO will amend scoring based on supervisory feedback.

- The specialized HLO must meet with the assigned case manager, virtually or in-person, to provide results of the MichiCANS Screener and discuss the child's or youth's service needs and next steps based on the MichiCANS Screener results.

- If the MichiCANS Screener indicates a need that requires action or is dangerous or disabling, the assigned case manager must refer the child or youth for services to address the need within three business days of receipt of the MichiCANS Screener.

  - If the need is related to the child's or youth's mental health, the assigned case manager must refer the child or youth to the appropriate CMHSP within three business days of receipt of the MichiCANS Screener results.

  Exception: Some item scores indicate an emergency need that requires a referral to the appropriate CMHSP within one business day; see *Emergency Needs* in this item.

- The case manager must notify the specialized HLO when the referral is made to the CMHSP.

- The case manager must incorporate information from the MichiCANS Screener into the child's or youth's initial service plan (ISP); see *MichiCANS Screener* in this item.
- The CMHSP will review the MichiCANS Screener scores in CC360.
- For children or youth who qualify for mental health services through the CMHSP, the CMHSP will complete the MichiCANS Comprehensive at intake.
- For children or youth who do not qualify for mental health services through the CMHSP, the case manager must make a referral to the child's or youth's health plan for appropriate mental health services.
- The specialized HLO must enter all social work contacts related to completion of the MichiCANS Screener into the electronic case record including:
  - Face-to-face contacts with case members, caregivers, service providers, and the specialized HLO's supervisor must be entered within five business days.
  - Electronic contacts with case members, caregivers, services providers, and the specialized HLO's supervisor, including video conferences, telephone calls, text messages, emails, and faxes must be entered prior to submission of the MichiCANS Screener to the HLO's supervisor.

Exception: The specialized HLO does not have to enter social work contacts involving the case manager. The case manager has primary responsibility for entering all contacts related to completion of the MichiCANS Screener in which they were a participant.

SDM CANS Screening Process

If the SDM CANS for a USP or PWSP has a score of severely limited social and emotional development and attachment in domain C2. Social/Emotional Development and Attachment for children ages 0-3 or severely limited emotional behavioral and coping skills in domain C2. Mental Health and Well-being for children ages four and older, and the child is not receiving mental

health services from a CMHSP or alternative mental health service provider:

- The case manager must make a referral to the specialized HLO for completion of the MichiCANS Screener within five business days of supervisory approval of the SDM CANS. Referrals must include, at a minimum and if available, the USP, the results of the MDHHS-5719, Trauma Screening Checklist (Ages 0-5) or the MDHHS-5720, Trauma Screening Checklist (Ages 6-18), and any additional information about the child that would aid in completion of the MichiCANS Screener.

- The specialized HLO must engage parents, caregivers, the child, when age and developmentally appropriate, and other service providers involved with the child and family to obtain information about the child.

  Note: Whenever possible, the assigned case manager and specialized HLO must meet jointly with the individuals involved in the assessment process. This may require the specialized HLO to be involved virtually by video chat or phone during case manager contacts with case members and service providers.

- The specialized HLO must complete the MichiCANS Screener in CC360 and the specialized HLO's supervisor must review and approve the MichiCANS Screener in CC360 within 21-calendar days of the child's removal or re-opening of the youth's YAVFC case. If the supervisor does not approve the MichiCANS Screener results, the specialized HLO will amend scoring based on supervisory feedback.

- The specialized HLO must meet with the assigned case manager, virtually or in-person, to provide results of the MichiCANS Screener and discuss the child's service needs and next steps based on the MichiCANS Screener results.

- If the MichiCANS Screener indicates a need that requires action or is dangerous or disabling, the assigned case manager must refer the child for services to address the need within three business days of receipt of the MichiCANS Screener.

  - If the need is related to the child's mental health, the assigned case manager must refer the child to the

appropriate CMHSP within three business days of receipt of the MichiCANS Screener results.

Exception: Some item scores indicate an emergency need that requires a referral to the appropriate CMHSP within one business day; see *Emergency Needs* in this item.

- The case manager must notify the specialized HLO when the referral is made to the CMHSP.
- The CMHSP will review the MichiCANS Screener scores in CC360.
- For children who qualify for mental health services through the CMHSP, the CMHSP will complete the MichiCANS Comprehensive at intake.
- For children who do not qualify for mental health services through the CMHSP, the case manager must make a referral to the child's health plan for appropriate mental health services.
- The specialized HLO must enter all social work contacts related to completion of the MichiCANS Screener into the electronic case record including:
  - Face-to-face contacts with case members, caregivers, service providers, and the specialized HLO's supervisor must be entered within five business days.
  - Electronic contacts with case members, caregivers, services providers, and the specialized HLO's supervisor, including video conferences, telephone calls, text messages, emails, and faxes must be entered prior to submission of the MichiCANS Screener to the HLO's supervisor.

Exception: The specialized HLO does not have to enter social work contacts involving the case manager. The case manager has primary responsibility for entering all contacts related to completion of the MichiCANS Screener in which they were a participant.

Rescreening Process

When a child's behaviors or mental health symptoms have changed significantly since the most recent MichiCANS Screener or SDM

CANS, the child is not participating in mental health services, and the supervising agency is considering a referral to the CMHSP for mental health services:

- The case manager must make a referral to the specialized HLO for completion of the MichiCANS Screener within five business days of a child's significant behavior changes or mental health symptoms. Referrals must include, at a minimum and if available, the USP, the results of the MDHHS-5719, Trauma Screening Checklist (Ages 0-5) or MDHHS-5720, Trauma Screening Checklist (Ages 6-18), and any additional information about the child that would aid in completion of the MichiCANS Screener.

- The specialized HLO must engage parents, caregivers, the child, when age and developmentally appropriate, and other service providers involved with the child and family to obtain information about the child.

  Note: Whenever possible, the assigned case manager and specialized HLO must meet jointly with the individuals involved in the assessment process. This may require the specialized HLO to be involved virtually by video chat or phone during case manager contacts with case members and service providers.

- The specialized HLO must complete the MichiCANS Screener in CC360 and the specialized HLO's supervisor must review and approve the MichiCANS Screener in CC360 within 21-calendar days of the child's removal or re-opening of the youth's YAVFC case. If the supervisor does not approve the MichiCANS Screener results, the specialized HLO will amend scoring based on supervisory feedback.

- The specialized HLO must meet with the assigned case manager, virtually or in-person, to provide results of the MichiCANS Screener and discuss the child's service needs and next steps based on the MichiCANS Screener results.

- If the MichiCANS Screener indicates a need that requires action or is dangerous or disabling, the assigned case manager must refer the child for services to address the need within three business days of receipt of the MichiCANS Screener.

- If the need is related to the child's mental health, the assigned case manager must refer the child to the appropriate CMHSP within three business days of receipt of the MichiCANS Screener results.

Exception: Some item scores indicate an emergency need that requires a referral to the appropriate CMHSP within one business day; see *Emergency Needs* in this item.

- The case manager must notify the specialized HLO when the referral is made to the CMHSP.
- The CMHSP will review the MichiCANS Screener scores in CC360.
- For children who qualify for mental health services through the CMHSP, the CMHSP will complete the MichiCANS Comprehensive at intake.
- For children who do not qualify for mental health services through the CMHSP, the case manager must make a referral to the child's health plan for appropriate mental health services.
- The specialized HLO must enter all social work contacts related to completion of the MichiCANS Screener into the electronic case record including:
  - Face-to-face contacts with case members, caregivers, service providers, and the specialized HLO's supervisor must be entered within five business days.
  - Electronic contacts with case members, caregivers, services providers, and the specialized HLO's supervisor, including video conferences, telephone calls, text messages, emails, and faxes must be entered prior to submission of the MichiCANS Screener to the HLO's supervisor.

Exception: The specialized HLO does not have to enter social work contacts involving the case manager. The case manager has primary responsibility for entering all contacts related to completion of the MichiCANS Screener in which they were a participant.

Emergency Needs

Certain items on the MichiCANS Screener indicate an emergent need that presents an immediate threat to the child's safety and well-being. The case manager must refer the child to the appropriate CMHSP for emergency access services within one business day if the following items are rated as a '3'.

Ages 0-5

- Impulsivity/hyperactivity.
- Regulatory.
- Atypical behaviors.
- Self-harm.
- Exploited.
- Flight risk/bolting.

Ages 6+

- Suicide risk.
- Non-suicidal self-injurious behavior.
- Other self-harm.
- Danger to others.
- Victimization/exploitation.
- Psychosis.

Note: For ages 6+ a referral for emergency access services must be made within one business day if the above items are rated as a '2' **and** the Runaway item was rated as a '3'.

MICHICANS DOCUMENTATION IN THE ELECTRONIC CASE MANAGEMENT SYSTEM

The specialized HLO must create a social work contact that provides the results of the MichiCANS Screener and the action taken as the results of the MichiCANS Screener:

- A referral to the CMHSP is required.
    - An emergency need requires a referral to the CMHSP within one business day.

- A need that requires action or is dangerous or disabling requires a referral to the CMHSP within three business days.

- A referral to the child's health plan is required.
  - For children who do not qualify for mental health services through the CMHSP, the case manager must make a referral to the child's health plan for appropriate mental health services.

- No referral is necessary.

The specialized HLO must upload a copy of the MichiCANS Screener results into the Scan Documents tab of the Person Overview in the electronic case management system. The location of the uploaded document must be noted in the social work contact.

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

MEDICAID/MEDICAL ASSISTANCE

All children committed to the Michigan Department of Health and Human Services (MDHHS) or placed with the department by a court, who are in out-of-home care, are categorically eligible for Medicaid as a department ward. Medicaid is also known as medical assistance (MA); see BEM 117, Department Wards, Title IV-E and Adoption Assistance Recipients for additional information.

Exception: Children placed in foster care who are not U.S. citizens or qualified alien are not eligible for Medicaid.

Medical assistance coverage for children who are not U.S. citizens or do not meet the definition of a qualified alien is limited to emergency services only (ESO); see BEM 225, Citizenship/Non-Citizen Status. Refer to FOM 902, Funding Determination and Title IV-E Eligibility for information on determining a child's status. Medical assistance coverage for children placed in a detention, training school or jail are limited to off-site inpatient hospitalization only; see BEM 265, Institutional Status.

Opening Medicaid

The Medicaid program for all children in foster care is opened in the electronic case management system, unless the child:

- Is placed with a parent (this includes placement with the non-custodial parent).
- Receives Medicaid through Supplemental Security Income (SSI) through disability determination by the Social Security Administration.
- Is an out-of-state foster child placed with a relative in Michigan through the Interstate Compact.

The electronic case management system opens, updates, and closes Medicaid through an interface with Bridges. All children in foster care with Medicaid opened in the electronic case management system receive MA-FCDW (foster care departmental ward).

Standard of Promptness

MA-FCDW must be opened in the electronic case management system and transmitted to Bridges, for all eligible children, within 14 calendar days of case acceptance.

Note: If a child with an open foster care case is placed in an out-of-home placement, MA-FCDW is required to be opened in the electronic case management system. Children placed with unlicensed relatives or unrelated caregivers must have an open MA-FCDW case in the electronic case management system.

Children with MA-Adoption Assistance Medicaid

Adoption assistance Medicaid (MA-ASDW) must be closed when a child with MA-ASDW is removed from the adoptive home and placed into foster care. **The required MA-FCDW cannot be opened until the MA-ASDW is closed.**

Case managers must notify the adoption assistance specialist that the child has returned to foster care. Contact information for the adoption assistance specialist is available through the Adoption and Guardianship Office.

CHILDREN RECEIVING SSI

Medicaid is not opened in the electronic case management system for children entering foster care who are already receiving SSI benefits with active MA-SSI. In this instance, eligibility has already been determined and children will continue to receive Medicaid benefits under the SSI case while the SSI case remains active. The case manager must complete the actions described in paragraphs below to keep the SSI case active.

SSI and DHS-3205

A DHS-3205, Foster Care/Juvenile Justice Benefit Eligibility Record, must be completed for all children who are SSI recipients upon entry into foster care. The DHS-3205 is submitted to MDHHS Governmental Benefits Unit Mailbox (MDHHS-GovtBenefits@michigan.gov) for children in paid placements.

Timely completion and submission of the DHS-3205, Foster Care/Juvenile Justice Benefit Eligibility Record, by the state or county court office, as the SSI payee, is necessary to regularly report the SSI recipient's required information to the Social Security Administration (SSA). **Failure to report information to SSA will result in the closure of the SSI case.** The case manager may need to initiate a new SSI application; see FOM 902-12, Government and Other Benefits, for required process for children who may be potentially eligible for SSI.

DHS-3205 Required to Report Change of Child's Circumstances

In addition to completion of the DHS-3205 at foster care entry, a DHS-3205 must be completed and sent to MDHHS Governmental Benefits as notification of all changes in the SSI recipient's circumstances such as:

- Change in physical placement of the child (replacements/moves):
  - Any replacement of a child by a child placing agency (CPA), including a move from one foster home to another.
  - Return home, child placed back in own home with parent or legal guardian.
  - Move from one living arrangement/service type to another living arrangement/service type.
- Change in cost of care, such as placement into a child caring institution (CCI).
- Change in funding source.
- Adoption of child.
- Case closure, discharge, or release of the child.
- Death of a child.
- Change in parent's situation that could affect the child's eligibility for benefits (example: disability of a parent, death of a parent, etc.).

MA-SSI and Foster Care Notification to the Eligibility Specialist

For each change in physical placement of the child, the case manager must notify the eligibility specialist (ES) with responsibility for the MA-SSI of the new placement address and service type to ensure Bridges is updated. If notification does not occur, Bridges will not update and the correct placement information will not transmit to MDHHS Community Health Automated Medicaid Processing System (CHAMPS). Incorrect foster care placement information creates Medicaid and health care access issues.

Maintaining SSI for the Child or Youth in Foster Care

Along with timely completion and submission of the DHS-3205, Foster Care/Juvenile Justice Benefit Eligibility Record, the case manager must ensure that all information requests from the MDHHS Governmental Benefits Unit are met with prompt response. This includes completion of SSA Continuing Disability Review (CDR) forms for the SSI recipient in foster care. Case managers must complete the SSA CDR forms and return to MDHHS Governmental Benefits Unit by the deadline indicated in the communication. Failure to return the completed SSA CDR forms to the Governmental Benefits Unit by the due date will trigger the closure of MA-SSI and ultimately the SSI benefits. If the SSI closes, the primary assigned case manager will need to complete all paperwork required for the SSA determination appeal or the new SSA application for disability benefits.

SSI Potential Eligibility

Children who have physical, emotional, or mental disabilities may be eligible for SSI benefits.

If a child or youth is identified as potentially eligible for SSI at any time while in foster care, the case manager must:

- Screen the child to determine if the child meets the definition of disabled per SSA; see FOM 902-12, Government and Other Benefits.

- Email the DHS-3205, Foster Care/Juvenile Justice Benefit Eligibility Record, and the current court order to the Government Benefit Unit Mailbox (MDHHS-GovtBenefits@michigan.gov) and indicate the child is potentially eligible for SSI.
- Respond promptly to all contacts/inquiries from the Governmental Benefits Unit as SSI determinations are time dependent upon SSA's receipt of application.

Upload the DHS-3205 into the electronic case management system as well as the financial eligibility documents with clear identification of the date on the DHS-3205 for verification of submission.

LONG-TERM CARE

Medicaid is the funding source for children placed in a long-term care facility (for example, nursing facility, mental health facility). Children in foster care placed in a long-term care facility must be referred to a MDHHS eligibility specialist (ES) for assistance in determining the begin and end dates for the level of care code.

OUT-OF-STATE PLACEMENTS AND MICHIGAN MEDICAID

Medicaid must remain open in the electronic case management system for any child placed outside Michigan. However, this does not mean that Michigan Medicaid is a valid source of Medicaid coverage in other states. Medicaid coverage and benefits cannot be switched from one state to another. For children placed outside of Michigan, Michigan Medicaid payments can only be used if the health care provider in the child's placement state agrees to enroll in Michigan Medicaid.

In some instances, another state may open Medicaid for a child. Once it is verified that this has occurred, the child's Medicaid case must be closed in the electronic case management system.

When a child in foster care is placed out of Michigan, the child's title IV-E eligibility is used to determine medical assistance (Medicaid) eligibility.

Title IV-E Eligible

If a title IV-E eligible child is placed outside Michigan, the child is eligible for medical assistance in the state where the child is residing/placed. However, the Medicaid is not closed in the electronic case management system until confirmation of active Medicaid coverage is received from the receiving state. Follow the interstate procedures to ensure proper processing of the interstate referral.

Title IV-E eligible children placed in a Michigan-licensed family foster home or private CCI by an agency in another state are eligible for the Michigan medical assistance program. Follow the electronic case management system procedures outlined in this item.

Title IV-E Ineligible

The state with legal jurisdiction is responsible for the medical assistance case for a non-title IV-E eligible child who is either:

- The responsibility of the department and placed in a licensed family foster home or licensed CCI outside Michigan.
- Placed in Michigan by another state.

Medicaid is not available for title IV-E ineligible cases. The child must have an Interstate Compact Financial/Medical Plan detailing the sending state's plan for providing and financing health care for the child.

Exception: A child from an out-of-state foster care program placed with a non-licensed relative in Michigan through the Interstate Compact is eligible for Medicaid. The non-licensed relative must apply for the child's Medicaid at the local county MDHHS office.

Refer to ICM 100, Interstate Compact on the Placement of Children (ICPC) Overview for more information.

RETROACTIVE MEDICAID

Retroactive Medicaid may be available for children for all or part of the three calendar month period prior to the receipt of the court commitment or placement and care order. If there was an incurred medical expense for which MA coverage is needed, the case manager can assist by obtaining a DHS-3243, Retroactive

Medicaid Application, for the family to complete and return to the local office for a date stamp and to initiate the MA application process. If the family is unavailable to complete the form, the case manager must complete the DHS-3243 to the best of the child's ability and return the form to the local office reception for initiation of the retroactive MA process.

OTHER MEDICAL RESOURCES AND THIRD PARTY LIABILITY

Federal law and regulations require states to ensure Medicaid beneficiaries use all other resources available to pay for all or part of their medical care before turning to Medicaid. The State Medicaid program pays only after the third party has met its legal obligation to pay. A third party is any individual, entity, or program that is, or may be, liable to pay for any medical assistance provided to a Medicaid beneficiary. Third parties may include private health insurance, medical support from absent parents, Medicare, etc.

Reporting Other Medical Resources

Other medical resources must be reported to the MDHHS Third Party Liability (TPL) Division. The DCH-0078, Insurance Coverage Request Form, is used to record additional health insurance information to the TPL division. Include copies of all identification cards for additional coverage (health, pharmacy, vision, and dental) available to the child with the DCH-0078.

Submit the DCH-0078 through the online process or fax the form to (517) 346-9817.

Private Health Insurance

For children with private health insurance, the policy information must be documented in the electronic case management system Financial Section, under the Employment/Insurance tab. The private health insurance is the child's primary coverage, MA-FCDW is secondary coverage.

Termination of Medical Resource

When local offices receive information on the termination of a medical resource, notify MDHHS Third Party Liability Division by use of the DCH-0078, Insurance Coverage Request Form.

The TPL will investigate the reported change and notify the local office in writing of the status of its review. Terminations of other medical resources are verified with the resource. If the resource no longer exists, the TPL data bank (records on other medical resources) and Bridges are updated.

Termination of Parental Rights Court Orders

The TPL data bank process cannot verify or update private insurance status in cases where parental rights have been terminated. In this type of situation, the case manager must attach a copy of the court order terminating the parental rights to the DCH-0078 and fill in the Other text field box (under Reason for Change). A copy of the DCH-0078 is filed in the medical section of the case record and all pertinent information regarding other insurance available to the child is documented in the electronic case management system Financial Section.

DETENTION, COURT TREATMENT CENTER, JAIL, OR TRAINING SCHOOL PLACEMENTS

A child remains Medicaid eligible while placed in a detention facility, court treatment center, jail, or MDHHS training school. The Medicaid case must remain open in the electronic case management system. However, per federal regulations, Medicaid coverage is limited to off-site inpatient hospitalization only. The facility is responsible for all other medical services provided to child; see FOM 903-09, Case Service Payments.

Process

The MDHHS Medicaid exception unit will enter a program enrollment type (PET) code, INC EXM PET or INC-JDET, to identify a child who is incarcerated. The INC EXM PET/INC-JDET code suspends Medicaid reimbursability, preventing Medicaid coverage for any service with the exception of inpatient hospitalization. The

case manager must enter the child's placement in the electronic case management system and transmit to Bridges for the Medicaid Exception Unit to complete the process. Failure to enter and transmit detention, court treatment center, jail, or training school placements promptly may create Medicaid payment problems.

When the child is discharged, the case manager enters the child's new placement information into the electronic case management system and transmits to Bridges. Upon updating the electronic case management system with the new placement information, the INC EXM PET/INC-JDET code will end allowing access to Medicaid. Delays in placement updates create health care access issues. Contact the county MDHHS Health Liaison Officer (HLO) to assist with incarceration code issues.

MA-FCDW CLOSURES

Children no longer in a foster care out-of-home placement, regardless of court jurisdiction, are not categorically eligible for MA-FCDW. The MA-FCDW must be closed when:

- Child is placed in own home, which includes:
  - Reunification.
  - Placement with non-custodial parent.
  - Guardianship.
  - Adoption.
- Child's foster care program type/case closes.

See Medicaid Closure/Ex Parte Review below for more information.

DCH-1426, Application for Health Coverage & Help Paying Costs

When a child is placed back in the child's own home (reunification), the child is no longer categorically eligible for foster care Medicaid. The case manager must ensure the family is aware the MA-FCDW will close at the end of the month of the child's return home. Families with Medicaid will need to contact their county MDHHS office to reinstate the child's Medicaid to the family's case.

If the parent does not have health insurance for the child, the case manager is to encourage the parents to apply for Medicaid for the

child. Michigan offers several medical assistance programs. The case manager is to refer the parent to the MDHHS Application for Health Coverage & Help Paying Costs site or provide the parent the health care coverage information and form from the site.

Medicaid Closure/ Ex Parte Review

Prior to closing the MA-FCDW in the electronic case management system, the case manager must update demographic information, which includes the child's current address in the electronic case management system. The electronic case management system updates are required for the Medicaid ex parte review (see Glossary) process, which must occur before the MA-FCDW can close. Once the demographic information is updated, the case manager can close the MA-FCDW in the electronic case management system.

MA-FCDW does not close automatically with the electronic case management system closure; the centralized Medicaid unit must complete an ex parte review to determine if the child may be eligible for any other MA category, including disability related MA.

MEDICAID TYPE

There are two methods to reimburse Medicaid providers:

- The fee-for-service (FFS) method.
- The managed care plan method, Medicaid Health Plans (MHPs).

Children in foster care are Medicaid beneficiaries in one of these two types of Medicaid.

Fee-for-Service Medicaid

Fee-for-Service (FFS) Medicaid is a method of paying an established rate for a unit of health care service. FFS Medicaid is also known as traditional, regular, or straight Medicaid. Children with FFS Medicaid are not enrolled in an MHP and may receive medical services and treatment from health care providers that accept FFS Medicaid.

Medicaid Health Plans (MHP)

A Medicaid health plan (MHP) is managed health care, which is responsible for both the financing and delivery of a broad range of health care services to the enrolled population. Children in an MHP must receive health care and services from a health care provider within the child's specific MHP network.

Michigan Enrolls

Michigan Enrolls (MI Enrolls) is the state's contracted enrollment broker. MHP enrollment activity is facilitated through MI Enrolls.

Enrollment Status

Enrollment statuses for Medicaid are mandatory, voluntary, and excluded. The three enrollment status definitions are as follows:

- **Mandatory:** Medicaid beneficiaries are required to enroll in an MHP. Approximately 85 percent of all Medicaid beneficiaries are mandatorily enrolled into an MHP. Examples of mandatory beneficiaries include SSI recipients, children with Children's Special Health Care Services (CSHCS), infants, children, and pregnant women. Most children in foster care are mandatorily enrolled into an MHP. See the electronic case record to view the Service Type and Living Arrangement in this item for more information.
- **Voluntary:** Medicaid beneficiaries can, but are not required to, enroll in an MHP. Examples include American Indian/Alaska Native (AI/AN); see Voluntary Enrollment Status For Indian Children in this item.
- **Excluded:** Medicaid beneficiaries are not allowed to enroll in a health plan. Examples include beneficiaries with other commercial HMO coverage, Medicare beneficiaries, and certain refugees.

Voluntary Enrollment Status for Indian Children

The Balanced Budget Act of 1997 included provisions specifically exempting American Indian/Alaska Native (AI/AN) who are members of federally recognized tribes from mandatory enrollment in Medicaid managed care. However, this is not to assume that

American Indian children in foster care are never enrolled into an MHP. The decision to voluntarily enroll into an MHP or remain fee-for-service Medicaid eligible is made by the child's family and/or tribe, not by the case manager or through the MI Enrolls auto-enrollment process. Case managers are required to discuss the Medicaid options with the family and/or tribe, obtain the preferred decision and ensure appropriate Medicaid coverage.

The Electronic Case Management System Entry

Since the enrollment materials are based on enrollment status (and county) it is important the race code in electronic case record for Indian children is accurately entered. If the child has membership within an American Indian or Alaskan Native federally recognized tribe, select American Indian/Alaskan Native (AI/AN) as the primary race (documented membership in a federally recognized tribe is required) in the electronic case record Demographics screen.

Newborn Enrollments

In foster care situations, newborns have the same Medicaid eligibility and enrollment status as their birth mother at the time of the child's birth. This could be either FFS Medicaid or enrollment within an MHP. If the newborn has FFS Medicaid, medical care must be provided by health care providers that accept FFS Medicaid.

However, if the birth mother is enrolled in an MHP during the birth month, the newborn should receive medical care with health plan providers in the mother's plan, even if the Medicaid eligibility is not yet established in Bridges. Medicaid providers know that newborns will be retro-enrolled in the mother's MHP for at least the birth month.

Newborns of mothers who were eligible and enrolled at the time of the child's birth will be automatically enrolled with the mother's MHP. The MHP will be responsible for all covered services for the newborn.

The Electronic Case Management System Service Type and Living Arrangement

Children placed in the following foster care service type/living arrangements have a mandatory MHP enrollment status.

- Licensed/Unlicensed Relative Home.
- Licensed Unrelated Foster Home.
- Adoptive Home.
- Guardianship Home.
- Independent Living.
- Unrelated Caregiver.
- Hospital.
- Adult Foster Care Home.

Refer to the Medicaid-Detention, Court Treatment Center, Jail or Training School Placements section for children placed within these service types.

Children in all other service types and living arrangements within Michigan receive health care coverage under FFS Medicaid.

Living Arrangement Exceptions

Fee for service Medicaid is retroactive to the first day of the month the child is placed into a CCI. Therefore, the child is disenrolled from the MHP and the MHP does not remain responsible for the health care services.

MHP Participation and Primary Care Provider

To support continuity of health care and the medical home model, the following procedures must be followed:

- Whenever possible, children entering foster care remain with their former primary care provider (PCP). Many of the children entering care will already be receiving health care through an MHP. Remaining with the same doctor provides assurances of current and complete medical information and guidance to care for the child.

- All children in an MHP must have a PCP. For any changes or moves in foster home placement, the child will remain with the same MHP if the new foster home is within the county served by the MHP. If the PCP is also located within the new county, the child will continue to receive medical care from the same physician.

- If the MHP is still available in the new county residence, but the PCP does not have an office in that county, a new PCP

participating within the MHP must be selected. Contact the MHP.

Obtaining Needed Services & Prescriptions

Children in foster care who are enrolled with an MHP must work with their PCP and use providers in the MHP's provider network.

Children in foster care with FFS Medicaid can see any provider who accepts Medicaid FFS.

For problems obtaining the needed health care services and prescriptions:

- Call the health plan's member services department for a child in foster care who is enrolled in an MHP.
- Call the Beneficiary Helpline at 1-800-642-3195 (Monday through Friday, 8am to 7pm) for children with FFS Medicaid.

  Note: If a foster parent or private agency receives bills for medical services, the MDHHS case manager/monitor or HLO should call the Beneficiary Helpline (1-800-642-3195). The Helpline will advise how to resolve the billing problem if possible; see FOM 903-09, Case Service Payments.

Medicaid payment issues must be promptly addressed. Failure to seek early resolution may result in a claim denial due to untimely submission within the CHAMPS authorization time frame.

Health Identification Cards

Two health identification cards are issued for all children enrolled into an MHP:

- mihealth card from the State of Michigan.
- MHP member ID card from the Medicaid health plan.

Children entering foster care who are covered by Medicaid will have a mihealth card and if in a health plan, will have an MHP member ID card issued to their family. The cards are the child's permanent ID cards. Efforts must be made to obtain the cards from

the family. If the card cannot be obtained, replacement cards can be requested through the respective provider.

- Both health care ID cards are required for all health services (doctor visits, pharmacy, hospital, or any other medical provider).
- The provider requires the mihealth card and MHP member ID card to verify Medicaid and MHP eligibility.
- The original cards are given to the caregiver. The case manager must ensure the two ID cards are transferred to the legal parent when reunification occurs or to the new caregiver (replacements/moves).
- Youth in independent living placements must receive the youth's mihealth card (Medicaid) and Medicaid Health Plan (MHP) member ID card to access health care services.
- Copies of the cards are to be made and filed in the child's case file and is uploaded into the electronic case record Health Profile Section.

Note: The DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment, card is also required to show that the caregiver is authorized to secure routine, nonsurgical medical care and emergency medical and surgical treatment for the child in foster care; see FOM 801-04, Consent for Health Treatment and Care.

FOSTER CARE TRANSITIONAL MEDICAID

Youth who age out of foster care, in any state, at the age of 18, 19, and 20 are eligible for Foster Care Transitional Medicaid (FCTMA) to age 26 once the foster care Medicaid case is closed. FCTMA is not available for active foster care cases. See Young Adult Voluntary Foster Care (YAVFC*)* in this policy item for more information.

Youth Eligibility Criteria

For FCTMA eligibility, the youth or former foster care youth must meet the following criteria:

- Is under 26 years of age.
- **At the time of the youth's 18th birthday,** was:
  - Under the responsibility of MDHHS or a tribal court, or under the responsibility of the child welfare system in any other state **and**
  - In an out-of-home placement (including AWOLP).

Additional information is available in BEM 118, Foster Care Transition Medicaid (FCTMA).

Absent Without Legal Permission (AWOLP)

A youth's absence from a foster care placement upon reaching the youth's 18th birthday does not exclude them from meeting FCTMA eligibility requirements. AWOLP youth with an open foster case remain under MDHHS responsibility.

FCTMA will not be activated for an AWOLP youth at case closure due to the youth's unknown location. If the youth contacts the former case manager or the MDHHS foster care office in the youth's current county of residence, a manual referral must be made for FCTMA provided the eligibility requirements are met. The youth must have a valid mailing address.

Note: Returning AWOLP youth that remain on an active foster care case will continue to receive the Medicaid established prior to their absence. FCTMA is not available for active foster care cases.

Juvenile Justice Youth

Youth within the MDHHS juvenile justice program may also be eligible for FCTMA. A youth with a juvenile justice case must meet all FCTMA eligibility criteria.

Ineligible Youth

The following youth are not eligible for FCTMA:

- Juvenile justice youth who are not in an out-of-home placement supervised by MDHHS or tribal court on the youth's 18th birthday.
- Youth returned to the parental home prior to the youth's 18th birthday.

- Youth placed with a legal guardian or adoptive parent prior to the youth's 18th birthday.
- Youth with foster care case closures or dismissals prior to the youth's 18th birthday.

Procedures for Enrollment

Prior to enrollment in FCTMA, the following must be in place:

- The MA-FCDW must be closed.
- The youth must have a current valid mailing address in the electronic case management system upon foster care case closure.

Automatic FCTMA Referral

Automatic referrals to FCTMA are triggered during the case closure process when emancipation is entered as the electronic case record Custody End Reason. A manual FCTMA referral is used for all other custody end reasons (see below).

At case closure, update the electronic case management system placement record to reflect the youth’s current living arrangement and address. All information pertaining to FCTMA will be sent to the last address listed in the electronic case management system. This address is transferred to Bridges during the automatic referral process. If the youth is moving to another address after case closure, notify the FCTMA Unit by email or by phone; see below.

Manual FCTMA Referral

The DHS-57, Foster Care Transitional Medicaid Referral, must be completed for eligible youth with any one of the following situations:

- The electronic case management system custody end reason is not emancipation.
- The electronic case management system case is being closed and the living arrangement is the parental home (youth returned to home after reaching age 18).

Do not make a manual referral for FCTMA, if any one of the following applies:

- Youth is AWOLP at case closure, and youth's location is unknown. (If the youth later contacts the former case manager or MDHHS foster care office in the youth's county of residence, a referral can be made at that time.)

- Youth chooses to remain in foster care after the youth's 18th birthday and remains eligible for the current Medicaid plan (MA-FCDW).

- Youth is living in an out-of-state placement.

The DHS-57, Foster Care Transitional Medicaid Referral, must be submitted when the Medicaid case is closing. FCTMA is inaccessible while the Medicaid related to an active foster care case is open. Submission of the DHS-57 informs the FCTMA Unit to open FCTMA. Attempts to process the referral prior to the closure of the foster care Medicaid case will result in a denial of FCTMA and the referral process will need to be repeated.

Submit the DHS-57 to the FCTMA Unit:

- Electronically to the FCTMA Mailbox (FCTMA@michigan.gov).
- By fax to (517) 432-6079.

For questions, contact the FCTMA Unit at (800) 343 -7320.

Placement Agency Foster Care (PAFC) Case Manager Process

To preclude duplication of referrals and ensure FCTMA eligibility is accurately determined prior to submission to the FCTMA Unit, the DHS-57 must be signed and submitted by the MDHHS case manager, monitor, or other MDHHS designee only. The PAFC case manager must forward the completed DHS-57 to the MDHHS monitor to verify eligibility, provide signature, and to submit eligible FCTMA referrals to the FCTMA unit.

Notification Process

After a referral has been submitted for FCTMA, the FCTMA Unit:

- Certifies the youth's eligibility in Bridges.
- Sends a notice of case action letter to the youth. If the youth is eligible, the letter will indicate that the youth has been enrolled in FCTMA.

Required Information for Youth

Prior to closing the foster care Medicaid (MA-FCDW) case, the case manager will provide the youth with the following information:

- Youth receiving FCTMA will continue to be Medicaid eligible through the month of their 26th birthday, regardless of the state they live or have lived in.
- A copy of the Guide to Michigan Medicaid Health Plans Quality Checkup, (updated annually). The case manager must review the guide with the youth.
- MHP enrollment information as outlined below.

FCTMA and Medicaid Health Plans

Upon enrollment into FCTMA, the Medicaid coverage is as follows:

- If the youth was enrolled in an MHP at the point of FCTMA referral and remains residing in the same county, the youth will remain enrolled with the current MHP.
- If the youth was receiving FFS Medicaid or has moved outside of the youth's MHP service area at the point of referral, MI Enrolls will mail an MHP enrollment packet to the youth at the address indicated on the referral.

Frequently asked questions and additional information regarding FCTMA is located on the Foster Youth in Transition (FYIT) website, under Health and Wellness - Insurance - Foster Care Transitional Medicaid.

Documentation

The case manager must:

- Place a copy of the DHS-57, Foster Care Transitional Medicaid Referral, form in the case file, if applicable.
- Document discussion of FCTMA with the youth on the DHS-902, 90-Day Discharge Plan.

YOUNG ADULT VOLUNTARY FOSTER CARE

Youth in the Young Adult Voluntary Foster Care (YAVFC) program are categorically eligible for Medicaid. The youth's foster care case status or a physical or mental disability determines which type of medical assistance is provided. YAVFC youth will receive one of the following types of Medicaid:

- MA-FCDW.
- FCTMA.
- MA-SSI.

MA-FCDW

Youth entering YAVFC by extending an open foster care case continue to receive MA-FCDW. **Do not close MA-FCDW.**

FCTMA

Youth entering/re-entering YAVFC after foster care case closure are eligible for and provided FCTMA. Youth entering or re-entering YAVFC with current FCTMA remain in FCTMA. **Do not open MA-FCDW for youth with FCTMA.**

Youth entering YAVFC without FCTMA or any other Medicaid benefit must be enrolled in FCTMA. The case manager must follow the FCTMA enrollment process as specified in the FCTMA Procedures for Enrollment in this section. The FCTMA enrollment must be initiated immediately for any eligible youth requesting to participate in YAVFC. The YAVFC agreement **does not** need to be in effect for the eligible youth to receive FCTMA.

MA-SSI

Youth currently receiving SSI benefits are provided MA-SSI. Ongoing MA-SSI eligibility begins the first day of the month of SSI entitlement. Youth with MA-SSI who are extending an open foster care case, entering or re-entering YAVFC after case closure retain MA-SSI, if the SSI is active.

LEGAL BASE

Federal

Social Security Act, 42 USC § 1382 et seq.

Social Security Act, 42 USC §1396 et seq.

42 CFR 435.10

42 CFR 435.145

42 CFR 435.150

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

AUTO-ASSIGNMENT

The process of automatically assigning a beneficiary to a Medicaid Health Plan using a Michigan Department of Health and Human Services (MDHHS) approved algorithm. A beneficiary is auto assigned when s/he or the authorized representative does not voluntarily pick a health plan within the required period of time (approximately 22 to 28 calendar days).

BENEFICIARY

A person eligible for or receiving benefits under an insurance policy or plan, Medicare, or Medicaid program. This term is used by health and insurance staff and refers to the child in foster care.

BRIDGES

Eligibility system operated by MDHHS.

CARECONNECT360

CareConnect360 is a care management tool and Internet portal that is used by foster care and juvenile justice staff to access integrated physical and behavioral health-related information – along with other human services information about Medicaid (foster care and juvenile justice) beneficiaries.

CHAMPS

The Community Health Automated Medicaid Processing System (CHAMPS) is the web-based MDHHS claims processing system. The CHAMPS data system provides Medicaid related information including payments and beneficiary verification to providers and other authorized users.

CMH OR CMHSP

Abbreviation for Community Mental Health (CMH) or Community Mental Health Services Program (CMHSP). Each county has a local CMH program that provides supports and services to persons with mental illness, adults and children with developmental disabilities and children with serious emotional disturbances. For a description of CMH services for children, go to MDHHS website Adult & Children's Services/Foster Care/Fostering Mental Health.

COMMITMENT PERIOD (ALSO KNOWN AS LOCK IN)

Commitment period describes the period during which termination of the specific Medicaid Health Plan (MHP) enrollment is not possible. The MHP can be changed during the first 90 days of enrollment. After the child has been enrolled in his/her plan for more than 90 days, he/she is committed (locked in) to that specific MHP until the annual open enrollment period.

COPAYMENT (ALSO KNOWN AS CO-PAY)

A payment that beneficiaries must pay at the time of service. Fee-for-service Medicaid and some Medicaid Health Plans have co-pays for beneficiaries age 21 and older. One example is a one dollar ($1) co-pay for generic prescriptions.

CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS)

A program, formerly known as the Crippled Children's Program, for children with chronic serious illness, disease or disability that requires extensive specialty care.

The program is available to all families regardless of income or health insurance. CSHCS assists with:

- Payment for specialty medical care needs.
- Arrangement for supplies and equipment.
- Referral to specialists and other community resources.
- Coordination of services.

CUT-OFF DATE

The date when an effective date of health plan enrollment would change. For example, an enrollment processed before cut-off is effective the first of the next month. A health plan enrollment processed after cut-off is effective the first of the next available month. Also known as card cut-off.

DURABLE MEDICAL EQUIPMENT (DME)

Term used to describe medical equipment prescribed by a medical provider and used in the home to aid in a better quality of living. DME may include but is not limited to the following: iron lungs, oxygen tents, hospital beds, wheelchairs, blood glucose monitors for diabetics, portable toilets, canes, lifts, and other similar equipment.

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM (EPSDT)

EPSDT is a Medicaid child health program of early and periodic screening, diagnosis, and treatment services for beneficiaries under the age of 21. It supports two goals: to ensure access to necessary health resources and to assist parents and guardians in appropriate use of those resources. Detailed information is provided in FOM 801, Health Care Services for Children in Foster Care.

EFFECTIVE DATE OF ENROLLMENT

The date on which the coverage for a Medicaid Health Plan goes into effect. This is always on the first day of a month. Also called the enrollment begin or start date.

EXCEPTION TO MANAGED CARE ENROLLMENT

A process by which a Medicaid beneficiary can voluntarily request to remain in Fee-for-Service (FFS) Medicaid and not be required to join a Medicaid Health Plan. The caseworker contacts Michigan ENROLLS (1-888-367-6557) for the Medical Exception Request. MDHHS approves a medical exception in very limited situations. Also known as Medical Exception.

EXCLUDED ENROLLMENT STATUS

The enrollment status given to any Medicaid beneficiary who cannot enroll in a health plan. An example is beneficiaries who have both Medicaid and Medicare.

EX PARTE REVIEW

A determination made by the department without the involvement of the recipient, the recipient's parents, spouse, authorized representative, guardian, or other members of the recipient's household. A Medicaid ex parte review is based on a review of all materials available to the specialist that may be found in the recipient's current Medicaid eligibility case file.

FEE-FOR-SERVICE (FFS) MEDICAID

Also known as traditional, regular, or straight Medicaid. Medicaid pays the providers. FFS Medicaid screens for the services provided to FFS beneficiaries for medically necessary services. Beneficiaries age 21 and over have co-payments on certain services due at the time the services are provided. Beneficiaries with FFS are not enrolled in a Medicaid Health Plan and can see any provider that accepts Medicaid FFS.

HEALTH LIAISON OFFICER

The primary role of the MDHHS Health Liaison Officer (HLO) is to promote and ensure improved health outcomes for children in foster care. An HLO is allocated to all MDHHS foster care offices. The individual tasks related to the position can be found in FOM 801, Health Liaison Officer.

HEALTH MAINTENANCE ORGANIZATION (HMO)

An HMO is a network of doctors, specialists, hospitals, pharmacies, and other ancillary providers that is licensed by the State of Michigan to provide health care services to enrolled members.

HIPAA

Health Insurance Portability and Accountability Act (HIPAA) was passed in 1996 to protect a patient's health information and ensure accountability. Health plans, medical billing, and health care providers are subject to strict rules regarding the electronic transmission of information regarding a patient's health.

INFORMED CONSENT

An informed consent is consent for treatment, provided after an explanation from the prescribing clinician to the consenting party of the proposed treatment, expected outcomes, side effects, and risks. The DHS-1643, Psychotropic Medication Informed Consent, or the prescribing clinician's alternative consent form that contains all of the required elements of the DHS-1643 as determined by the Foster Care Psychotropic Medication Unit (FC-PMOU), must be used to document this discussion between the prescribing clinician and the consenting party, when psychotropic medications ae prescribed.

IN LOCO PARENTIS

Latin for in the place of a parent, refers to the legal responsibility of a person or organization to take on some of the functions and responsibilities of a parent.

LOCK IN

See Commitment Period.

MANAGED CARE

A health care delivery system that provides or makes arrangements for all medically necessary health services for its beneficiaries.

MANAGED CARE ORGANIZATION (MCO)

This refers to a Medicaid Health Plan. It is also known as a Medicaid Health Plan (MHP) or Health Maintenance Organization (HMO).

MANDATORY ENROLLMENT STATUS

An enrollment status given to a Medicaid beneficiary who must enroll in a Medicaid Health Plan.

MEDICAID HEALTH PLANS (MHP)

Managed care organizations providing for the delivery of comprehensive health care services to Medicaid enrollees in exchange for a fixed, prepaid sum without regard to the frequency, extent, or kind of health care services. Medicaid Health Plans provide a number of health care services to enrollees including, but not limited to: Early and Periodic Screening, Diagnosis and Treatment services, lead screening, office visits (such as well-child, routine and sick visits, school and sports physical exams and routine and preventative care), and outpatient behavioral health services for children and youth with mild to moderate emotional disturbance.

MEDICAID PROGRAM CODES

Medicaid Program Code	Program Description	Medicaid Health Plan Enrollment Status
E	Medicaid for disabled SSI recipients	Mandatory
O	Medicaid for the blind	Mandatory
B	Medicaid for the blind SSI recipients	Mandatory
L	MICH Care Medicaid and Medicaid for pregnant women	Mandatory
I	Refugee Assistance Program	Excluded
Q	Medicaid for persons under 21	Mandatory
N	Medicaid for caretaker relatives and families with dependent children	Mandatory
C	Aid to families with dependent children	Mandatory
P	Medicaid for the disabled	Mandatory

MEDICATION REVIEW

The evaluation and monitoring of medicines used to treat a person's mental health condition, their effects, and the need for continuing or changing medicines for a patient.

MEDICARE

A federal health care program for the elderly or disabled. If a Medicaid beneficiary also has Medicare, s/he has an excluded enrollment status from Medicaid Health Plans.

MI ENROLLS

Michigan Enrolls (MI Enrolls) is the state's contracted enrollment broker through MDHHS. Medicaid Health Plan enrollment activity is facilitated through MI Enrolls.

OPEN ENROLLMENT

The month during which a beneficiary enrolled in an MHP is given the opportunity to change to a different plan. An open enrollment for MHP beneficiaries occurs annually.

PARTICIPATING PROVIDER (ALSO KNOWN AS A PAR PROVIDER)

A provider who is credentialed and contracted with a Medicaid Health Plan to provide services to that plan's members.

PHARMACIES

Medicaid Health Plans have very complete pharmacy networks and most contract with all major pharmacy chains. Check the Medicaid Health Plan web sites for details or ask local pharmacies which Medicaid Health Plans are accepted.

PIHP

Acronym for Prepaid Inpatient Health Plan which is an organization that is responsible for managing Medicaid services related to behavioral health and developmental disabilities typically delivered by the Community Mental Health Services Programs (CMHSPs).

PRIMARY CARE PHYSICIAN (PCP)

This is the term for a doctor that is responsible for a beneficiary's basic medical care. MHP beneficiaries must work with their PCP for all their health care needs, including specialty services. A primary care provider may be a family or general practitioner, an internist, a pediatrician, or sometimes an OB/GYN. MI Enrolls can help find a PCP during the MHP call-in enrollment process. Also known as primary care provider.

PRIOR AUTHORIZATION (PA)

For some services, Medicaid FFS or a Medicaid Health Plan requires providers to obtain prior approval before payment is made for a service. Examples of services that may require a PA include prescriptions or medical equipment. The provider is the only one who can request a prior authorization; see definition to provider in this item.

PROTECTED HEALTH INFORMATION (PHI)

Protected health information (PHI), also referred to as personal health information.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule provides federal protections for protected/personal health information (PHI) held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes.

PROSPECTIVE

In the future.

PROVIDER

An individual or organization enrolled in the Medicaid program that provides services or supplies to beneficiaries, or an individual or

organization that is credentialed and contracted with a Medicaid Health Plan. A provider may be a primary care physician (PCP), outpatient clinic, specialist, hospital, urgent care, durable medical equipment (DME) provider, or Medicaid Health Plan.

Note: Some providers who contract with Medicaid Health Plans are not Medicaid enrolled providers. Beneficiaries can only go to non-Medicaid providers if they are enrolled in a plan that participates with that provider.

PROVIDER NETWORK

Medicaid Health Plans have a network of providers including, but not limited: to primary care physicians, specialists, pharmacies, hospitals, labs, durable medical equipment providers (DMEs), and outpatient clinics. Check the Medicaid Health Plan web sites for provider network information.

REFERRAL

The process of sending a patient from one practitioner to another for health care services. Medicaid Health Plans (MHPs) may require that designated primary care providers authorize a referral for coverage of specialty services. Normally, this type of referral means a written order from the enrollee's primary care doctor for the enrollee to see a specialist or get certain services. In many HMOs or MHPs, a referral must be made before the enrollee can obtain care from anyone except the primary care doctor. Without a formal referral, the plan may not pay for the care; see *primary care physician* in this item.

RE-ENROLLMENT

When a Medicaid beneficiary loses eligibility, or when a case number changes, that beneficiary’s enrollment in the Medicaid Health Plan is ended. If the beneficiary regains Medicaid eligibility within 60 days (includes case number changes), MI Enrolls will automatically re-enroll the beneficiary in the Medicaid Health Plan for the next available month. MI Enrolls mails a letter telling the beneficiary (or the authorized representative) about the re-enrollment, including the effective date.

REMINDER LIST

The list of children within foster care who have not enrolled in a Medicaid Health Plan and will be auto assigned if a preferred choice is not made soon. A designated MDHHS point of contact receives the statewide list electronically on a weekly basis. A child name will only appear once on a list and will not be included on subsequent reports if the auto assignment has not been processed the following week.

ROUTINE MEDICAL CARE

See Routine, Non-surgical Medical Care Defined in FOM 801, Health Services for Foster Children.

SED

An acronym for Serious Emotional Disturbance (SED), and as defined by the Michigan Association of Children's Mental Health SED is a diagnosable mental, behavioral or emotional disorder affecting a child that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders (DSM). The child's condition must result in functional impairment that substantially interferes with or limits his/her functioning in family, school, or community activities.

THIRD PARTY LIABILITY (TPL)

A third party is any individual, entity, or program that is, or may be, liable to pay for any medical assistance provided to a Medicaid beneficiary under the approved state Medicaid plan.

Federal law and regulations require states to ensure Medicaid beneficiaries use all other resources available to them to pay for all or part of their medical care before turning to Medicaid. The State Medicaid program pays only after the third party has met its legal obligation to pay.

VOLUNTARY ENROLLMENT STATUS

An enrollment status given to a beneficiary who may either enroll in a Medicaid Health Plan or in fee-for-service Medicaid. Voluntary beneficiaries may disenroll from any health plan at any time upon request. Examples of beneficiaries with a voluntary enrollment status are American Indians and migrants.

INTRODUCTION

To make a determination of how to pay for a placement, staff must be able to identify the specific legal status and living arrangement of the child. To facilitate this determination, definitions of legal statuses are included in this item; see FOM 901-7, Service Types and Living Arrangements and FOM 901-8, Fund Sources.

LEGAL REQUIREMENTS

Legal authority for MDHHS to provide, purchase or participate in the cost of out-of-home care for a child has been established in state law: the Juvenile Code, MCL 712A.1 et seq.; the Social Welfare Act, MCL 400.1 et seq.; the Michigan Children's Institute Act, MCL 400.201 et seq.; the Michigan Adoption Code, MCL 710.21 et seq.; and the Youth Rehabilitation Services Act, MCL 803.301, et seq. These laws specify the method of MDHHS participation in the cost of care.

Children come within the jurisdiction of the court due to delinquency or abuse/neglect situations as defined in the Juvenile Code. For delinquency cases, the court may retain responsibility for the child, or may make the child the responsibility of MDHHS through either a placement and care order or a state ward commitment order. For abuse/neglect cases, the court makes the child the responsibility of MDHHS through either a placement and care order or a state ward commitment order.

Title IV-E of the Social Security Act provides federal financial participation in the cost of foster care for a child who is title IV-E eligible. This legislation places certain restrictions on this federal financial participation. An explanation of all requirements can be found in FOM 902, Funding Determinations and Title IV-E Eligibility.

LEGAL STATUS

These are the legal status codes:

- **Legal Status 40 - Delinquent Court Ward:** A child who has been determined by the court to come within its jurisdiction due to a violation of the delinquency section of the Juvenile Code. The court may issue an order that **refers** the child to MDHHS for placement and care responsibility under MCL 400.55(h). The court retains responsibility for judicial review of the child's case. This legal status can be used even if the court does not refer the child to MDHHS.

- **Legal Status 41 - Permanent Court Ward (Abuse/Neglect):** A child whose parents' rights have been terminated by the court with jurisdiction over the child. Following termination, the child is **referred** to MDHHS under MCL 400.55(h) **without commitment** to the Michigan Children's Institute (MCI). The court retains legal authority and responsibility for the permanent court ward.

- **Legal Status 42 - Temporary Court Ward (Abuse/Neglect)**: A child who has been determined by the court to come within its jurisdiction due to the parents' unwillingness or inability to provide adequate or appropriate care. In this situation, parental rights to the child have **not** been terminated. The court issues an order making the youth the responsibility of MDHHS for placement and care while retaining the responsibility for judicial review.

- **Legal Status 42 - Temporary Court Ward In Home Placement:** A child who was in an out-of-home placement, but has since been returned to a parental home placement within 7 days of removal and is reverting to a Child Protective Services (CPS) ongoing case. See FOM 722-01, Entry Into Foster Care.

- **Legal Status 43 - Court Ward - Supervised Adoption:** A child who has been placed for adoption, but the adoption has not been finalized. For MCI wards a child is placed for adoption after the court has accepted the MCI Superintendent's consent to adoption, terminated the MCI Superintendent's rights regarding the child, and placed the child for purposes of adoption under MCL 710.51. This is most often completed on the PCA 320, Order Placing Child After Consent.

- **Legal Status 44 - State Ward (Abuse/Neglect)**: A child who has been **committed** to MDHHS following termination of parental rights by the court with jurisdiction over the child. MDHHS acquires legal authority over the child as a result of either:

  - Public Act 220 of 1935 - Upon termination of parental rights of all legal parents, the court commits the child to the MDHHS pursuant to MCL 400.203. Such a child is considered a ward of the Michigan Children's Institute (MCI). The MCI Superintendent is the child's legal guardian.

- Public Act 296 of 1974 - Parent(s) voluntarily relinquish (release) their parental rights. Following release, the court commits the child to the MDHHS pursuant to MCL 710.29(7). A private child placing agency, to whom a release was given, may release the child to MDHHS. A state ward under this statute is treated as an MCI ward. To be considered an Act 296 ward, one of the following three scenarios must have happened:
  - All legal parents voluntarily released their parental rights.
  - An involuntary termination of one parent's parental rights occurs under the Juvenile Code. If there are two legal parents, the other parent voluntarily relinquished their parental rights under the Adoption Code later.
  - One parent is deceased. The other parent later voluntarily released their parental rights.

- **Legal Status 45 - State Ward - Temporary Observation (MCI-O)**: A temporary court ward (abuse/neglect) or a permanent court ward for whom the court has issued a temporary commitment order to MDHHS under MCL 400.203, for a period not to exceed 90 days. At the request of MDHHS and the concurrence of the court (by issuing a supplemental order), this temporary commitment may be extended.

- **Legal Status 46 - State Ward - Delinquent - Act 150**: A child who has been **committed** to MDHHS under the Youth Rehabilitation Services Act, according to one of the following requirements:
  - The child is at least 12 years of age at the time of commitment by the court, and the offense for which the child is committed occurred prior to the child's 17th birthday.
  - The child is at least 14 years of age when committed to MDHHS by a court of general criminal jurisdiction.

- **Legal Status 47 - OTI - Delinquency:** A child who is under the jurisdiction of another state for a delinquency matter and residing in Michigan under MDHHS supervision.

- **Legal Status 48 - OTI - Abuse/Neglect:** A child who is under the jurisdiction of another state for an abuse/neglect matter and residing in Michigan under MDHHS supervision.

- **Legal Status 49 - OTI - Adoption:** A child who is under the jurisdiction of another state for an adoption matter and residing in Michigan under MDHHS supervision.

- **Legal Status - 50 - Non-Ward with a Delinquent Petition Filed:** A youth convicted of a criminal offense that was waived to adult proceedings. In these situations MDHHS completes a pre-sentence investigation (PSI) report for the adult court but has no supervision responsibilities. Also used for direct court placements of court wards at state facilities. When a JJ intake is completed in MiSACWIS, the youth's legal status automatically defaults to 50.

- **Legal Status 51 - Former MCI Ward**: A child who is a former MCI ward, but whose foster care case remains open voluntarily and continues to receive services from the department. This legal status is only used once a youth reaches age 19. Until age 19, the youth's abuse/neglect legal status remains a 44 even if the court case has been closed.

- **Legal Status 51 - No Court Involvement/Voluntary Foster Care:** This includes children who have been voluntarily placed with MDHHS in out-of-home care for a limited period of time at the request of the parent(s) or legal guardian(s) without court involvement; see FOM 722-01, Entry Into Foster Care.

- **Legal Status 52 - Dual Wardship**: A child who is a state ward under **both** the Michigan Children's Institute Act and the Youth Rehabilitation Services Act.

- **Legal Status 55 - Youth in Transition (YIT):** A youth whose foster care or delinquency case was closed and is only receiving YIT services.

- **Legal Status 56 - Young Adult Voluntary Foster Care (YAVFC):** A youth who is eligible for and participating in the YAVFC program.

- **Legal Status 80 - Temporary Court Ward In Home Placement (legal status 42) and Delinquent Court Ward (legal status 40):** A child has both legal statuses.

- **Legal Status 82 - Temporary Court Ward In Home Placement (legal status 42) and State Ward - Delinquent Act 150 (legal status 46):** A child who has both legal statuses. For payments, this child is treated as a state ward delinquent Act 150 (legal status 46)

- **Legal Status 90 - Delinquent Court Ward (legal status 40) and Temporary Court Ward (legal status 42):** A child who has both legal statuses. For payments, this child is treated as a temporary court ward.

- **Legal Status 91 - Delinquent Court Ward (legal status 40) and Permanent Court Ward (legal status 41):** A child who has both legal statuses. For payments, this child is treated as a permanent court ward (legal status 41).

- **Legal Status 92 - State Ward Delinquent Act 150 (legal status 46) and Temporary Court Ward (legal status 42):** A child who has both legal statuses. For payments, this child is treated as a state ward delinquent Act 150 (legal status 46).

- **Legal Status 93 - State Ward Delinquent Act 150 (legal status 46) and Permanent Court Ward (legal status 41):** A child who has both legal statuses. For payments, this child is treated as a state ward delinquent Act 150 (legal status 46).

- **Legal Status 94 - Delinquent Court Ward (legal status 40) and State Ward (legal status 44):** A child who has both legal statuses. For payments, this child is treated as a state ward (legal status 44).

- **Legal Status 97 - Adoption Assistance:** A child whose adoption is finalized and who may be receiving services from the adoption assistance program.

- **Legal Status - GAP:** A child who is in the subsidized guardianship assistance program (GAP).

OVERVIEW

The following service types and living arrangements are the only possibilities that may be identified for a child. The case manager must update the service type and living arrangement in the electronic case record each time the child changes placement.

Note: Any out-of-state living arrangement requires approval from the Michigan Interstate Compact Office; see ICM 100, Interstate Compact on the Placement of Children (ICPC) Overview.

AWOLP

Absent without legal permission (AWOLP) for an abuse/neglect child, is a child who ran away from their placement or who has not yet entered a placement because they cannot be located. All AWOLP policies must be followed as outlined in FOM 722-03A, Absent without Legal Permission (AWOLP).

Adoptive Home

Adoptive home placement change is made once the PCA-320, Order Placing Child After Consent or similar is signed by the judge.

Adult Foster Care Home

An adult foster care home (AFC) is a home licensed by the Licensing and Regulatory Affairs (LARA). A child must be 16 years old to be placed in an AFC home; see FOM 722-03C, Older Youth: Preparation, Placement, and Discharge.

Agency Overnight Stay

A placement cannot be immediately located which requires the child to remain at the agency overnight.

Example: The child is removed on 12/1 at 6pm and remains at the agency until 12am on 12/2 while the case manager is looking for a placement. This agency overnight stay living arrangement would be used for 12/1. The foster home placement would be added for 12/2 since the child was placed after 12am.

Child Caring Institution

A child caring institution (CCI) is a privately operated, licensed residential treatment facility. This includes small community-based facilities operated by the private sector.

- CCI.
- Out-of-state CCI.
- Emergency residential shelter.
- Runaway service facility.

Court Treatment Facility

Court- or county-operated residential care centers.

Detention

Court, county, or state-operated short-term secure facility.

Escape

A delinquency child who ran away from their placement or who has not yet entered a placement because they cannot be located. All AWOLP policies must be followed as outlined in JJM 410, Placement Selection and Standards.

Foster Home

Licensed, unrelated family foster home placement, or a licensed or unlicensed, non-legally responsible relative; see FOM 722-03B, Relative Engagement and Placement for the definition of a relative for placement purposes.

- Licensed unrelated foster home.
- Out-of-state foster home.
- Out-of-state unlicensed relative home.
- Out-of-state licensed relative home.
- Licensed/unlicensed relative home who will receive payment from the electronic case management system.

Note: All relatives, who are unlicensed at the time of placement, must be approved. Initial approval occurs with the completion of the MDHHS-5770 Relative Approval & Placement Safety Screen. Final approval is achieved when the relative(s) fingerprint results are obtained, the case manager completes the fingerprint assessment, and the assessment is approved by the supervisor. The date final

approval begins is when the fingerprint assessment is approved in the electronic case management system.

Hospital

Placement is to be used for medical or psychiatric care.

- Medical hospital.
- Psychiatric hospital.

Independent Living

Child's own residence, including living in the residence of an adult who has no supervisory responsibility for the child.

- Rental home/apartment.
- College dormitory.
- Unrelated caregiver.
- Licensed/unlicensed relative home.
- Friend/partner home.

Jail

Placement in an adult jail setting. A child placed in a juvenile detention facility would not use this living arrangement.

Legal Guardian

Related or non-related individual appointed by the court. This unpaid service type is to be entered into the electronic case management system effective the date the court order is signed by the judge appointing the guardian prior to case closure.

- EPIC guardianship home.
- Juvenile guardianship home.

MDHHS Secure Residential Facilities

Bay Pines Center or Shawono Center are Michigan Department of Health and Human Services (MDHHS) operated residential treatment program secure facilities for juvenile justice youth.

Parental Home

- Custodial parent, non-custodial parent, respondent parent, non-respondent parent, adoptive parent, legal parent, or biological parent(s) whose parental rights were previously

terminated. Putative parents are **not** included in this service type; see *Unrelated Caregiver* in this item.

- A child does not change to a parental home placement unless and until the court orders the child returned to the parent's care and custody. This does not include when a parent merely resides in the same home as the child. Examples of parental home placements include:
  - A child is placed with a grandparent. The child's legal parent moves into the home of the grandparent on 6/1. The court later issues an order on 10/1 ordering the child returned to the parent. The parental home placement is entered on 10/1 when the parent is legally responsible for the child's care.
  - A child is residing with their youth parent, the youth parent is in foster care, and the court has **not** removed the youth parent's child and placed that child with the MDHHS.
  - A child who is under court jurisdiction and has been released to their youth parent under MDHHS supervision.
- Out-of-state parental home.
- Terminated parental home, this living arrangement is used when a child is placed into the home of their parent whose rights have been terminated.

QRTP Child Caring Institution

Qualified residential treatment programs (QRTP) are identified as meeting federal requirements and are identified per their contract.

- CCI.
- Out-of-state CCI.

Relative Caregiver

A relative caregiver includes a relative placement or a relative who will receive a government benefit in lieu of a foster care payment; see FOM 722-03B, Relative Engagement and Placement for the definition of a relative for placement purposes.

Note: All relatives, who are unlicensed at the time of placement, must be approved. Initial approval occurs with the completion of the MDHHS-5770 Relative Approval & Placement Safety Screen. Final

approval is achieved when the relative(s) fingerprint results are obtained, the case manager completes the fingerprint assessment, and the assessment is approved by the supervisor. The date final approval begins is when the fingerprint assessment is approved in the electronic case management system.

Runaway Service Facility

Under contract with MDHHS, a private, non-profit corporation that provides temporary shelter care for a child voluntarily requesting this service.

Treatment Foster Care

Provided in limited counties by specific providers. Treatment foster home placements must be approved through a placement exception request (PER); see FOM 903-3, Payment for Foster Family/Relative Care.

Unrelated Caregiver

Unlicensed individual, not related to the child by blood, marriage, or adoption who does not meet the relative definition in FOM 722-03B, Relative Engagement and Placement. Putative parents are included in this service type.

POLICY CONTACT

Question about this policy item may be directed to Child-Welfare-Policy@michigan.gov.

OVERVIEW

This policy outlines fund sources utilized in paying for out-of-home care for children. The fund source is determined by a combination of factors including legal status, living arrangement, and federal regulations.

OUT-OF-HOME PLACEMENTS

Payments for out-of-home placement (hereafter called foster care payments) are made from legally defined fund sources for which specific eligibility must be determined. Funding comes from federal, state, and county monies.

In addition to determining the appropriate fund source for a child, an evaluation of the child's eligibility for other government benefits must be conducted. If the child may be eligible for or is currently receiving government benefits a DHS-3205, Foster Care/Juvenile Justice Benefit Eligibility Record, must be sent to the Government Benefits Unit Mailbox (MDHHS-govtbenefits@michigan.gov).

To appropriately determine the fund source to pay for out-of-home care, staff must review the legal status, living arrangement, and federal regulations.

PAYMENT FOR OWN HOME PLACEMENTS

Foster care payments are not to be made for a child living in their parent's home; see FOM 901-7, Service Types and Living Arrangements. If the family is in need, based on public assistance standards, family programs such as the Family Independence Program (FIP) are to be used. This includes when a parent resides in the same home as the child.

Supplemental Security Income (SSI) may also be an appropriate source of income for children living at home who have a qualifying disability; see FOM 902-12, Government and Other Benefits.

FUNDING SOURCES

Title IV-E Funding

Title IV-E funds are established by section title IV-E of the Social Security Act to provide federal financial participation in the administrative costs and foster care maintenance payments for

children; see FOM 902, Funding Determinations and Title IV-E Eligibility.

County Child Care Funding

Child care fund (CCF) is a state legislative appropriation to partially reimburse counties for the cost of foster care and other services provided for court wards; see SRF 904, Child Care Fund Handbook Published Policies and Business Procedures.

State Ward Board and Care Funding

State ward board and care (SWBC) is the state legislative appropriation to provide payment of foster care costs for state wards who are not eligible for title IV-E, or the placement/service is not title IV-E reimbursable; see FOM 902, Funding Determinations and Title IV-E Eligibility.

SWBC funds are available to support children in out-of-home placements under certain conditions. SWBC funds may be used to reimburse the foster family, placement agency foster care (PAFC) provider or residential facility provided, for certain intermittent or case service payments, and for independent living payments to the child if all the following criteria are met:

- The child is a state ward committed to the Michigan Department of Health and Human Services (MDHHS) under Act 150 (Delinquent), Act 220 (MCI or MCI-O), or Act 296 (Adoption Voluntary Release).
- The child is in a MDHHS supervised and approved out-of-home placement. This includes placement through a PAFC provider.
- The child (or the placement) is not eligible for title IV-E funding.
- The child has not attained age 19. An exception is a P.A. 150 state ward who has had court jurisdiction extended to age 21 due to a class I or II criminal offense; see FOM 903-08, Payments Requiring Special Processing.

Limited Term/ Emergency/ General Fund

Limited term/emergency/general fund is a limited fund source providing foster care payment and service under the following specific circumstances:

- Former MCI wards between age 19 and 20 who are in foster care or independent living.
  - Limited term and emergency foster care may be used to meet the living expenses of former MCI wards but funding is not to extend on or after the child's 20th birthday; see FOM 903-08, Payments Requiring Special Processing.
  - Payment for the basic board and care rate will be made for children placed in family foster care, independent living, or adult foster care (AFC) homes as a case service payment. Payments for determination of care (DOC) supplements, administrative rates, the cost of residential care, or costs that exceed the AFC rates established in ASM 077, ACP SSI/SDI Provider Rates, are **not** covered.
- Voluntary foster care for children under specific requirements; see FOM 722-01, Entry Into Foster Care for further details. Open a voluntary foster care case in the electronic case management system through the non-CPS intake process with legal status 51 No Court Involvement/Voluntary Foster Care and fund source limited term/emergency/general funds.
- Children may be placed in foster care prior to release to MDHHS under the Michigan Adoption Code.
- Temporary court ward (TCW) children placed with unapproved relatives.
- TCW children who are not title IV-E reimbursable and placed with approved relatives.
- Youth in the young adult voluntary foster care (YAVFC) program are not eligible for title IV-E funding.

POLICY CONTACT

Questions about this policy item may be directed to the Federal Compliance Division Mailbox (MDHHS-federalcompliancedivision@michigan.gov).

OVERVIEW

The fund source and payment procedures to be utilized in paying for out-of-home care of youth are determined by a combination of factors including legal status, living arrangement, and federal regulations. The following charts detail which fund source may be used based on these factors.

This policy item does not apply to youth in the Young Adult Voluntary Foster Care (YAVFC) program.

Note: Information on the method of county participation in state-funded care is provided in FOM 902-19, Chargeback System.

PAYMENT/REPORTING SYSTEM

Electronic Case Management System Payments - Local office staff are responsible for initiating and terminating service authorizations for appropriate payments and reporting in the system. Payments from county child care funds (CCF), state ward board and care (SWBC) funds, title IV-E funds and limited term/emergency/general funds are made from this system. Service authorizations for state run facilities must be recorded to ensure appropriate chargeback.

LEGAL STATUS, LIVING ARRANGEMENT, AND FUND SOURCE TABLES

The following legal status, living arrangement, and fund source combinations are applicable to children through age 18. The later sections detail different fund sources available for youth ages 19 and 20 years old.

Michigan Department of Health and Human Services (MDHHS) Supervised Temporary or Permanent Court Wards - legal status of:

- 40 - Delinquent court ward.
- 41 - Permanent court ward.
- 42 - Temporary court ward neglect.
- 90 - Delinquent court ward (40) and temporary court ward (42).
- 91 - Delinquent court ward (40) and permanent court ward (41).

Living Arrangement	Fund Source
Licensed unrelated foster home Treatment foster care Unlicensed relative home - approved Licensed relative home Emergency shelter home Child caring institution Independent living (age 18)	Title IV-E or CCF (youth must meet an exception at age 18 see FOM 902, Funding Determinations and Title IV-E Eligibility for details)
Independent living (under age 18) Detention Court treatment facility Adult foster care home Hospital Runaway service facility	CCF
MDHHS training school	SWBC
Unlicensed relative home - in approval process	Limited term/emergency/general funds

State Ward - MCI, MCI-O (PA 220 or 296) - legal status of:

- 44 - State ward - MCI - Act 220 or PA 296.
- 45 - State ward - temporary observation - MCI-O.
- 46 - State ward - delinquency - Act 150.
- 52 - MCI ward (44) and Act 150 (46).
- 92 - Act 150 (46) and temporary court ward (42).
- 93 - Act 150 (46) and permanent court ward (41).
  94 - Delinquent court ward (40) and MCI ward (44).

Living Arrangement	Fund Source
Licensed unrelated foster home Treatment foster care Licensed relative home Unlicensed relative home - approved	Title IV-E (youth must meet an exception at age 18) or SWBC

Emergency shelter home Child caring institution Independent living (age 18)	
Unlicensed relative home - in approval process Independent living (under age 18) Adult foster care home Hospital Runaway service facility Detention	SWBC
MDHHS training school	SWBC

Non-Ward, MDHHS Supervised Placement - legal status of:

- 50 - Non-ward with a delinquent petition filed.
- 51 - No Court Involvement/Voluntary Foster Care.

Living Arrangement	Fund Source
Licensed unrelated foster home Treatment foster care Relative home: licensed/approved/in approval process	CCF or limited term/emergency/general funds
Independent living	Limited term/emergency/general funds
Emergency shelter home	CCF

AGE 19 AND 20, LEGAL STATUS, LIVING ARRANGEMENT, AND FUND SOURCE

Age 19

MDHHS Supervised Temporary or Permanent Court Wards - legal status of:

- 40 - Delinquent court ward.
- 41 - Permanent court ward.
- 42 - Temporary court ward neglect.
- 90 - Delinquent court ward (40) and temporary court ward (42).
- 91 - Delinquent court ward (40) and permanent court ward (41).

Living Arrangement	Fund Source
Licensed unrelated foster home Treatment foster care Unlicensed relative home - approved Licensed relative home Emergency shelter home Child caring institution Independent living Detention Court treatment facility Adult foster care home Hospital Runaway service facility	CCF
MDHHS training school	SWBC
Unlicensed relative home - in approval process	Limited term/emergency/general funds

State Ward - MCI, MCI-O (PA 220 or 296) - legal status of:

- 45 - State ward - temporary observation - MCI-O.
- 46 - State ward - delinquency - Act 150.
- 52 - MCI ward (44) and Act 150 (46).

- 92 - Act 150 (46) and temporary court ward (42).
- 93 - Act 150 (46) and permanent court ward (41).
- 94 - Delinquent court ward (40) and MCI ward (44).

Living Arrangement	Fund Source
Licensed unrelated foster home Treatment foster care Relative home: licensed/approved/in approval process Emergency shelter home Child caring institution (CCI) Independent living Adult foster care home Runaway service facility MDHHS training school	SWBC

Non-Ward, MDHHS Supervised Placement - legal status of:

- 51 - Former MCI.

Living Arrangement	Fund Source
Licensed unrelated foster home Treatment foster care Relative home: licensed/approved/in approval process Independent living (No payments can be made for determination of care (DOC), placement agency foster care (PAFC) administrative rates or CCI placements).	Limited term/emergency/general funds

Age 20 - Payments are only made for youth in the Young Adult Voluntary Foster Care (YAVFC) Program; see FOM 722-16, Young Adult Voluntary Foster Care .

Age 21 - No payments are made for a youth age 21 or older.

POLICY CONTACT

Questions about this policy item may be directed to the Federal Compliance Division (FCD) at MDHHS-federalcompliancedivision@michigan.gov.

OVERVIEW

This policy outlines funding determinations and Title IV-E eligibility. Title IV-E is a fund source that requires all applicable federal regulations to be followed for the use of the funds. Other fund sources such as state ward board and care (SWBC), county child care funds (CCF), and limited term and emergency foster care funding are listed in FOM 901-8, Fund Sources.

Note: Information regarding funding determinations for the Young Adult Voluntary Foster Care (YAVFC) program is found in FOM 722-16, Young Adult Voluntary Foster Care.

This policy item replicates federal code language which includes culturally sensitive language such as “alien” and gender-specific titles. The Michigan Department of Health and Human Services (MDHHS) prioritizes a culture of diversity, equity, and inclusion and prefers language that is not stigmatizing or dehumanizing. MDHHS prefers the term noncitizen and gender-neutral language; however, to replicate the federal code and provide consistency, the federal language will be utilized within this item.

FUNDING DETERMINATIONS

The child welfare funding specialist (CWFS) makes a determination regarding the appropriate fund source for out-of-home placements at the time the youth is referred for care and supervision by MDHHS regardless of actual placement.

Initial title IV-E determinations and title IV-E reimbursability determinations are to be completed using the electronic case management system. If the youth is in their own home at the time of acceptance, an initial title IV-E determination or title IV-E reimbursability determination is not necessary unless the youth is placed in out-of-home care.

No new initial title IV-E determination is required for a disrupted adoption prior to finalization. If a child is removed from an adoptive home after finalization, a new initial title IV-E determination is required.

A new initial title IV-E determination is required if a guardianship has been terminated.

Title IV-E reimbursability determinations for youth in out-of-home placements are to be completed annually, or more frequently when

MDHHS becomes aware of a change which may affect title IV-E reimbursability.

The electronic case management system maintains a historical record of each determination. Individual determinations and supporting documents must be approved and uploaded into the electronic case record in the document's hyperlink on either the initial funding determination or the reimbursability determination.

Categories of Title IV-E

There are two types of title IV-E categories: title IV-E eligible and title IV-E reimbursable. Both must occur concurrently before title IV-E payments can be issued. Definitions of the two types of title IV-E categories are:

- **Title IV-E eligible** - Initial title IV-E eligibility is determined based on information related to the child and removal household when the child is initially removed from their home. Specific eligibility requirements are detailed within this manual item.
- **Title IV-E reimbursable** - Federal financial participation (FFP) is available for a child who meets all title IV-E eligibility requirements. A child's reimbursability status can change based on specific factors. Some of these factors include the child's placement and MDHHS having sole care and custody.

PLACEMENT/ REMOVAL EPISODE

A new initial determination of title IV-E eligibility must be completed for each new out-of-home placement episode regardless of whether a new petition is filed with the court.

An out-of-home placement episode begins:

When a child moves from their own home living arrangement of:

- Parental home; see *Child of a Youth Parent* section for details on this population.
- Legal guardian.
- Out-of-state parent.

A placement episode may also begin when a child is removed from their home for the purposes of detention through a delinquency (DL) case. The child may then enter a foster care placement through an abuse/neglect (NA) case. In this circumstance, in re Ayotte, 326 Mich App 483 (2018) may apply. Email the Federal Compliance Division (FCD) at MDHHS-federalcompliancedivision@michigan.gov for a specific case review and assistance.

Example: The child is removed on 6/1 through a delinquency court order and placed into detention. On 6/15 an abuse/neglect removal order is issued, and the child is placed in foster care. The 6/15 order may start a new removal episode and require a new initial title IV-E funding determination even if the child did not return home.

In rare circumstances a court may issue a removal order with an alternate timeframe for removal that will still allow title IV-E to be utilized. The order must identify a specific future date for removal. A blanket order allowing the child to be removed in the future when a bed opens or at MDHHS discretion does not meet this requirement.

Example: The court order is signed on 10/1 with the alternate removal date of 10/4 due to the opening of a bed in a placement that the court determined is the in the child's best interest. Another order is not needed on 10/4 if the required findings are already made on the 10/1 order.

The parent(s) may have placed a child into a hospital, residential treatment facility, or other private placement prior to a removal order being issued by the court. During that time, the parent(s) exercise responsibility for the care and control of the child as they have made the placement and can decide when their child can leave. Therefore, so long as the parent(s) maintained care and control of the child while they were in the facility, the child could meet the Aid to Families with Dependent Children (AFDC) living with a specified relative requirement if the child is later removed from the parent(s) and placed with MDHHS.

The placement episode ends when the:

- Child is returned home through a court order. A child does not change to a parental home placement unless and until the court orders the child returned to the parent's care and custody. This does not include when a parent merely resides in the same home as the child.

- Child is placed with the non-custodial or non-respondent legal parent by the court.
- Child is placed with a legal guardian.
- Temporary court ward (TCW) is discharged from court wardship regardless of the child's placement.
- Michigan Children's Institute (MCI) ward is either granted an early dismissal by the MCI or turns 19 and does not wish to continue to remain in foster care. An MCI ward does remain in care even if the court case is closed because they were already committed.
- Child's adoption is finalized.

Example: The child is placed with the paternal grandfather. The legal father moves into the home on 6/1. The court later issues an order on 10/1 ordering the child returned to the parent. The parental home placement is entered on 10/1 when the parent is legally responsible for the child's care.

Payments cannot be made from title IV-E on or after the date the court order is signed. Any payments needed beyond that date must be made from the child's alternate fund source.

Example: The court order returning the child to the parental home was signed on 12/1 but not received until 12/5. The placement still needs to be paid for those dates, but the payments cannot be made from title IV-E. Any payments made on or after the date the order is signed must be made from the child's alternate fund source.

Example: If the child was returned home prior to the court authorizing that action, the parental home placement must still be entered the day it occurred. No title IV-E payments can be made once the child is returned home.

If the court grants MDHHS the authority to return the child home prior to the next hearing, the justification for that decision should be documented in the electronic case record. Some court orders will also give an alternate time frame such as once a specific program is in place. Once that program is in place and the court ordered specified requirements are met, the child must be returned home on that date. Title IV-E payments cannot be made beyond the time frame allowed by the court.

The placement episode does **not** end when the foster care program type is closed in the electronic case management system because the child is:

- Placed for adoption, but the adoption is not finalized.
- Transferred from foster care to juvenile justice.
- Transferred from juvenile justice to foster care.

Child of a Youth Parent

A different process is identified for the child of a youth parent based on the child's court involvement.

Scenario 1: A court order was signed that the child was removed from the youth parent's care and the responsibility is with MDHHS for placement and supervision.

Regardless of the child's placement, an initial funding determination must be completed to assess the child's title IV-E eligibility independent from their youth parent. The child does need their own case in the electronic case management system.

Scenario 2: The child does not have a court order placing them with MDHHS for placement and supervision and remains in the care of their youth parent.

The child does not have an independent initial funding determination since the child is not removed from the youth parent. The child does not have their own case in the electronic case management system.

TITLE IV-E FUNDING DETERMINATIONS

Title IV-E is only a fund source. To be eligible for payment under title IV-E, children must, by family court or tribal court order, be under MDHHS supervision for placement and care or committed to MDHHS.

All children are to be screened for title IV-E eligibility at the time of acceptance. Even though an initial placement may be in a placement where title IV-E cannot be paid, such as unapproved relatives, detention, or training school reimbursability may exist in subsequent placements.

If a child has been initially determined not eligible for title IV-E funding (based on ineligibility of the family for the former AFDC

program or the judicial determinations do not meet the time requirements; see *required judicial findings* in this item), the child will never be eligible for title IV-E funding while in this placement episode.

Secondarily released children cannot be title IV-E eligible. A secondary release is a release of a child to MDHHS by a placement agency foster care (PAFC) provider in which the child was previously released or committed to the PAFC provider. Upon a secondary release, the child becomes a state ward.

Example: A parent releases their rights to a PAFC for the purposes of a private adoption. The adoption does not proceed and the PAFC then releases their rights to the child to MDHHS.

Youth committed to the department **only** under Act 150 by circuit courts following adult criminal proceedings are not eligible for title IV-E funding. The child may have adult criminal court involvement. If that criminal court order removes the child from their home, they are not title IV-E eligible based on that order alone. The Ayotte exception may still apply. Generally, the adult criminal court orders may not be provided to MDHHS and are not expected to be entered into the electronic case management system. Typically, these ongoing orders do not impact the child's funding.

Required Timeframes

Court orders must be entered into the electronic case management system within **10**-calendar days of receipt by MDHHS. The order terminating parental rights must be entered into the electronic case management system no later than **five**-business days of receipt by MDHHS.

Initial funding determinations must be completed within **30**-calendar days from the MDHHS acceptance date.

Reimbursability determinations must be completed no more than **10**-calendar days beyond the effective date of the determination.

TITLE IV-E ELIGIBITY BEGIN DATE

Title IV-E eligibility may begin on the first day of placement in the month in which all eligibility criteria are met. Eligibility criteria which must be met include:

- Required judicial determinations of reasonable efforts and contrary to the welfare on a signed court order.
- AFDC eligibility, including establishment of financial need and deprivation.
- Lived with and removed from the same specified relative.
- A child must be under the age of 18, unless enrolled full-time in high school or an equivalent vocational or technical course and can reasonably be expected to complete the course prior to their nineteenth birthday; see *Title IV-E Age Requirements and Exceptions* section in this policy item.
- Legal jurisdiction, by way of a valid, signed court order from a family or tribal court that gives MDHHS placement and care responsibilities.

Acceptance Date

Title IV-E funding must not be authorized prior to the acceptance date. The department cannot assume financial responsibility for a child until it is in receipt of a court order delegating legal authority for a child to the department. Once the court order is received, the acceptance date is the date the court order is signed by the judge or referee; see FOM 722-01, Entry into Foster Care, and JJM 220, Court Orders for Referrals/Commitments & Title IV-E Eligibility.

TITLE IV-E ELIGIBITY REQUIREMENTS

Title IV-E eligibility begins with a determination of the child and family's ability to qualify for the former AFDC program under the relevant portions of the title IV-A State Plan which was in effect on July 16, 1996. The child and family's eligibility for the current Family Independence Program (FIP) cash assistance grant **does not** equate to automatic eligibility for title IV-E funds as the income and asset standards applied are different.

US Citizenship/ Qualified Alien Status

Receipt of title IV-E funds is limited to U.S. citizens and qualified aliens. If it is determined that a child is not a U.S citizen or a qualified alien at the time of removal, **the child is not title IV-E eligible**.

Qualified Alien Status

A qualified alien is defined as one of the following:

- An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- An alien who is granted asylum under section 208 of the INA.
- A refugee who is admitted to the U.S. under section 207 of the INA.
- An alien who is paroled into the U.S. under section 212(d)(5) of the INA for a period of at least one year.
- An alien whose deportation is being withheld under section 243(h) or section 241(b)(3) of the INA.
- An alien who is granted conditional entry pursuant to section 203(a)(7) of the INA.
- A Cuban or Haitian entrant.
- An alien who has been battered or subjected to extreme cruelty in the U.S. by a U.S. citizen or legal permanent resident spouse or parent, or by a member of the spouse or parent's family living in the same household or is the parent or child of a battered person.
- A Human trafficking victim.
- An alien from a Freely Associated State (FAS) which includes the Federal States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Not Qualified Alien

Examples of persons who are **not qualified aliens** include but are not limited to, undocumented aliens and aliens legally admitted on a temporary basis for work, study, or pleasure.

U.S. Citizens

The following persons are considered U.S. citizens or have an acceptable status for benefits:

- A U.S. citizen, including persons born in Puerto Rico.

- Persons born in Canada who are at least 50 percent American Indian.
- Members of a federally acknowledged American Indian tribe.
- Permanent resident alien with class code RE or AS on the 1-551 (former refugee or asylee).
- A qualified dependent alien child of a qualified military alien:
  - A qualified military alien is a qualified alien on active duty in, or a veteran honorably discharged from, the U.S. Armed Forces.
  - A dependent child is a child claimed as a dependent on the qualified military alien's federal income tax return.

VERIFICATION/ DOCUMENTATION PROCEDURES

The case manager must verify citizenship status or qualified alien status for all children in foster care. Eligibility for title IV-E funding requires U.S. citizenship or qualified alien status of the child. The receipt of benefits is based upon the child's status and not on the parent's status; see FOM 722-06K, Services for Families Who Are Not US Citizens.

A case manager should attempt to determine a child's place of birth when first meeting with the parent(s) to collect information. If the child was not born in the U.S., the case manager should inquire of the parent whether the child is a citizen. If the parent responds that the child is not a citizen, the case manager should request that the parent provide documentation regarding alien status. If the parent refuses to provide documentation, the child is **not** title IV-E eligible.

The case manager must make a copy of both sides of any verification document(s) and upload to the electronic case record in the initial funding determination.

A child's citizenship or qualified alien status must be verified for a child to be determined as title IV-E eligible. If the documentation is not located to verify the child's citizenship or qualified alien status, the child is not title IV-E eligible. If the documentation is located later, the initial funding determination can be redetermined as long as the child's citizenship or qualified alien status was effective on the removal date.

Verifying U.S. Citizenship

Documents that verify U.S. citizenship status are:

- U.S. birth certificate.
- Adoption finalization papers.
- U.S. passport.
- Report of birth abroad of a U.S. Citizen, FS-240.
- Certificate of birth, FS-545, issued by a foreign service post or Certification of Report of Birth, DS-1350, issued by the Department of State.
- Certificate of Naturalization, N-550 or N-570.
- Certificate of Citizenship, N-560 or N-561, for children who derive their citizenship through a parent.
- A statement provided by a U.S. Consular officer certifying that the individual is a U.S. citizen.
- American Indian Card (I-872) with a classification code “KIC” and a statement on the back identifying U.S. citizenship members of the Texas Band of Kickapoos living near the U.S. Mexican border.
- Human trafficking victim eligibility letter from the Administration of Children and Families.

Verifying Qualified Alien Status

Documentation verifying qualified alien status:

- For permanent resident alien status:
  - Alien Registration Receipt Card, I-151 or I-551.
  - Unexpired Reentry Permit, I-327.
  - Arrival-Departure Record, 1-94 stamped Processed for I-551 Temporary Evidence of Lawful Admission for Permanent Residence.

- For American Indians who enter the U.S. from Canada:
  - I-151, I-551or I-94 with code S13.
  - Other INS documentation.
  - Birth record or affidavit from a tribal official indicating the person is at least 50 percent American Indian.

  Note: Such persons are **not** required to register with the U.S. Citizenship and Immigration Services (USCIS).

- For refugee, asylee, or parolee status, an I-94 annotated with INA section 207, 208, or 212(d)(5); see BEM 225, Citizenship/Non-Citizen Status for information on completing the DHS-940.

- For Cuban/Haitian Entrant status:
  - I-94 indicating admission into the U.S. from Cuba or Haiti, annotated with Cuban/Haitian Entrant (Status Pending), Parole, 212(d)(5), or Form I-589 Filed. I-94 indicating admission into the U.S. from Cuba or Haiti **and** a letter or notice from INS indicating ongoing (**not** final) deportation, exclusion, or removal proceedings.
  - I-551 with code CU6, CU7 or CH6.

- For status as an alien whose deportation (removal) is withheld: a court order or letter from an immigration judge stating that deportation (removal) is withheld per INA section 241(b)(3) or 243(h).

- For status as an alien granted conditional entry: I-94 showing admission under 203(a)(7).

- For any alien status:
  - G-641 annotated at the bottom by an USCIS representative.
  - Information from the USCIS Records Section, 333 Mt. Elliott, Detroit, Michigan 48207.

  Note: Alien status may also be checked online by going to the USCIS website at www.uscis.gov.

See BEM 225, Exhibit III, U.S. State Department Documents, U.S. Citizenship and Immigration Services (USCIS) documents for more information on the above-mentioned documents.

Note: If a case manager determines that a child is title IV-E ineligible because the child's presence in the U.S. is unlawful, the case manager must give the information to the supervisor; see BEM 225, Notification to USCIS. Case managers are not to contact the USCIS directly regarding the unlawful presence within the U.S. The local office supervisor must consult the Foster Care or Juvenile Justice Program Office regarding the notification to USCIS.

FORMER AFDC PROGRAM ELIGIBILITY

The child must meet all eligibility requirements for the former AFDC program, except that of living with a specified relative, in the month in which the court action that led to the child's removal occurred. A court action is defined as a signed court order that removes the child from their home.

The eligibility requirements include age, deprivation, and need. A reasonable effort to reconstruct the elements of eligibility at the time the removal order is expected.

The following children are not former AFDC eligible as there are no facts upon which to base former AFDC program eligibility:

- Children whose parents or other relatives cannot be identified.
- Children whose parents will not cooperate in the eligibility determination process and MDHHS has no income or asset information on record.

Note: If a child is determined not title IV-E eligible due to their parents refusing to cooperate, MDHHS should continue to engage the parents to obtain the needed financial information for the removal month. The initial funding determination can be created in error and redetermined if the parents are willing to provide the removal month's financial information at a later date.

Living with Specified Relative

The child must have lived with a specified relative at the time of, or within six months prior to, the initiation of court action to meet this

title IV-E requirement. This is a month-to-month determination and not a date-to-date. A specified relative for purposes of an initial title IV-E eligibility determination is within the fifth degree of kinship to the child by blood or adoption. The specified relative can also be the spouse of a person within the fifth degree of kinship even if the marriage ended by death or divorce. These relationships are not severed by the termination of parental rights.

Note: This list of specified relatives differs from other sections of policy and is used only for funding determination purposes.

1st Degree.

- Mother or father.

2nd Degree.

- Brother or sister.
- Grandfather or grandmother.

3rd Degree.

- Uncle or aunt.
- Nephew or niece.
- Great-grandfather or great-grandmother.

4th Degree.

- Great-uncle or great-aunt.
- First cousin.
- Great-great-grandfather or great-great-grandmother.

5th Degree.

- Great-great uncle or great-great aunt.
- First cousin once removed.
- Great-great-great grandfather or great-great-great-grand-mother.

Note: The child must have lived with the specified relative with the intent to remain in the relative's home. An overnight visit does not meet this **living with a specified relative** standard.

Removal Home for Title IV-E Eligibility

When determining title IV-E eligibility, the first step in the process is to identify the child's removal home. Correctly identifying the removal home is critical.

The following criteria must be considered when identifying the removal home:

- **The removal home (parent or specified relative) is the home for which the court makes the judicial finding that it is contrary to the welfare for the child to remain. In almost all cases this would be the parent's home, even if the child is physically removed from a different home.**
- Although the child may have been out of the parent/specified relative home at the time court action was initiated, the child must have lived in the removal home at some point during the six months preceding the court action to remove the child.
- If the child is physically removed from a relative's home, and judicially removed from a parent, the parent's home is the removal home if the child lived with the parent in the prior six months. **The child is not title IV-E eligible if the child has lived with the relative for more than six months.**
- For children under six months of age, lived with is also interpreted as born to in reference to the removal home requirement even if the child has not lived with the mother since birth.

Constructive Removal

The child can be considered removed when a constructive removal (non-physical removal) takes place. A constructive removal occurs when **all** of the following apply:

- The child resides with a non-parent interim caretaker who is **not** the legal custodian or guardian of the child.
- The department is court ordered placement and care of the child.

- The child remains in the home of the caretaker who serves as the out-of-home care provider to the child after the department is given placement and care.
- The child lived with the parent or stepparent that the contrary to the welfare determination was made against within the past six months, prior to court ordered removal.

Deprivation

The situation of the child in relation to the parent or relative home from which the child was removed will determine eligibility. Deprivation **must exist** initially to meet the title IV-E eligibility requirements. Deprivation must be met at the time of the child's removal from the home. Deprivation may not be based on household circumstances that occur after a child's removal.

Previously, redeterminations were required to verify that the child continued to meet the AFDC standards as established in the 1996 policy for deprivation of parental care and financial need. Effective April 1, 2010, the federal requirement for title IV-E redeterminations of a child's AFDC eligibility has been eliminated. If a child was found to have AFDC deprivation initially the child's eligibility does not need to be redetermined.

Note: Title IV-E funds cannot be claimed for children who were not eligible due to a loss of deprivation at redetermination prior to April 1, 2010. Title IV-E eligibility may be reinstated for the child as of April 1, 2010, providing all other eligibility criteria are met.

Reasons for deprivation are:

- Absence of a parent from the removal home, such as in the circumstances of separation, divorce, death, or removal from a single parent household.
    - A child is considered to be removed from a single parent household when there is only one legal parent in the home at the time of removal.
    - A legal father is defined as:
        - A man married to the mother at any time from a child's conception to the child's birth, unless a court has determined that the child was conceived or born during the marriage but is not the issue of the marriage.

- A man who legally adopts the child.
- A man who by order of filiation or by judgement of paternity is judicially determined to be the father of the child.
- A man judicially determined to have parental rights. This does not include simply listing the father as legal on a court order. The father may be listed as legal on an order based on information available at the time of the petition but must be verified.
- A man whose paternity is established by the completion and filing of an Affidavit of Parentage in accordance with the provisions of the Acknowledgement of Parentage Act. The man and mother must sign the Affidavit of Parentage before a notary public appointed in Michigan. The affidavit must be filed at either the time of birth or during the child's lifetime with the state registrar/MDHHS.
- If the mother and father have filed an Affidavit of Parentage with MDHHS, for title IV-E determination purposes only, it is the date the document is filed that is used to determine deprivation based on absent parent.
- A man determined to be a legal father under the law of another state.

- A putative father is not considered a legal father to the child.
-

Example: A child is removed from the mother on June 3. The mother was living with the putative father. On June 6 the putative father becomes the legal father. Deprivation existed for the child because there was no legal father at the time of removal.

- Incapacity of a parent: defined as unemployable due to incapacity for 30-calendar days or longer. Case managers cannot determine incapacity without documentation. Persons who are incapacitated may receive Supplemental Security Income (SSI) or Retirement, Survivors, and Disability Insurance (RSDI) based on their disability. If the parent receives RSDI the disability must be documented. If the parent

is not receiving SSI or RSDI, a doctor's statement verifying that the parent is unable to work for at least 30-calendar days is necessary. A pending application for SSI is not sufficient. The documentation from a doctor submitted to apply for SSI can be used.

- Unemployment of a parent: defined as the parent who earned the greater amount of income in the previous 24-month period. A parent who is presently unemployed may **or** may not have unemployment as a deprivation factor.

  To be considered the unemployed parent, that parent must have worked less than 100 hours in the calendar month of the removal, **and** meet one of the following three criteria:

  - Receive unemployment benefits.

  or

  - Received unemployment benefits in the last 12-month period prior to the child's removal from the home.

  or

  - Worked at least six full quarters of the last three and one-quarter years preceding the removal date. Document one and a half years of work history within the past 3 1/4 years in the electronic case management system.

AFDC Income and Assets

The removal household determines whose income to use in determining the eligibility group. The same members used to determine the eligibility group are used in determining the group size.

A group member is considered to be in a temporary absence but still included in the group if all of the following apply:

- Their location is known.
- There is a definite plan for return.
- They lived with the group before the absence.
- The absence has lasted or is expected to last 30-calendar days or less.

Some examples of a temporary absence are a group member in a jail, a psychiatric hospital, or other away from home living arrangement with an expected return date of 30-calendar days or less.

Exception: The 30-calendar day or less return to the home requirement are for the following:

- A person in a medical hospital is considered in the home.
- A group member is considered in the home when absent for training or education.
- A child in a psychiatric hospital/residential (if the parent made the placement) is considered in the home for up to 12 calendar months after the admission date.

A continued absence exists and the person is not included in the eligibility group if one of the following circumstances are met:

- The parent is out of the home and lives and sleeps in a place other than the child's home.
  - The absence does not meet the definition of a temporary absence.
  - The absence is not due solely to the parent's active duty in a uniformed service of the U.S.
- A court order has terminated parental rights.

A member is not included in the eligibility group or group size if the member was receiving SSI during the removal month. The child is always an eligibility group member unless the child received SSI for the removal month. A trust fund established for a child must not be considered as available property for that child unless it is designated and available to be used for their ordinary living expenses. The following are examples:

- For a child removed from the parent(s).
  - The gross earned income, net unearned income, and assets of the child, **parent(s)**, stepparent(s), sibling(s), and stepsibling(s) under age 18 (or are age 18 and attending school and are expected to graduate by age 19), must be considered in the initial eligibility determination.

- The child would still be an eligibility group member, but their earned income is not included if they are a student. A child is considered a student if they are attending school, college, or vocational/technical training (including Job Corp). Continue the exclusion during breaks and vacations if the child plans to attend when regular sessions resume.
- Do not include the income and assets of the non-parent adult, putative father, or living together partner. The non-parent adult, putative father, or living together partner are not included as eligibility group members.

Example: Two children were removed from a home where they lived with their mother and their putative father. The mother and both children would be included in the eligibility group.

Example: Two children were removed from a home where they live with their legal father. Their mother also lived in the home but was arrested two days prior to the removal and does not have a release date. The legal father and both children would be included in the eligibility group.

- For a child physically removed from a specified relative (other than their parent):
  - The child has been with the relative less than six months.
  - Contrary to the welfare is found against the parent(s).
  - The AFDC eligibility is based on the gross earned income, net unearned income, and assets of the parent(s); see *For a child removed from the parent(s)* to determine who to include in the parent(s) household.
  - Sibling(s) and stepsibling(s) under age 18 (or are age 18 and attending school and are expected to graduate by age 19) must also be included if the youth were living with the parent(s) or the specified relative at the time of removal.

Example: A child lived with their mother two months prior to the removal. The contrary was only found against the mother. The mother has two other children living with her at the time of removal. The mother and all three children will be in the eligibility group. The income and asset information entered is still based on the removal month even though the one child was living with the relative.

Example: A child lived with their parent in the last six months. The child was living with their grandmother since their legal parent died two months prior to the removal. (The child may continue to reside with the grandmother or be placed into another foster care placement.) If they are judicially removed from the parent or the contrary finding was made that the child's parent died, the child and any siblings also living with them would be in the eligibility group.

- For a child physically and judicially removed from a specified relative (other than their parent):
  - Contrary to the welfare is found against the relative.
  - Do not include the income and assets of the relative, the relative is not included as an eligible group member.
  - The AFDC eligibility is based on the gross earned income, net unearned income, and assets of the child(ren).
  - The child would still be an eligibility group member, but their earned income is not included if they are a student. A child is considered a student if they are attending school, college, or vocational/technical training (including Job Corp). Continue the exclusion during breaks and vacations if the child plans to attend when regular sessions resume.
  - Sibling(s) and stepsibling(s) under age 18 (or are age 18 and attending school and are expected to graduate by age 19) must also be included if the youth were also living with the specified relative at the time of removal.
- For a child removed from an unrelated guardian:
  - When the child lived with an unrelated guardian for **more than six months** prior to removal, the child is **not** eligible for title IV-E funding.
  - When the child lived with an unrelated guardian for **less than six months,** contrary to the welfare must be against the parent(s) as the removal home and the gross earned income, net unearned income and assets of the parent(s) must be counted for AFDC eligibility. See bullet above - For a child removed from parent(s) - to determine who to include in the parent(s) household.

Note: Adoption assistance is considered unearned income for the adoptive parent and the entire amount must be budgeted within the

electronic case management system if the adoption has been finalized. Only the first $76.00 of the assistance per child is considered income.

Deductions

The electronic case management system title IV-E determination process automatically applies the following income deductions:

- Income disregards: additional earned income deductions are applied if the eligibility group would have qualified for the former AFDC program by meeting the 185% needs standard.
- Childcare expenses: enter the amount paid for the actual childcare expenses, not the MDHHS allowable amount. The electronic case management system will include the allowable amount in the calculations.
- Child support: enter the amount of child support paid, not the ordered amount, by the parent for a child who is not living within the removal home.

Assets

The assets of all eligibility group members are considered when making an initial funding determination. Combined assets for all eligibility group members over $10,000 will determine the child as not title IV-E eligible.

- The household’s primary residence is exempted as an asset. If anyone in the eligibility group owns multiple houses, contact FCD for assistance. There are additional details within the 1996 policy that may need to be applied based on the case specifics.
- Exclude one vehicle owned by the asset group. If there are multiple vehicles, exclude the one with the highest equity value. Only the equity value, the portion of the vehicle that is owned, is calculated. For example, the vehicle is worth $10,000 but $5,000 is still owed. The vehicle is an asset worth only $5,000.

LEGAL JURISDICTION

As a condition for title IV-E funding, court orders must make MDHHS solely responsible for the child's placement and care. The

finding can be made on either a neglect or delinquency order, but not under any adult criminal code or proceedings. Findings on both cases are required for dual wards; see more details below.

- Court orders do not have to contain the exact words placement and care; substitute wording such as care and supervision, or placement and supervision may be used without affecting title IV-E funding eligibility.

- An order that includes the confirmation of prior orders or states that prior orders are affirmed may be used if a prior order made MDHHS solely responsible for the child's placement and care.

- A court ordered placement involves the court taking the placement and care responsibility away from MDHHS and assuming the placement and care responsibility by choosing the child's placement without a bona fide consideration of the agency's recommendation regarding placement. This does not mean the court must always concur with MDHHS recommendation in order for the child to be eligible for title IV-E funding; see *Court Ordered Placement Exception* section below. This restriction on court ordered placements does not apply to situations where the court merely names the child's placement in the court order as an endorsement or approval of MDHHS' placement choice.

- A child is a dual ward when there are concurrent abuse/neglect and delinquency cases. Any youth who has both abuse/neglect and delinquency cases is a dual ward, whether or not MDHHS has supervision of the delinquency side of the case. This is regardless of the youth's commitment under Act 150. This does not include youth on a consent calendar or voluntary, informal probation.

Note: To qualify for title IV-E funding, MDHHS must be solely responsible for a dual ward's placement and care. If the delinquency court supervises the youth's delinquency case **and** assumes placement and care responsibilities, then the youth is not title IV-E eligible. This requirement applies on and after the child's removal order. If a prior DL order does not give MDHHS placement and care (because the dual involvement did not exist at the time of the order), that does not impact the current funding determination. Once the youth is a dual ward, future orders must both give MDHHS placement and care to allow title IV-E to continue.

- Orders issued by tribal courts for American Indian children have the same validity as state court orders. These orders must make MDHHS responsible for placement and care. Orders which stipulate that placement choices be limited to foster homes on the reservation are acceptable. Orders which contain stipulations for co-supervision by a court or another agency do not meet the title IV-E federal requirements. Therefore, the child is not eligible for title IV-E funding as long as that order remains in effect.

Court Ordered Placement Exception

The federal regulations contain an exception to allow a child to be title IV-E eligible when the court orders a placement if **all** of the following stipulations are followed:

- The court must provide notice for and hold a hearing to determine the best placement for the child.
- The court must hear relevant testimony and work with all parties, including MDHHS, to make an appropriate placement decision.
- The court must enter a detailed written order that explains how the court considered the department's recommendation and why the court directed a different placement.
- The court must provide a transcript of the court hearing if the order is not detailed and clear.
- All other title IV-E eligibility requirements must be satisfied in conjunction with the stipulations above.

Note: Best practice is for each court order to affirm the child's placement with MDHHS for care and supervision. The fact that a court order approves of, acknowledges, or agrees to, the MDHHS placement decision on the court order does not negate title IV-E eligibility for that youth.

REQUIRED JUDICIAL FINDINGS

In order for a child to be title IV-E eligible the court order **must contain documentation of the evidence used by the court to make judicial findings.** Court orders may contain checkboxes for the

finding, but the determinations must be explicit and made on a case-by-case basis. Other criteria include:

- Orders may reference the specific petition, court report, or other reports available to the court as documentation used for these findings. Indicating "see attachment" without describing the attachment, does not meet the documentation requirement. Copies of the petition or reports referenced in the court order must be uploaded with the court order in the electronic case management system.
- If a case manager's testimony is used to support the judicial findings, the court must either list the evidence used as a basis for the finding within the court order or attach a copy of the transcript to the court order. If the court order does not list the specific facts and only references that testimony was given, attach a copy of the relevant portions of the transcript. The entire transcript does not need to be attached to the court order.

  Note: Only the written transcript can be used to support the court order. While viewing or listening to the hearing can assist in determining if a transcript is needed, the written transcript must be requested and attached to the court order if the finding is not clear.
- The court order may not only reference state law for these determinations.
- A court order containing judicial determinations qualified by restrictive language such as 'for federal funding purposes only' will not satisfy the title IV-E requirements. When a judicial determination is qualified by language stating or implying it has been made for the purpose of federal funding only, then a bona fide judicial determination has not been made.

Continuation in the Home is Contrary to the Child's Welfare Determination

Federal regulations require the court to make a contrary to the welfare or best interest determination **in the first signed court order prior to removing the child from their home** for title IV-E eligibility. The court order must coincide with the removal of the

child. This finding can be made on any court order, but some examples of the first court order removing the child from their home typically used include:

- JC 05b - Order to take child(ren) into protective custody (child protective proceedings).
- JC 05a - Order to apprehend and detain (delinquency proceedings/minor personal protection).
- JC 11a - Order after preliminary hearing (child protective proceedings).
- JC 10 - Order after preliminary hearing/inquiry (delinquency/personal protection).
- JC 75 - Order following emergency removal hearing (child protection proceedings).

Note: The court can make the contrary to the welfare finding on any order as long as the determination is made.

The contrary to the welfare determination must also be made within the **first** court order prior to removing the child for each new placement episode, regardless of whether a new petition is filed or not. The child is **ineligible for the current placement episode** if the finding is not made in the first signed order for **each** placement episode. The determination must be explicit and made on a case-by-case basis.

Note: The order cannot be amended by a subsequent order, such as a nunc pro tunc order, which amends the original order to meet the contrary to the welfare finding requirement; see 45 C.F.R. Sec. 1356.21(d).

If a child cannot be located and is not physically removed at the time the court enters an order for removal, absent without legal permission (AWOLP) procedures are to be followed including the diligent search requirements; see FOM 722-03A, Absent Without Legal Permission (AWOLP) and JJM 700, Juvenile Justice Assignment Unit Placement Process. The child's placement must be entered as AWOLP in the electronic case management system. If the AWOLP policies are followed and documented, the child can be title IV-E eligible.

Note: Title IV-E initial funding requirements are applicable to both juvenile justice and abuse/neglect wards even if the department was not supervising the case at the time of removal.

If the court makes the contrary to the welfare determination and the child is not removed from the removal home on the date of the finding and the above AWOLP procedures or similar processes applied prior to MDHHS involvement are not followed, the child is not title IV-E eligible.

For juvenile justice wards, the court order may not reference the petition to document this finding because the petition often only details the youth's delinquent behavior. Other juvenile justice criteria include:

- A finding must be based on either:
  - The parents' actions that put the child at risk of harm.
  - The youth's threat to self, provided the court order details case specific documentation the court utilized for making the determination.
- A finding cannot solely be based on:
  - The youth's delinquent behavior.
  - Reference to removal is in society's best interest.
  - The youth is a threat to the community.

Consent for the Removal/Verbal Approval Prior to 11/1/2012

Pursuant to PSM 715-2, Court Intervention and Placement of Children, MDHHS staff may not take any child into custody without a written order authorizing the specific action. If a child was removed prior to the signed court order, the child cannot be title IV-E eligible for that removal episode even if the department was not supervising the case at the time of removal.

Prior to November 1, 2012, in the event a judge or referee gave verbal approval/consent for removal and placement of a child, that verbal approval/consent would not jeopardize the child's potential title IV-E eligibility if all the following conditions were met:

- The verbal consent occurred during non-working hours (such as nights, weekends, or holidays) and emergencies.
- The first written order following the verbal consent must **reference the date of the removal.** The order must have been obtained within 24 hours or on the next business day following weekends and holidays.
- The first written order contained the findings of fact, on which the verbal consent was based, and includes the contrary to the welfare finding signed by a judge or referee.

Reasonable Efforts Determinations

The supervising agency must document reasonable efforts to prevent removal and finalize a permanency plan except under defined circumstances; see FOM 722-06, Case Planning.

In order to be eligible for title IV-E funding, the court must make two separate reasonable efforts determinations. These determinations must be:

- Explicit and made on a case-by-case basis.
- Contained in writing in the court order. It is not enough that efforts were described to the court. The court must actually make a determination that reasonable efforts were made.

Reasonable Efforts to Prevent Removal

The determination of reasonable efforts to prevent removal from the home, must be documented on a court order within 60-calendar days of the child's removal from their home. The court order must be signed within 60-calendar days. Title IV-E eligibility cannot begin until the first day of placement in the month in which the reasonable efforts judicial determination has been made. If the finding is not made in the calendar month of removal, title IV-E eligibility begins the first day of the month in which all eligibility criteria are met, provided that it is within the 60-calendar day time frame. This finding must be made within 60-calendar days of **each** placement episode. The signature date on the order is the date used to determine the month eligibility begins.

The child's case is ineligible for title IV-E funding for the current placement episode if any of the following apply:

- The judicial finding is not made on a signed court order within the 60-calendar day time frame.
- The court refuses to make this finding.
- The court finds that reasonable efforts to prevent removal were not made, except as noted in the *reasonable efforts not required* in this item.

Note: A subsequent order, such as a nunc pro tunc order, amending the original order cannot be used to establish compliance with this requirement; see 45 C.F.R. Sec. 1356.21(d). Relevant portions of the transcript may be used.

Reasonable Efforts to Prevent Removal Not Required

The child can be title IV-E eligible if the court makes a finding within 60-calendar days of removal that reasonable efforts to prevent removal were not required. Pursuant to MCL 712A.18f(4), reasonable efforts are not required to prevent the child's removal from home due to any of the following:

- Parent's conviction for murder of another child of the parent.
- Parent's conviction for voluntary manslaughter of another child of the parent.
- Parent's conviction for aiding or abetting, attempting, conspiring, or soliciting to commit the murder or voluntary manslaughter of another child of the parent.
- Parent's conviction for felony assault that resulted in serious bodily injury to the child or another child of the parent.
- The parental rights of the parent with respect to a sibling have been terminated involuntarily.

Additionally, reasonable efforts to prevent removal are not required if the court has determined that a parent, guardian, custodian, or adult who resides for any length of time in the child's home has abused the child or a sibling of the child, and per Michigan law, the abuse must include one or more of the following aggravated circumstances (MCL 722.638):

- Abandonment of a young child.
- Criminal sexual conduct involving penetration, attempted penetration, or assault with intent to penetrate.
- Battering, torture, or other severe physical abuse.
- Loss or serious impairment of an organ or limb.
- Life threatening injury.
- Murder or attempted murder.
- The parent of the child failed to protect the child from one of the above.
- The parental rights of the parent with respect to a sibling have been terminated voluntarily following initiation of child protection proceedings and the prior proceeding involved abuse that included one or more of the circumstances listed above.

The court is to conduct a permanency planning hearing within 28-calendar days following a judicial determination that reasonable efforts to prevent removal are not required. This 28-calendar day hearing requirement does **not** affect title IV-E eligibility.

A judicial finding that reasonable efforts are not required cannot be made for juvenile justice wards.

Reasonable Efforts to Finalize the Permanency Plan

The judicial determination, that the agency has made reasonable efforts to finalize the permanency plan is required within 12 months from the date the child entered foster care. According to federal regulations, the date the child is considered to have entered foster care is the earlier of a judicial finding of abuse or neglect (adjudication) or 60-calendar days from the date the child is physically or constructively removed from the home, whichever is sooner. This finding is required and applicable to **both** abuse/neglect and juvenile justice wards.

Note: Standard practice in Michigan is that the date the child is removed is considered the date the child entered foster care.

The determination must be based on the permanency plan identified in the court order. Acceptable permanency plans that can be title IV-E reimbursable are:

- Reunification.
- Adoption.
- Guardianship.
- Permanent placement with a fit and willing relative.
- Placement in another planned permanent living arrangement (APPLA).

  Note: APPLA is only acceptable as a permanency plan for youth age 16 and older.

This determination must also be made every 12 months from the date of the last finding as long as the child remains in out-of-home care.

This includes children placed in adoptive supervision placements in which the adoption has not been finalized when the permanency planning finding is due. The CY-460 report is sent to MDHHS agencies and the CY-463 is sent to PAFC providers who are supervising adoptive placements that have been open for 10 months, 22 months, 34 months, etc.

The adoption placement agency (either MDHHS or the PAFC provider) must file a motion for a reasonable efforts permanency planning review hearing with the court in which the adoption petition was filed. The motion must request a hearing to be held within 12 months of the last reasonable efforts to finalize the permanency plan finding.

After the permanency planning hearing, the adoption placement agency must send a copy of the PCA 321, Order of Adoption, or the PCA 351, Order Following Hearing on Review of Adoption Placement (Title IV-E Eligibility Compliance), to the MDHHS Adoption and Guardianship Assistance office as documentation of the judicial review and determination.

The child is not reimbursable for title IV-E funding at the end of the month in which the judicial determination for reasonable efforts to finalize the permanency plan was required to be made and regains reimbursability on the first day of the month a determination is made.

Example: The child's permanency finding was last found on 6/1/22. There is no court order containing another finding until 9/18/23. The child is title IV-E reimbursable through 6/30/23 and restarts on 9/1/23.

The child is **not reimbursable** for title IV-E funding until an order is issued which contains this finding.

- A subsequent court order amending the previous order as a nunc pro tunc order, cannot be used to retroactively establish compliance with this requirement.
- The effective date for reinstatement of title IV-E eligibility based on this finding is the first day of the month in which a signed court order contains the reasonable efforts finding.

The 12-month time frame for the next required finding of reasonable efforts to finalize the permanency plan begins with the date the last finding was made.

Note: The signature date on the court order is the date used to determine the month reimbursability begins.

CHILD CARING INSTITUTION REQUIREMENTS

Title IV-E payments can be made for a child who meets all reimbursability criteria for a placement that lasts up to 14-calendar days regardless of meeting qualified residential treatment program (QRTP) requirements. To continue payments from title IV-E for a placement 14-calendar days or longer, the following requirements must be met:

- A setting specializing in providing prenatal, post-partum, or parenting supports for youth.
- Placement of a youth who is 18 or older being supervised in an independent living placement.
- A setting providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking victims.
- A certified QRTP placement meeting the assessment requirements.

An assessment must be completed for each child placed in a QRTP. A qualified individual (QI) must complete an assessment within either 30-calendar days of the referral or placement, whichever happens first. See FOM 912, Residential Services: Caseworker Responsibilities, and JJM 410, Placement Selection and Standards, for details regarding the assessment process. Title IV-E funds cannot be used for this youth's placement if the assessment is not completed within the 30-calendar day required time frame.

Note: Even if the placement already occurred and the timely assessment does not recommend continued placement in the QRTP, title IV-E can be used for the placement **only** if the child is moved to a parental home, relative, legal guardian, an adoptive parent, or foster family home within 30-calendar days from the date the assessment was completed. The court ordered exception process does not change the youth's title IV-E reimbursability. If the court orders the placement but the assessment does not recommend the QRTP placement, title IV-E payments cannot be made if the child remains in the placement for 30 or more calendar days or moves to an unallowable placement following the completed assessment.

If the assessment determines that residential treatment is needed for the child, a motion must be filed with the court requesting approval of the placement. The court order must be entered into the electronic case management system before completing the reimbursability determination. The court order must be signed by the judge within 60-calendar days since the child's placement in the QRTP placement.

Note: If the court does not approve the placement for residential treatment, the child must be moved within the first 30-calendar days of the court order. The placement can be paid from title IV-E only if the child is moved by the 30th day from the date the court order was signed to a parental home, relative, a legal guardian, an adoptive parent, or in a foster family home.

Note: If no court order is obtained within 60-calendar days of the placement but the assessment recommended a QRTP placement, title IV-E can only be claimed for the first 60-calendar days. These reconciliations are currently being completed within the electronic case management system, but outside of the reimbursability screens.

REIMBURSABLE LIVING ARRANGEMENTS

The child's placement must meet title IV-E requirements to be considered reimbursable. This includes a child living in a fully licensed foster home, an approved relative home, and a licensed private child caring institution which also meets all qualified residential treatment program (QRTP) requirements.

- MDHHS can utilize title IV-E funds for placement with private QRTP child caring institutions (residential care).
- If a court orders dual or co-supervision of the placement of the child by MDHHS staff and court or PAFC staff, the child is not reimbursable for title IV-E funds. This lack of reimbursability continues as long as that court order is in effect or until the first day of the month the title IV-E reimbursability can be reinstated.
- The effective date for reinstatement of title IV-E reimbursability based on this requirement is the first day of the month in which a signed court order removes the placement and/or supervision specifications; see placement specifications. The signature on the order is the date used to determine the month reimbursability begins.
- Children of youth parents who are placed in the same foster care setting as the parent(s) **may be** eligible for title IV-E funding.
    - **The court removed the child:** Even if the child and youth parent are placed in the same placement, the child is not reunified with their parent until a court order reunifies the family. The child has their own initial funding determination and reimbursability determinations. Payment is made on the child's case in the electronic case management system independent of the parent.
    - **The court did not remove the child:** The child remains in their youth parent's care. The child does not have an independent initial funding determination or reimbursability determination. Foster care payments for the child must be included in the parent’s foster care payment authorization as a ward child.

- Relative home must be approved or licensed for title IV-E funding to be paid.

  - If a child who is otherwise eligible for title IV-E has been placed in an unapproved home, title IV-E funding cannot be used until the home is licensed/approved. Once licensed/approved, retroactive title IV-E payments can be made back to either the effective date of the license or the first date of the month the relative approval was completed as long as no FIP or foster care payments were issued for the same time period. If the provider received FIP payments, the provider can enter into a repay agreement for the FIP payments; see FOM 903-8, Payments Requiring Special Processing, for these details. If another fund source was used, reconciliation action on a DHS-587, Reconciliation Notice: Payment Made from Incorrect Fund Source, must be completed.

    Title IV-E payments cannot be authorized for any period of time until the licensing/approval process is complete.

Providers with a felony conviction for one of the following crimes **cannot** receive title IV-E payments:

- Child abuse/neglect.
- Spousal abuse.
- A crime against children (including pornography).
- A crime involving violence, rape, sexual assault, or homicide but not including other physical assault or battery.
- A conviction within the last five years for a physical assault, battery, or a drug related offense.

- Title IV-E funds cannot be paid to a foster family home or child caring institution with a numbered provisional license because of a licensing violation. This applies even though a corrective action plan may have been approved. Newly licensed foster family homes with the original provisional license are not included in this definition.

- An administrative rate to a PAFC provider cannot be paid from title IV-E funds for a child placed in a foster home with a

numbered provisional license for a licensing violation. Payment must be made from the child's alternate fund source.

- The status of the PAFC provider license does not affect title IV-E reimbursability.
- If a child is placed with an unqualified alien foster parent (See U.S. Citizenship/Qualified Alien Status), the unqualified alien caregiver is eligible to receive title IV-E funds if:
  - The child is a U.S. citizen.
  - The child entered the U.S. on or after August 22, 1996, and the child has been a qualified alien for at least five years.
  - The child is:
    - An asylee.
    - An alien whose deportation is withheld.
    - A Cuban/Haitian entrant.
- Independent living placements and PAFC supervised independent living situations are title IV-E reimbursable for youth age 18 and older effective 1/8/18.
- Detention facilities, training schools, county juvenile justice facilities or other facilities operated primarily for the detention of children who are determined to be delinquent are not title IV-E reimbursable. These facilities are not included within the definition of foster care; see FOM 721, Foster Care.
- If a child is placed with an American Indian family living on a reservation, that family may be licensed or approved by the tribal council based on tribal criteria to be title IV-E reimbursable. The federal safety requirements are documented on a MDHHS-5612, Tribal Foster Home/Approved Relative Safety Requirements.

TITLE IV-E AGE REQUIREMENTS AND EXCEPTIONS

Age - Title IV-E eligibility ends at age 18. An exception to this eligibility requirement may be granted if:

1. The child is a full-time student in a high school or in the equivalent level of vocational or technical training, and

2. Can be reasonably expected to complete high school or vocational or technical training before reaching age 19.

Eligibility continues as long as the youth stays in school/training and ends on the last day of the month in which the youth completes the graduation or certificate requirements. If the youth is expected to complete the graduation requirements after age 19, title IV-E eligibility ends at age 18.

The MDHHS-5717, Title IV-E Age Determination is to be completed and uploaded to the age determination document hyperlink in the electronic case management system along with any supporting documentation.

Exception: Youth who are in the YAVFC Program may be eligible for title IV-E funding past age 18; see FOM 722-16, Young Adult Voluntary Foster Care.

TITLE IV-E DOCUMENTATION AND VALIDATION

Title IV-E eligibility is to be documented and validated by the inclusion of the following items uploaded into the electronic case management system:

- A copy of the court order which commits the child to the MDHHS, or which gives MDHHS responsibility for the placement and care of the child must be uploaded in the electronic case management system in the document's hyperlink for that court order.

- A copy of the petition that led to the child's removal from their home must be uploaded in the electronic case management system in the document's hyperlink for that petition.

- Copies of all abuse/neglect and relevant delinquency orders issued by the court must be uploaded in the electronic case management system in the document's hyperlink for that court order.

- Copies of all petitions, reports, and transcripts that the court has used as documentation in making the judicial findings of contrary to the welfare and reasonable efforts must be

uploaded in the electronic case management system in the document's hyperlink for that petition or court order; see *Required Judicial Findings*.

The electronic case management system maintains a historical record of each determination of appropriate fund source. Individual determinations must be signed and uploaded. Notes to clarify eligibility factors and issues discovered during the eligibility process must be written on the determinations. All documentation used to determine eligibility including the income and asset documentation, birth certificate or other citizenship documentation, or qualified alien documentation must be attached and uploaded in the electronic case management system in the document's hyperlink for that initial funding determination.

CASE READING REQUIREMENTS

Comprehensive case reading practices must be utilized at all times to ensure compliance with federal regulations. On an ongoing basis, all cases determined to be title IV-E eligible, regardless of reimbursability status, must have a case read certified by a supervisor to ensure appropriate use of the funds. Case reads are to be completed using the DHS-436, Title IV-E Case Read Instrument. Case reads for the YAVFC program are to be completed on the MDHHS-5442, Young Adult Voluntary Foster Care (YAVFC) Case Read Tool.

Note: Best practice is for a full case read to be completed annually on title IV-E eligible cases and every six months for all YAVFC cases which would include a review of the payments. A case read is also recommended at case closure to ensure appropriate payments were made for the entirety of the child's case.

PROBLEM COURT ORDERS

Details on what steps are needed when a problem court order has been identified are found in FOM 722-10, Court Review.

NEGOTIATION WITH FEDERALLY RECOGNIZED AMERICAN INDIAN TRIBES

Michigan negotiates in good faith with any federally recognized American Indian tribe, tribal organization or tribal consortium in Michigan that requests to develop an agreement with MDHHS to administer all or part of the title IV-E program on behalf of Indian children who are under the authority of the tribe, organization, or consortium. This includes title IV-E foster care maintenance payments on behalf of children who are placed in MDHHS or tribally licensed foster family homes, adoption assistance payments, and guardianship assistance payments and tribal access to resources for administration, training, and data collection under title IV-E.

POLICY CONTACT

Questions about this policy item may be directed to FCD at MDHHS-federalcompliancedivision@michigan.gov.

OVERVIEW

Title IV-E funding is a federal fund source that may be used if specific policy requirements are met. If a factor exists making a child's case ineligible for title IV-E reimbursement, a notice is sent to the Family Division of Circuit Court and the Lawyer-Guardian Ad Litem (L-GAL). This policy describes the steps needed to process the title IV-E denial or cancellation and an appeal if filed by the L-GAL.

TITLE IV-E FUNDING DENIAL OR CANCELLATION

Title IV-E funding must be denied or cancelled based upon the following factors:

- Child is not a US citizen or qualified non-citizen; see FOM 902, Funding Determinations and Title IV-E Eligibility, US Citizenship/Qualified non-Citizen Status.
- The home from which the child was removed does not meet the former AFDC program's deprivation requirements; see FOM 902, Funding Determinations and Title IV-E Eligibility, Former AFDC Program Eligibility Requirements.
- The family's income exceeds the former AFDC program's standards; see FOM 902, Funding Determinations and Title IV-E Eligibility, AFDC Income and Assets.
- The family has assets exceeding the former AFDC program's standards; see FOM 902, Funding Determinations and Title IV-E Eligibility, AFDC Income and Assets.
- The court order does not contain a finding with case specific documentation that it is contrary to the child's welfare to remain in the home; see FOM 902, Funding Determinations and Title IV-E Eligibility, Continuation in The Home Is Contrary To The Child's Welfare Determination.
- There was no hearing within 60-calendar days of the child's removal that resulted in a court order with case specific documentation finding that reasonable efforts to prevent removal had been made; see FOM 902, Funding Determinations and Title IV-E Eligibility, Reasonable Efforts Determinations.

- There is no valid court order that grants the Michigan Department of Health and Human Services (MDHHS) sole placement and care responsibility; see FOM 902, Funding Determinations and Title IV-E Eligibility, Legal Jurisdiction. The exception to this requirement is a child who is placed with MDHHS through a Title IV-E Agreement.

- There is no court order resulting from a hearing held within the past 12 months that contains a finding with case specific documentation that reasonable efforts have been made to finalize a federally recognized permanency plan; see FOM 902, Funding Determinations and Title IV-E Eligibility, Reasonable Efforts Determinations.

- The placement is not eligible for title IV-E funding; see FOM 902, Funding Determinations and Title IV-E Eligibility, Eligible Living Arrangement.

- The court order specifies any of the following; see FOM 902, Funding Determinations and Title IV-E Eligibility, Legal Jurisdiction:

  - The court orders specific selection of and/or control of the foster care placement.

  - The court orders payment of rates not appropriate in the given case.

  - The court orders title IV-E payment be made.

- The child is over the age of 18 and not expected to complete high school by age 19; see FOM 902, Funding Determinations and Title IV-E Eligibility, Title IV-E Age Requirements and Exceptions.

- The child did not meet all Qualified Residential Treatment Program (QRTP) requirements.

Notice of Denial/ Cancellation

The electronic case management system generated DHS-176-CWFS, Fund Source Determination, must be sent to the Family Division of the Circuit Court and the Lawyer-Guardian Ad Litem (L-GAL) when title IV-E is denied or cancelled and whenever the fund source changes. The DHS-176-CWFS must be completed accurately to reflect all the reasons the child's case is not eligible

for title IV-E so that **all** fair hearings requirements are met. (**Failure to document all reasons for ineligibility may result in the department's denial or cancellation being overturned.)** The DHS-176-CWFS must be signed within 10-business days of the decision to change the fund source.

Example: If the child's case is not eligible due to judicial findings and there is no deprivation factor, both items must be noted as the reasons for denial or cancellation so both matters can be presented in the hearing.

Funding Following the Denial/ Cancellation Determination

Title IV-E funds cannot be used once it has been determined that the child's case is not title IV-E eligible. Foster care maintenance and administrative payments must be made from a fund source other than title IV-E based on the child's legal status.

For cases where payments have been made from title IV-E funds in error, payment reconciliation should **not** be pursued until the time period for an appeal, 90-calendar days, has elapsed. The reason for this delay is to prevent further reconciliation if more information may be discovered through the appeal process that would enable the child to be title IV-E eligible.

If title IV-E funding is cancelled, an appeal is not filed and the 90-calendar day time period has elapsed, payment reconciliation must be completed for any payments made from title IV-E for the entire period of ineligibility. Title IV-E funds are required to be returned to the federal government from the start of any period of ineligibility if title IV-E payments were made and the child is later determined not title IV-E eligible.

FAIR HEARINGS

After the department notifies the court of a denial or cancellation of title IV-E funds, the court may appoint the child's lawyer-guardian ad litem as the child's authorized hearing representative (AHR) to request an administrative hearing. The department provides an administrative hearing to review the decision and determine its appropriateness.

Hearing Request

Hearing requests must be made in writing and signed by the AHR. Faxes or photocopies of signatures are acceptable. The Michigan Office of Administrative Hearings and Rules (MOAHR) will deny requests signed by unauthorized individuals and requests without signatures. The hearing request must reference the reason(s) for requesting the hearing.

Where to File a Hearing Request

Instruct AHRs to deliver, mail, or fax the hearing request to their local MDHHS office, **attention: hearings coordinator**. The hearings coordinator receives the request on behalf of the department. Route all hearings related material through the coordinator regardless of the addressee.

All hearing requests received must be date stamped and forwarded immediately to the hearing's coordinator. If the hearing request is received by a local office that is not responsible for the disputed action, date stamp the request and forward it immediately to the correct local office, **attention: hearings coordinator**.

Deadlines for Requesting a Hearing

Only MOAHR may deny a request for a hearing. Accept and forward all hearing requests to MOAHR.

The AHR has 90-calendar days from the mailing of the notice of case action to request a hearing. If a hearing request is filed more than 90-calendar days from the date of the notice of case action, the hearings coordinator must do the following:

- Contact the Federal Compliance Division (FCD) to complete a DHS-3050, Hearing Summary, stating:
  - Specifically cite all reasons for lack of title IV-E eligibility.
  - The request was received after 90-calendar days from the date of the mailing of the notice of case action (attach a copy of the notice).
- FCD will forward the hearing request and the summary to MOAHR.

MOAHR will inform the AHR and the hearings coordinator if the request is denied.

Local Office/FCD Time Limits

If the hearing request is timely, local offices have **15**-calendar days from receipt of the hearing request to complete the following:

- Log the request.
- Contact the AHR.
- Arrange a pre-hearing conference including all appropriate staff.
  - The conference need not be **held** within the 15-calendar days standard.
- Determine the nature of the complaint.
- Contact the FCD. For FCD staff to fully review the case, the local office will need to provide the following information upon request:
  - Case name(s).
  - The electronic case management person ID(s).
  - Copies of:
    - Court petition(s).
    - Order(s) removing the child(ren) from the youth's home for the placement episode in question.
    - Information pertaining the actual execution of a removal order.
    - Writs, apprehension orders, emergency removal orders, delinquency orders prior to MDHHS involvement.
    - Order(s) where contrary to the welfare and reasonable efforts to prevent removal findings were made by the court.

- Any other relevant orders or those addressing permanency planning or placement specification.

- Additional information relevant to the reason for denial.

- FCD will forward a DHS-3050, Hearing Summary, to MOAHR.

Local Office Review

Resolve disagreements and misunderstandings regarding the reasons for denial or cancellation quickly, at the lowest possible level to avoid unnecessary hearings.

Upon receipt of the hearing request from the hearings coordinator, the first-line supervisor must review the disputed case action for accuracy according to policy and fact.

Administrative Review

FCD must review all hearing requests which are **not** resolved by the first-line supervisor. The purpose of the review is to assure local office staff did the following:

- Applied MDHHS policies and procedures correctly.
- Explained MDHHS policies and procedures to the AHR.
- Explored all eligibility alternatives (for example, if the denial is based on deprivation, have all other deprivation factors been explored).

FCD must evaluate the advisability of a hearing in relation to such factors as intent of policy, type of issue(s) raised, appropriateness of the department's denial, cancellation, and administrative alternatives.

FCD is responsible for determining that an appeal request **cannot** be resolved except through formal hearing.

The administrative review does not replace the hearing process. The hearing must be held as scheduled unless the department reinstates title IV-E eligibility and reimbursability or the AHR withdraws the hearing request.

Pre-hearing Conference

Concerns expressed in the hearing request should be resolved whenever appropriate and possible through a conference with the AHR rather than through a hearing.

The spokesperson for the local office at the pre-hearing conference may be anyone from the county office: the director, a first-line supervisor or child welfare funding specialist (CWFS). Whoever is assigned this function, however, acts on behalf of the county director.

A pre-hearing conference **must** be offered to the AHR upon receipt of a hearing request.

The pre-hearing conference must take place as soon as possible after the local office receives the request **unless**:

- The AHR chooses not to attend the pre-hearing conference; **or**
- A conference was held prior to receipt of the hearing request, and the issue in dispute is clear, and MDHHS staff fully understand the positions of both the department and the AHR.

All appropriate staff (for example: first-line supervisor, CWFS and FCD staff) **must** be consulted before the prehearing conference and attend as necessary.

All the following must be completed at the prehearing conference:

- Determine why the AHR is disputing the MDHHS action.
- Review any documentation the AHR has to support the AHR's position.
- Explain the department’s position and identify and discuss the differences.
- Determine whether the dispute can be resolved locally or requires a hearing.

Corrected Case Action

If the local office determines that the case action of title IV-E denial/cancellation needs correction, complete the following:

- Update the electronic and paper case record with the corrected information.
- Provide notification to the AHR that corrective action has been taken.
- Notify MOAHR that the disputed action has been corrected and that the AHR's concerns have been resolved. MOAHR must have all the following documentation to deny hearing requests:
  - The hearing request with the signature of the AHR.
  - A short summary of the actions the local office took to correct all the concerns (a DHS-3050, Hearing Summary, may be used).

MOAHR will send the AHR a letter stating that the hearing request is dismissed because there is no longer any basis for a hearing. The hearing will **not** be dismissed if the AHR claims that the local office failed to correct all the disputed actions.

Hearing Summary

FCD will complete a DHS-3050, Hearing Summary, if the dispute is **not** resolved at a prehearing conference. All case identifiers and notations on case status must be complete.

The narrative must include all the following:

- Clear statement of case action.
- Facts which led to the action.
- Policy and federal regulations which supported the action.
- Correct address of the AHR.
- Description of the relevant documents the local office intends to offer as exhibits at the hearing. Attached exhibits and documents must be clearly numbered and identified.

Funding Pending the Hearing

Foster care funding continues pending the hearing from a fund source other than title IV-E based on the child's legal status.

Withdrawals

When any issue is still in dispute, do **not**:

- Suggest that the AHR withdraw the request; **or**

- Mail a withdrawal form to the AHR unless it is requested.

Prior to Mailing Hearing Request to MOAHR

When all issues are resolved and the AHR wishes to withdraw the request, the local office must request a signed statement requesting withdrawal from the AHR. The DHS-18A, Hearing Request Withdrawal, may be used for this purpose. The withdrawal must clearly state why the AHR has decided to withdraw the request. Enter all identifying case information on the withdrawal, attach the original copy to the request and forward them to MOAHR. File a copy of the withdrawal in the case record.

After Mailing Hearing Request to MOAHR

When all issues are resolved and the AHR wishes to withdraw the request, do the following:

- AHR requests withdrawal while in the local office:
  - Ask for a signed, written withdrawal. The DHS-18A, Hearing Request Withdrawal, should be used.
  - Fax a copy of the withdrawal request to MOAHR at (517) 763-0146. The original request form must be placed in the case file at the local office.
- AHR requests withdrawal via telephone:
  - Ask the caller to promptly send a written request for withdrawal to the local office. The AHR may obtain and complete a DHS-18A at the local office or online at: www.michigan.gov/mdhhs/doing-business/forms in the Other category.
  - When the request for withdrawal is received, fax a copy to MOAHR at (517) 763-0146. File the original in the case record.

Requests for Postponement (Adjournment)

The AHR or local office may request a postponement (also called adjournment) of a scheduled hearing. If the AHR requests a post-ponement, instruct the AHR to call MOAHR to request the postponement. **Only** MOAHR can grant or deny a postponement.

MOAHR will notify the hearings coordinator **if** the postponement is granted. When the hearing is rescheduled, MOAHR will issue a new DHS-26A, Notice of Hearing, which is mailed to all parties who received the original notice.

If the postponement is granted at the request of the AHR, the standard of promptness is extended for as many days as the hearing is postponed.

Late Arrival for the Hearing

Hearings will be held on the scheduled date if the AHR arrives within 30 minutes of the scheduled time.

If the AHR arrives **more** than 30 minutes late, immediately call MOAHR for direction on how to proceed. Whenever possible, the hearing will be held on the scheduled date.

Failure to Appear for the Hearing

Contact MOAHR if the AHR does **not** appear for the hearing within 30 minutes of the scheduled time. Do **not** take negative action until written authorization from MOAHR has been received. If the AHR later contacts MDHHS to have the hearing rescheduled, instruct the AHR to:

- Write MOAHR at P.O. Box 30763, Lansing, MI 48909; **or**
- Call MOAHR at the toll-free number (877) 833-0870.

Presentation of the Case

The Attorney General (AG) and AHR will each present their positions to the Administrative Law Judge (ALJ), who will determine whether the actions taken by the local office are correct according to fact, law, policy and procedure.

Note: FCD will initiate action in obtaining AG representation for MDHHS.

Following the opening statement(s), if any, the ALJ directs the MDHHS case presenter to explain the position of the local office. The hearing summary, or highlights of it, may be read into the record at this time. The hearing summary may be used as a guide in presenting the evidence, witnesses and exhibits that support the

department's position. Always include the following in planning the case presentation:

- An explanation of the action(s) taken.
- A summary of the policy or laws used to determine that the action taken was correct.
- Any clarifications by the central office staff of the policy or laws used.
- The facts which led to the conclusion that the policy is relevant to the disputed case action.
- The MDHHS procedures ensuring that the AHR received adequate or timely notice of the proposed action and affording all other rights.

Both the AG and the AHR must have adequate opportunity to present the case, bring witnesses, establish all pertinent facts, argue the case, refute any evidence, cross-examine adverse witnesses, and cross-examine the author of a document offered into evidence.

Admission of Evidence

The ALJ will follow the same rules used in circuit court to the extent practicable. The ALJ must ensure that the record is complete, and may do the following:

- Take an active role in questioning witnesses and parties.
- Assist either side to be sure all the necessary information is presented on the record.
- Be more lenient than a circuit court judge in deciding what evidence may be presented.
- Refuse to accept evidence that the ALJ believes is:
  - Unduly repetitious.
  - Immaterial.
  - Irrelevant.
  - Incompetent.

Either party may both:

- State on the record its disagreement with the ALJ's decision to exclude evidence and the reason for the disagreement.
- **Object to evidence the party believes should not** be part of the hearing record.

When refusing to admit evidence, the ALJ must state on the record the nature of the evidence and why it was **not** admitted. The ALJ may allow written documents to be admitted in place of oral testimony if the ALJ decides this is fair to both sides in the case being heard.

Hearing Decisions

The ALJ determines the facts based solely on the evidence at the hearing, draws conclusions of law, and issues a recommended decision to the MDHHS director.

Copies of the recommended decision are sent to FCD and the petitioner. Either party may file written exceptions within the timeframe as set forth in the recommended decision. The MDHHS director has 30-calendar days to issue a final decision and order or remand for rehearing.

The petitioner has the right to appeal the final decision and order to the Family Division of the circuit court of the county where the case is filed within 30-calendar days after the final decision and order is received.

The final decision and order may require MDHHS to take action. MDHHS must implement any required action within 10-calendar days of the mailing date of the hearing decision.

Implementing the Decision and Order

All hearing decisions **must** be recorded in the electronic and paper case records.

Some hearing decisions require implementation by the local office. Implement a decision and order within 10-calendar days of the mailing date of the hearing decision. **Do not** provide an additional notice of case action. The decision and order serve as notice of the action.

Implement the decision and order pending a court appeal unless a circuit court or other court with jurisdiction issues an order requiring a stay. In all cases the Federal Compliance Division must be consulted prior to reinstating or reconciling any title IV-E payments as the result of a hearing.

Rehearing/ Reconsideration

A **rehearing** is a full hearing which is granted when:

- The original hearing record is inadequate for purposes of judicial review.
- There is newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision.

A **reconsideration** is a paper review of the facts, law and any new evidence or legal arguments. It is granted when the original hearing record is adequate for purposes of judicial review and a rehearing is **not** necessary, but one of the parties believes the ALJ failed to accurately address all the relevant issues **raised in the hearing request**.

Rehearing/ Reconsideration Requests

The department or AHR may file a written request for rehearing/reconsideration. A decision must be made within 30-calendar days to request a rehearing/reconsideration. Request a rehearing/reconsideration when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing, and that could affect the outcome of the original hearing decision.
- Misapplication of policy or law in the hearing decision which led to a wrong conclusion.
- Typographical, mathematical, or other obvious errors in the hearing decision that affect the rights of the client.
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The department, AHR or the client must specify all reasons for the request.

Local Office Requests

A written request from the local office for a rehearing/reconsideration must be sent to the Federal Compliance Division in central office for a recommendation. The written request must include all the following:

- A copy of the decision and order.
- A copy of the hearing summary and all evidence presented at the hearing.
- Reasons why a rehearing/reconsideration is appropriate.

Send requests to:

Federal Compliance Division
Grand Tower Building, Suite 613
P.O. Box 30037
Lansing, MI 48909

Or email to:

mdhhs-federalcompliancedivision@michigan.gov.

Standard of Promptness

Final action on hearing requests, including implementation of the decision and order, must be completed within 90-calendar days from the date the hearing request was first date stamped by any local office unless there were delays in the scheduling or a request for continuance of the hearing, or the hearing took multiple days to complete.

Payments During an Appeal

MDHHS may not use title IV-E funds during an appeal process.

If title IV-E payments have been made that should not have been, the following actions must be taken:

1. Complete a new title IV-E funding determination or reimbursability determination in the electronic case management system immediately.

2. Ensure that the payment authorization is using the appropriate fund source of either state ward board and care or county child care funds.

3. Payments made from title IV-E in error will not be reconciled prior to a MOAHR hearing decision being made.

4. Following the MOAHR hearing decision, reconciliation can be made as needed. FCD will direct the local office on what payment action may need to be taken based on the MOAHR hearing decision.

OVERVIEW

When a child is placed in an out-of-home situation with the Department of Health and Human Services (MDHHS), any other income or funds available to the child are to be secured and used to reimburse the public funds providing payment for the child's care. This includes, but is not limited to, benefits from Retiree, Survivor and Disability Insurance (RSDI), Supplemental Security Income (SSI), Veterans Administration (VA), Worker's Disability Compensation, railroad retirement, federal civil service retirement, and/or any other retirement or insurance benefits. If the child's total income exceeds the cost of care, the excess is to be saved for the child. Details about how the government benefits impact foster care payments are found in FOM 903-8, Payment Requiring Special Processing.

Upon entering care, a DHS-3205, Foster Care/Juvenile Justice Benefit Eligibility Record, is to be completed for each child receiving any government benefits. The completed form should be forwarded to Central Office, Accounts Receivable Unit - Government Benefits. Applications to obtain any available governmental or insurance benefits will be completed by the Accounts Receivable Unit - Government Benefits area. MDHHS is to become the payee for youth paid from all fund sources.

An updated DHS-3205 is to be emailed to MDHHS-govtbenefits@michigan.gov to notify Central Office, Accounts Receivable Unit - Government Benefits area of any change in circumstances after acceptance that might qualify a child in MDHHS care, for governmental or insurance benefits, such as a change in placement, a parent dies, becomes disabled, retires, or the child becomes disabled, etc.

Note: Termination of parental rights does not affect a child's eligibility for RSDI benefits deriving from that parent. The child's right to that benefit continues even if the child were to be adopted.

SSI BENEFITS DETERMINATION

Supplemental Security Income (SSI) is a federal income supplement program funded by general tax revenues (not Social Security taxes). It is designed to help aged, blind, and disabled people, who have little or no income. It provides cash to meet basic needs for food, clothing, and shelter.

Children who have physical, emotional, or mental disabilities may be potentially eligible for, or could be currently eligible for SSI benefits.

A child may be SSI eligible if all of the following apply:

- They have a physical or mental condition or a combination of conditions that can be medically proven and which result in **marked and severe** functional limitations. A list of these conditions can be found on the DHS-4700, Children's SSI Screening Document - Supplement.
- The medically proven physical or mental condition or conditions will last or are expected to last at least 12 months or could be expected to result in death.
- They do not work at a job considered to be substantial work.

Children coming into care with SSI eligibility or who become eligible for SSI after entering care, automatically receive Medicaid eligibility. **Do not open Medical Assistance - Foster Care Departmental Ward (MA-FCDW) for children receiving Medical Assistance - Supplemental Security Income (MA-SSI); see** FOM 803, Medicaid - Foster Care**.**

Potentially SSI Eligible

Youth who are in a foster care or delinquency placement who appear to meet the above definition of disability are to be screened by the assigned worker for SSI eligibility with special attention given to the following youth:

- Youth receiving a determination of care (DOC) supplement in family foster care.
- Youth who, later in their placement, become disabled.
- Youth with identified chronic conditions in CareConnect360.
- Youth with documented medical (physical, mental and emotional) diagnoses.
- Youth approaching age **18** whose disability prevents them from becoming self-supporting. Within six months of a youth's 18th birthday, an application should be initiated with the Accounts Receivable Unit - Governmental Benefits area.

Initial SSI Application - Procedures for Determining Potential Disability

Children that do not need to be screened for SSI benefits:

- Currently receiving SSI benefits.
- Currently pending SSI benefits.

If there are questions regarding the youth receiving or having applied for SSI benefits, email the MDHHS Governmental Benefits email box at MDHHS-govtbenefits@michigan.gov.

For those youth who may be eligible for SSI:

- The Accounts Receivable Unit - Government Benefits area will work as a liaison between the Social Security Administration and the MDHHS caseworker. Submit the following documents to the MDHHS Governmental Benefits email box at MDHHS-govtbenefits@michigan.gov:
    - DHS-3205, Foster Care/Juvenile Justice Eligibility Record, indicating that the child is potentially eligible for SSI. Indicate in the comments section to whom the communication should be returned at the local office. This will ensure timely responses are received in the local office.
    - Birth certificate (for initial benefit applications only).
    - Court order granting MDHHS placement and care responsibility of the child.
    - SSA-788, Statement and Care Responsibility for Beneficiary (for initial benefit applications and payee changes).
    - Individualized Education Plan (IEP) or other supporting medical documents (for initial SSI applicants only).
- The Accounts Receivable Unit - Government Benefits area will send an initial SSI application packet for the worker to complete which must be returned in three weeks. The forms in the packet must be complete or the information will not be

accepted by the Social Security Administration. Any medical records, school documents and/or other documentation that supports the child's disability should be returned with the packet. The following documents must be returned via mail as an original is required by the Social Security Administration.

- SSA-8000 is the initial application.
- SSA-3368 Adult Disability Report -18+ years.
- SSA-3820 Child Disability Report - 0-17 years.
- SSA-827 Authorization to Disclose Information. The youth must sign if they are 12 years of age or older. Children under the age of 12 must have their form returned with the signature box left blank.

Do not wait for the supporting documentation to submit the rest of the packet. If documentation is received later, it can be submitted at that time.

Note: The Social Security Administration (SSA) may take up to six months to make a determination.

The SSA may send a letter directly to the child's placement requesting that the child be taken for further medical appointments and/or request additional documentation. The child's placement must be notified that they may receive a letter and the appointment must be completed. The placement should also be directed to notify the caseworker of the appointment as a separate notice will not be sent directly to the caseworker. In some instances, these letters will be received by the Accounts Receivable Unit - Government Benefits area and will be forwarded to the foster care worker.

Failure to attend the medical appointment or provide requested additional documentation may result in a denial by the Social Security Administration.

If the application is denied by the Social Security Administration, the Accounts Receivable Unit - Government Benefits area will not appeal their decision. The local office can appeal the decision on behalf of the child.

Potentially Eligible Youth Transitioning Out of Foster Care

Youth who are disabled and receiving title IV-E federal foster care benefits may not be eligible for SSI if they have a high daily cost of

care until foster care payments have stopped. SSA may accept an SSI application from a youth up to 180 days before the youth transitions out of foster care. The application must be made to ensure the eligible youth has access to the SSI once they transition out of foster care. An updated DHS-3205 is to be emailed to MDHHS-govtbenefits@michigan.gov to notify Central Office, Accounts Receivable Unit - Government Benefits area to begin the application process.

Ongoing Procedures for SSI Recipients

MDHHS as the SSI representative payee for the child in care must report any change in circumstances (events) regarding the SSI recipient to the SSA.

An updated DHS-3205, Foster Care/Juvenile Justice Benefit Eligibility Record, must be emailed by the caseworker to MDHHS-GovtBenefits@michigan.gov to notify Central Office, Accounts Receivable Unit - Government Benefits area of any change in circumstances after acceptance that might impact SSI benefits.

Events requiring completion of a DHS-3205 include:

- A change in physical placement of the child. This includes all placement changes, including a move from one foster home to another.
- The child returns home and is placed in a parental home placement.
- There is a change in the child's daily cost of care. An example would be an increased determination of care (DOC) rate.
- There is a change in the child's fund source.
- The child is adopted.
- The child's foster care case is closed.
- Death of the child.

Continuing Disability Reviews (CDR)

The SSA is required by law to periodically review the case of every individual who is receiving SSI disability benefits. The purpose of a Continuing Disability Review (CDR) is to determine whether the medical (physical or mental) conditions which established the SSI eligibility have improved.

CDR Notification

The following steps are required to ensure accuracy:

1. SSA will send the child's CDR packet to the Central Office, Accounts Receivable Unit - Government Benefits area.
2. Central Office, Accounts Receivable Unit - Government Benefits area will forward the packet to the assigned MDHHS foster care worker/monitor and supervisor (as shown in MiSACWIS).
3. The MDHHS monitor must submit the packet to the Placement Agency Foster Care (PAFC) worker if applicable.
4. The completed forms must be sent back to Central Office, Accounts Receivable Unit - Government Benefits area by the return date indicated.

Failure to promptly respond to the CDR may result in the termination of the child's SSI benefits.

Completing The CDR

To complete the SSA CDR, the assigned caseworker must ensure that the medical, behavioral and educational documentation which supports the child's disability is current and available (per FOM 801, Health Services for Children in Foster Care). The supporting documentation:

- Is used to determine continuing SSI eligibility.
- Verifies that the child has been receiving treatment that is considered medically necessary for their disability.

- Is entered in and uploaded to the MiSACWIS Health Profile Section.

SSI Suspensions and Reestablishing Eligibility

SSI eligibility is needs-based. SSI benefits are suspended by the SSA if income exceeds the SSI monthly benefit.

Per SSA policy if the source of payments for an individual's care is federally funded income based on need (for example, foster care under title IV-E), the payment is considered income and the SSI payment is reduced or suspended.

SSI benefits can remain in suspense for 12 consecutive full calendar months before the SSA requires a new application. During the 12-month period, if the cost of care becomes less than or equal to the SSI benefit rate and title IV-E is not the fund source, the SSI payment may be reinstated or resumed without filing a new SSI application.

Note: This change is communicated by submitting a DHS-3205.

SSI recipients generally have 12 consecutive months after the effective date of a suspension to have benefits reinstated without filing a new application. A new SSI application to reestablish eligibility is needed after a 12-month SSI suspension.

Youth and SSI at age 18

At age 18, SSA will review eligibility for continued SSI benefits based on disability rules for adults. This age 18 redetermination is conducted within a year of the youth's 18th birthday.

For the review, the SSA will send a letter requesting the following information about the youth's disability:

- Physician/other health care providers (including mental health) contact information.
- Medical treatments and services.
- Hospitalizations.
- Medications.

- Counseling/Therapy.
- Work activity.
- School/special education classes/tutoring.

RSDI BENEFITS DETERMINATION

Children who have a parent (or under certain circumstances a stepparent, grandparent, step-grandparent, foster parent or adoptive parent) who is retired, disabled or deceased may be eligible for Retirement, Survivors, and Disability Insurance (RSDI) benefits.

For those youth who may be eligible for RSDI:

- The Accounts Receivable Unit - Government Benefits area will work as a liaison between the SSA and the MDHHS caseworker. Submit the following documents to the Accounts Receivable Unit - Government Benefits area by email to MDHHS-govtbenefits@michigan.gov.
    - DHS-3205, Foster Care/Juvenile Justice Eligibility Record, indicating that the child is potentially eligible for RSDI. Indicate in the comments section to whom the communication should be returned at the local office. This will ensure timely responses are received in the local office.
    - Birth certificate (for initial benefit applications only).
    - Deceased individual's death certificate (if applicable, initial benefit application only).
    - Court order granting MDHHS placement and care responsibility of the child.
    - SSA-788, Statement and Care Responsibility for Beneficiary (for initial applications and payee changes).

Note: The SSA may take up to six months to make a determination.

If the application is denied by the SSA, the Accounts Receivable Unit - Government Benefits area will not appeal their decision. The local office can appeal the decision on behalf of the child.

TRIBAL BENEFITS

Consult with the tribe providing the payment and/or the applicable federal laws. It is recommended a trust be established for the child to be available to the child at age 18 years.

LOCAL RECEIPT OF BENEFIT/ WARRANTS

All financial benefits due to an MDHHS supervised child are to be paid directly to the State of Michigan. If such checks are sent to the local office or court, they should not be cashed but should be returned to the originating entity. The local office is to complete a DHS-3205, Foster Care/Delinquent Ward/Benefit, attach a court order for the child and submit the packet to the Accounts Receivable Unit - Government Benefits area. The Accounts Receivable Unit - Government Benefits area, upon receipt of the DHS-3205, will request an address change or change of payee, as needed, so that future checks will be sent directly to Central Office.

RECEIPT OF FUNDS IN EXCESS OF DEPARTMENT PAYMENTS

Whenever payments (Social Security, Veterans Administration, etc.) received by the department for children are in excess of the amount expended for the child's care, the funds will be placed in an account for the child. Money in the child's account may be used for the child's benefit and can be withdrawn at the request of the local office director or his/her designee.

The use of dedicated account funds from Social Security requires Social Security approval.

Upon discharge, the account is closed, and the excess funds are returned to the Social Security Administration or other originating entity.

Estate, insurance and other lump sum benefits awarded to a child should be directed to the Accounts Receivable Unit - Governmental Benefits area.

State and County Wards

Regardless of excess property or income, MDHHS is responsible for care and supervision. When there is a chargeback to the commitment county, one-half (up to the amount of the charge to the county) of any income or property used to provide for a youth's care will be credited to that county to reduce the chargeback. Youth with continuing excess income will be changed to a *no charge* status. See FOM 902-19, Chargeback System.

OVERVIEW

A Social Security number (SSN) is required for each child. All children accepted by the Department of Human Services for care must have an SSN or the SSN must be obtained. Each worker is to determine whether each child on their caseload has a Social Security number.

The actual Social Security card is **not** required, only the **verification** of the Social Security number. The Social Security Administration (SSA) will no longer issue Social Security cards for children in foster care. The only exception to this rule is if the foster child is a newborn who has not had a filing for an SSN through enumeration at birth (EAB) by the parents. In this case the worker would be the proper applicant.

Verifying the Social Security Number

Workers have the capability of verifying Social Security numbers using the electronic case management system. **When a child already has a verified Social Security number**, the Social Security number must be recorded on the DHS-3307, Initial Placement Outline and Information Record, and all other **required** areas. A printout of the electronic case management system screen must be filed within the child's case file for documentation of the SSN.

OBTAINING THE SSN FROM SOCIAL SECURITY ADMINISTRATION

If, **after completing the electronic case management system check** above, the child's SSN cannot be found, workers will need to complete a DHS-3471, DHS/SSA Referral. Fill out numbers 1 through 17. In box 17 write foster care child-needs verification of SSN. The worker is to sign the form in box 18 and submit to the local SSA. Workers are required to verify that the SSN is not on the electronic case management system before submitting the form to the SSA.

Complete instructions for the DHS-3471, DHS/SSA Referral form are found in the template.

For a newborn without a Social Security number - A Social Security Application, form SS-5, must be documented and signed by the worker. This action is to be recorded on the DHS-3307, Initial Placement Outline and Information Record. When signing, the worker uses the title DHS Worker. The address and phone number to use on the application is that of the local office.

Social Security cards for newborns are sent to the local office. When the card arrives, the assigned Social Security number is to be recorded on the DHS-3307, Initial Placement Outline and Information Record and on other appropriate forms.

In addition, for each child who must obtain a Social Security number, the worker must verify age, identity and citizenship or non-citizen status as a part of the requirement.

Detailed instructions for obtaining the SSN are found in Bridges Eligibility Manual, (BEM) 223, Social Security Numbers.

For most older children (approximately age 14 and older) the original card (if previously obtained) should be given to the child so that it is readily available when applying for jobs. If the youth does not have a Social Security card, give the youth a copy of the verified SSN for use in job applications and explain the process of obtaining the Social Security card from SSA.

SOCIAL SECURITY NUMBER AND THE ADOPTION PROCESS

When a foster child with a Social Security number is adopted, the child's Social Security number **is not** to be entered on adoption records and **is not** to be given to the adoptive parents. The adoptive parents (or child) should answer **no** to the question, “Have you ever before applied for or had a United States Social Security number?” when applying for a Social Security number for the child.

This prevents a cross-reference so that the identity of the natural parents and fact of adoption will not be recorded in SSA files and complies with Michigan law prohibiting the disclosure of the identity of the child's biological parents.

Exceptions for Retaining the Previous SSN in the Adoption Process

There may be two exceptions when the previously assigned Social Security number is to be retained:

1. The child is receiving and will continue to receive SSI benefits or Social Security benefits from the biological parents account.

2. The child has worked under the previously established SS number.

CHARGEBACK SYSTEM OVERVIEW

1935 PA 220, MCL 400.201 - 400.216 (MCI or Neglect Statute) and 1974 PA 150, MCL 803.301 - 803.309 (Youth Rehabilitation Services Act or Delinquency Statute), establish methods of state and county participation in the cost of providing out-of-home care and in-home care. Both acts require the state and county to share in this cost. Payments are made from MiSACWIS and the county is charged for their portion of the costs through the chargeback report. Act 296 wards are not included in this chargeback process.

The Social Welfare Act, MCL 400.1 - 400.122, provides authority for county and state participation in the cost of children under the jurisdiction of the family division of the circuit court.

This chargeback process applies to only children in out-of-home care whom are also placed with the Michigan Department of Health and Human Services (MDHHS). Payments for all MDHHS youth, regardless of fund source, in out-of-home placements are made from MiSACWIS. The chargeback (CK) report generates from MiSACWIS to detail the county share in the cost of the child's care.

Note: If MDHHS makes a claim for title IV-E reimbursement for eligible foster care costs, MDHHS pays for care and does not charge the county for any of the remaining portion of costs.

METHOD OF BILLING/ REIMBURSEMENT

The chargeback unit receives information from MiSACWIS regarding MDHHS payments for the out-of-home care for both county and state wards placed with MDHHS. On a monthly basis, the CK report is available in MiSACWIS to the local offices, tribes, circuit courts, family divisions, and the county treasurers regarding the amount of county reimbursement due to the department. The CK report details the child specific information regarding the charges.

ADJUSTMENTS TO CK REPORTS

If, upon receipt and review of the CK report, the local office or the tribe/court believes the report contains inappropriate charges, the following actions must be taken:

CK Report Review Actions

1. The tribe/court will confirm the charges are correct. Any questions regarding the charges should be discussed with the local MDHHS office.
2. If the tribe/court still does not agree with a charge, a request for review is made within MiSACWIS.
3. The Federal Compliance Division (FCD) will be investigating all requests for review made in MiSACWIS.
4. If FCD agrees with the tribe/county, the charge will be adjusted within MiSACWIS.
5. If FCD does not agree with the tribe/county, an MDHHS-5584, Notice of Adjustment Denial will be sent to the tribe/court and the local office.

Notice of Adjustment Denial

Under MCL 400.43a et seq. and MCL 400.117a et seq., if the requested adjustment is not completed, the Notice of Adjustment Denial, MDHHS-5584, will be sent to the tribe/court. This notice will provide case specific information and the tribe/court's opportunity to request an administrative hearing.

Administrative Hearing Request

The tribe/court must submit a request by completing a MDHHS-5729, Payment/Adjustment Denial Hearing Request, within 90 calendar days from the date of the MDHHS-5584 to contest the payment adjustment. The MDHHS-5729 must be sent to MDHHS-federalcompliancedivision@michigan.gov.

If no MDHHS-5729 is submitted within 90 calendar days of the MDHHS-5584 issuance, the payment is established as owed by the tribe/county.

Upon receipt of a MDHHS-5729, FCD will complete a DHS-3050, Hearing Summary. The DHS-3050 will include all relevant exhibits supporting the department's actions in the case. FCD must file with Michigan Office of Administrative Hearings and Rules (MOAHR) the DHS-3050, the Request for Hearing, and any documents attached

by the tribe/court within 10 business days of FCD's receipt of the MDHHS-5729.

Informal Pre-Hearing Conference

Issues stated in the MDHHS-5729 should be resolved whenever possible through an informal conference with the tribe/court. This conference (either in person or by phone) must be scheduled within 30 calendar days after FCD receives the MDHHS-5729 unless either of the following occur:

- The tribe/court chooses not to participate in the informal conference.
- A conference was held prior to the receipt of the MDHHS-5729, the issue in dispute is clear, and MDHHS staff fully understands the positions of the tribe/court.

All appropriate staff should be consulted before the informal conference and should attend, as necessary.

Settlement Conference

Either party may request a settlement conference where negotiation and settlement, including waiver, may occur as provided in MCL 24.278(2).

Settlement

If a tentative settlement is reached through a settlement conference, a proposed settlement agreement will be submitted for approval by the Children's Services Agency (CSA) executive director. If approved, the proposed settlement agreement will be submitted to the MDHHS Settlement Committee, which will review and either accept or reject the agreement.

If accepted, the agreement will be provided to the administrative law judge (ALJ). The ALJ will then forward an Order Transmitting Settlement Agreement to the department director for review and issuance of a Final Decision and Order Accepting the Settlement Agreement.

Administrative Hearing

If no settlement conference is requested or a settlement agreement is rejected, the matter will proceed to hearing. The parties are not prohibited from continuing to engage in additional settlement discussions prior to the date of hearing.

After the conclusion of the hearing, the ALJ will issue a final decision and order.

Reconsideration/ Rehearing

Following receipt of the ALJ's final decision and order, either party may seek a reconsideration or rehearing of the final order. A reconsideration may be granted by MOAHR under Mich Admin Code R 792.10135. A rehearing may be granted as provided in MCL 24.287.

Judicial Review

Either party may appeal a final decision and order to the Ingham County Circuit Court under MCL 400.117h.

LEGAL BASE

Michigan Children's Institute, MCL 400.201 - 400.216.

Youth Rehabilitation Service Act, MCL 803.301 - 803.309.

The Social Welfare Act, MCL 400.1 et seq.

Administrative Procedures Act (APA), MCL 24.271 et seq.

POLICY CONTACT

Questions about this policy item may be directed to MDHHS-federalcompliancedivision@michigan.gov.

All information that was previously in this policy section can now be found in FOM 722-16, Young Adult Voluntary Foster Care (YAVFC).

All information that was previously in this policy section can now be found in FOM 722-16A, Young Adult Voluntary Foster Care (YAVFC) Fair Hearings.

OVERVIEW

The Michigan Department of Health and Human Services (MDHHS) utilizes the services of individual families, placement agency foster care (PAFC) providers, private child caring institutions (CCI), court-operated facilities, MDHHS-operated facilities, mental health facilities, and other facilities such as hospitals and adult foster care homes, as appropriate, to meet the needs of an individual child. A combination of the child's legal status, family financial circumstances, and placement needs strictly determines which fund source is used to pay for placement and other related services.

PAID SERVICE AUTHORIZATIONS

Types of paid service authorizations are listed below along with manual references explaining how the payments are initiated.

Placement Service Authorizations

Placement service authorizations include a maintenance and/or an administrative rate. Service authorizations are created, amended, and end dated within the electronic case management system. Further policy clarification is provided for many placement service authorizations.

- For family foster care service authorization details for all foster families and relative providers; see FOM 903-03, Payment for Family Foster/Relative Care.
- For purchased care payment procedures for PAFC and CCI; see FOM 903-04, Purchased Care Payment Procedures.
- For foster care rates; see FOM 905-3, Foster Care Rates.
- For rates regarding PAFC and CCI by specific providers; see FOM 905-5, Rates for Child Care Institutions and PAFC Providers (A-Z).
- For payment procedures and detention rules; see FOM 903-02, Payment for Detention Care.
- For independent living service authorization details for youth in the Young Adult Voluntary Foster Care (YAVFC) program; see FOM 722-16, Young Adult Voluntary Foster Care.

- For independent living service authorization details for youth not in the YAVFC program; see FOM 903-8, Payment Requiring Special Processing. For descriptions of independent living requirements for state wards; see FOM 722-07F, Permanency Planning - PPFWR and APPLA. For additional independent living funding resources; see FOM 950, The Youth in Transition (YIT) Program.

Case Service Authorizations

For detailed requirements for case services; see FOM 903-09, Case Service Payments. Some medical reimbursements can be requested on a DHS-93, Examination Authorization for Services. For policy requirements; see SRF 800, DHS-93 Medical Service Authorization.

Taxability of Foster Care Payments

Taxable income is defined in MCL 206.30(I) as adjusted gross income as determined in the Internal Revenue Code (IRC) subject to certain adjustments.

Foster care payments, including determination of care (DOC) payments, are not taxable to the extent these payments are excludable from adjusted gross income under Section 131 of the IRC.

Foster care payments that are not excludable from taxation under Section 131 will be included in adjusted gross income as compensation for personal services. These payments are taxable to a resident of this state and to a nonresident if the personal services are performed in this state.

Foster parents may receive an IRS 1099 form. This is not meant to be a determination of tax liability.

Recipients of foster care payments must consult a tax advisor for further clarification.

PAYMENT SYSTEMS PROCEDURES

Scheduled maintenance payments can be issued on a weekly basis, for a two-week pay period (or a portion thereof). The maintenance payment(s) are issued through a positive billing process. To receive payments, the provider must verify through the

interactive voice response (IVR) system that the child was in their care. Details regarding this process are found in the Foster Care Provider Payment Handbook.

- In all cases the service authorization must be completed in a timely manner in the electronic case management system; see Reference Schedules Manual (RFS) 205, Children's Foster Care Payment Schedule.
- Warrants are issued weekly. Each warrant will cover maintenance and administrative payments for any verified previous bi-weekly period(s) and case service payments.
- Details regarding child specific service authorizations, payment requests, rosters, and warrants can be found in the electronic case record.

Returned, Lost, Stolen, Forged, or Undelivered Warrants

Warrants issued from the electronic case management system that are returned, lost, stolen, forged, or undelivered can be stopped or rewritten. Review the electronic case management system Warrant Rewrite and Reissue job aid for further instructions.

INCORRECT PAYMENTS

Prompt corrective action must be taken when payment errors are identified.

Reconciliation of Payments

If the wrong fund source was used for a payment, reconciliation must be completed in the electronic case management system.

Recoupment of Overpayments

Foster Care Providers

Recoupment action is necessary when a provider is overpaid for services and the funds must be returned to MDHHS. When an error is identified, the child's payment history must be closely researched

to ensure that all payments made in error are processed for recoupment. Payment recoupment includes both the placement service and case service payments.

Examples of circumstances that require recoupment include:

- Child moves from a paid provider to an unpaid placement and an overpayment is made to the paid provider.
- Payment to one provider continues beyond the date of the child's placement and another provider is entitled to payment for the child's care.
- Determination of care (DOC) supplement is paid for a period of time beyond the authorization.
- A clothing allowance was made to the child's prior placement after the child moved to a new placement.
- A child does not enroll in driver's education, but a payment was issued.

To correct these types of payment errors, the local MDHHS staff must ensure that the recoupment is completed in the electronic case management system. If a different provider needs to be paid for the same dates or services, the local MDHHS office must execute a new service authorization and request a manual payment from the Federal Compliance Division (FCD) at MDHHS-federalcompliancedivision@michigan.gov.

Independent Living

MDHHS does not request recoupment for overpayments made to a youth in independent living. The case manager must ensure accuracy for all independent living placements and service authorizations in the electronic case management system to ensure overpayments are not made.

Time Limit on Foster Care Payments

Requests for payment exceeding 12 months from the date of service will **not** be honored. To request a rare exception to policy for payment of dates exceeding 12 months from the date of service, a policy exception request must be submitted to the FCD at MDHHS-federalcompliancedivision@michigan.gov. The exception

request must include the approval of MDHHS local office director and Business Services Center (BSC) director.

Problem Payment Inquiries

Case managers with questions concerning payments can contact FCD at MDHHS-federalcompliancedivision@michigan.gov.

POLICY CONTACT

Questions about this policy item may be directed to FCD at MDHHS-federalcompliancedivision@michigan.gov.

PURPOSE

The Michigan Department of Health and Human Services (MDHHS) pays for detention facility placements for Act 150 public wards using state ward board and care (SWBC) funds.

Exception: This policy does **not** pertain to youth who are **not** Act 150 public wards. The placements for those youth are entered in the electronic case management system as a *detention - unpaid placement* to ensure payment through a process outside of the electronic case management system.

Secure detention or jail is not to be used for neglect/abuse wards or MCI (Act 220 and Act 296) wards unless a delinquency complaint or petition has been filed and the judge has issued an order for detention; see Placement in Jail, Correctional, or Detention Facilities in FOM 722-03, Placement Selection and Standards.

Detention is the most restrictive placement available and does not provide rehabilitative treatment for juvenile offenders. The assigned case worker must ensure that alternatives to placement in detention are considered. When it is necessary to place a youth in detention, the restrictions on placement in detention must be followed in accordance with JJM 470, Detention Alternatives, Detention & Jail Requirements, and any violations must be reported.

ELIGIBILITY CRITERIA

The department will pay SWBC for detention in a court or county-operated facility beginning on the Act 150 commitment date for newly committed Act 150 public wards.

For other Act 150 public wards who require detention in a court or county-operated detention facility, the department will pay SWBC if **the Act 150 public ward is placed in detention as a result of a MDHHS request**, see *court-ordered juvenile detention* in JJM 470, Detention Alternatives, Detention & Jail Requirements, for more information on when juvenile detention may be recommended to the court as a temporary placement.

PLACEMENT DOCUMENTATION

When eligible for SWBC payments, the detention placement for an Act 150 public ward must be entered in the electronic case management system with a service code of 0760 - *county detention*

- *paid*. If a youth is already in detention and later becomes an Act 150 public ward while placed, a new placement with the 0760 service code must be added effective the commitment date.

Detention Beyond 30 Days

If a youth is to remain in detention for more than 30 calendar days, a placement exception request (PER) must be completed in the electronic case management system and approved by the local office director or designee prior to the 30th calendar day. Use the juvenile detention or court treatment facility placement will exceed 30 calendar days PER for this scenario. If the request is denied, the youth must be moved from detention within five calendar days.

SWBC payments cannot be made to the detention center beyond 30 calendar days without the approved PER. Obtaining this PER timely also prevents extra steps as outlined in the example below.

Example: If the PER is not completed timely, the placement in the electronic case management system will automatically be ended and a new *detention - unpaid* placement is added. If the PER is later approved for those dates, the *detention - unpaid* placement must be marked created in error which will re-open the prior *detention - paid* placement. If subsequent placements have been added, those must be created in error.

PAYMENT PROCESS

Note: Payments funded by SWBC are made using the chargeback system; see FOM 902-19, Chargeback System. A separate warrant for an individual youth's detention will not be issued. Detention is not a title IV-E reimbursable placement.

Per Diem Rate

The daily rate for detention includes the cost of providing food, shelter, ongoing clothing needs, personal incidentals such as personal allowances and school supplies, routine health, medical care, dental care, and routine transportation.

Non-Routine Medical and Dental Costs

Non-routine medical expenses and dental treatments such as psychiatric medication, emergency room care, and tooth extraction are not included in the detention per diem rate. Such costs are paid in the electronic case management system for youth placed with

MDHHS through either their abuse/neglect or delinquency case. These payments are not limited to Act 150 youth. The process for payment of medical and dental expenses outlined in FOM 903-09, Case Service Payments, also apply to youth in detention. These costs are then included in the chargeback to the responsible fiscal county.

Invoice

The detention facility must send an invoice to the local office that placed the youth in detention. All invoices must be reviewed for approval and signed by the local office juvenile justice specialist and supervisor. Approval and signature indicate that the number of days charged is correct.

Example: The youth is placed in detention June 7th through June 9th. Payment is made for the night of June 7th and June 8th. The total number of nights (billable days) the youth was placed in detention is two days.

The approved invoice must align with an approved service authorization in the electronic case management system.

Invoice Submission

Invoices from the court or county operated detention facility must include the following information, which may be handwritten on the invoice by the local office:

- The youth's electronic case management system person ID.
- The electronic case management system case ID.
- Legal status and Act 150 commitment date.
- Signature of the juvenile justice specialist and supervisor.

Invoice only when all appropriate documentation in the electronic case management system has been completed and approved. This includes:

- *Detention - paid* placement.
- Approved service authorization.
- Approved PER for detention beyond 30 days.

Email the invoice with approval signature by a supervisor to MDHHS-county-chargeback@michigan.gov.

COURT OR COUNTY-OPERATED TREATMENT FACILITIES

This same placement and payment procedure is used for Act 150 public wards placed in court or county-operated treatment facilities.

STATE OPERATED DETENTION CENTERS

Youth placed at Bay Pines or Shawono Center must have a referral through the Juvenile Justice Assessment Unit (JJAU). If the provider accepts the youth, the JJAU creates the placement in the electronic case management system. The worker then routes the service authorization for approval to ensure payment is made.

LEGAL BASIS

The Youth Rehabilitation Services Act, 1974 PA 150, as amended, MCL 803.302(c)

Defines a "public ward" as "a youth accepted for care by a youth agency who is at least 12 years of age when committed to the youth agency by the juvenile division of the probate court or the family division of circuit court under section 18(1)(e) of chapter XIIA of 1939 PA 288, MCL 712A.18, if the court acquired jurisdiction over the youth under section 2(a) or (d) of chapter XIIA of 1939 PA 288, MCL 712A.2, and the act for which the youth is committed occurred before his or her eighteenth birthday" **or** "a youth accepted for care by a youth agency who is at least 14 years of age when committed to the youth agency by a court of general criminal jurisdiction under section 1 of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.1, if the act for which the youth is committed occurred before his or her eighteenth birthday."

POLICY CONTACT

Policy clarification questions may be submitted to MDHHS-federalcompliancedivision@michigan.gov.

JOB AID

The electronic case management system job aid: Entering Paid Detention and Paid Court Treatment Facility.

OVERVIEW

Payments for the care of a child in a placement from child care fund (CCF), state ward board and care (SWBC), title IV-E, limited term/emergency foster care/general, and Unaccompanied Refugee Minor (URM) fund sources are generated through service authorizations that are routed, approved, and amended in the electronic case management system. For age-appropriate rates; see FOM 905-3, Foster Care Rates.

The rate paid to the placement agency foster care (PAFC) provider for maintenance, clothing allowance, holiday allowance, and any determination of care (DOC) must be paid by the PAFC provider to the caregivers providing the care.

WHEN A CAREGIVER MOVES

When the supervising agency is notified that a foster parent/relative caregiver is moving and wants to continue as a foster parent/relative placement, a referral must be made immediately, by the case manager, requesting the provider's new address be licensed/approved. The referral for a licensed provider is made to their licensing case manager. For unlicensed relative caregivers, the foster care case manager must approve the relative's new home; see FOM 722-03B, Relative Engagement and Placement.

Foster parents and relative caregivers must complete their address change in SIGMA Vendor Self Service (VSS) to continue to receive foster care payments. Payments to relative caregivers may continue as scheduled while the new home is assessed. There could be a change in fund source if there is a gap in dates the relative is approved. Licensed unrelated foster parents may have a gap in payments while the new address is licensed. Payments will be received once the new home is approved.

Caregivers Moving to Another State

If a foster parent or relative caregiver moves to another state, there are additional requirements to license or approve their new address. Licensed unrelated foster parents will experience an extended gap in foster care payments until the new out-of-state address is licensed, and payments will not be made while the unrelated foster parent is not licensed.

Note: There should not be a gap in payments for relatives because their payments are not related to the license.

MAINTENANCE RATE FOR FOSTER CARE

The maintenance rate refers to the scheduled rate paid for a child who requires no extraordinary care in relation to age other than what would be determined to be routine care and supervision of a child who has never experienced an out-of-home placement based on child abuse and/or neglect.

The maintenance rate was established based on the United States Department of Agriculture (USDA) study of the average cost of raising a child in the Midwest for a low-income family. The payment is a reimbursement, not a wage or salary, to cover ongoing, routine, and normally expected costs including:

- Room and board, food, personal care, routine transportation, and over-the-counter medical supplies not available through Medicaid. This is considered the room and board portion of the maintenance rate.
- Out-of-pocket expenses such as magazines, books, recreation, gifts, contributions, expendable school supplies, etc. are the allowance and personal incidentals portion of the maintenance rate. The exact determination of how much the allowance is and on what basis the caregiver provides it to the child is a matter for joint family and case manager determination.
- The portion of the maintenance rate intended for clothing is for incidental clothing needs throughout the year. More details regarding additional clothing allowance payments can be found in FOM 903-09, Case Service Payments.

Details regarding additional available case service payments can be found in FOM 903-09, Case Service Payments.

DETERMINATION OF CARE SUPPLEMENTS FOR FOSTER CARE

Children in out-of-home placement oftentimes require additional assistance above what is determined to be routine care and

supervision of a child who has never experienced an out-of-home placement. Determination of care (DOC) forms are to be completed **with** active involvement of the caregiver who is eligible for a foster care payment. **The DOC form must be completed for each child and is not contingent on a request being received from a provider. DOC rates are *in addition* to the daily foster care maintenance rates. The foster care daily maintenance rates cannot be negotiated.** Caregivers providing additional care and supervision to meet the needs of a child are eligible for a DOC rate if they are eligible to receive foster care payments. A DOC may be justified based on the child's needs and not solely the actions of the caregivers. Timely completion of the DOC forms and ensuring the caregivers are paid the appropriate rate is an important task of the case manager.

The case manager is required to complete a DOC for all children receiving Supplemental Security Income (SSI). When a child qualifies for a DOC supplement due to a disability or specific medical or mental health diagnosis, the case manager must screen the child for SSI eligibility; see FOM 902-12, Government and Other Benefits.

Children receiving the additional rate for the serious emotional disturbance waiver (SEDW), or treatment foster care are not eligible for a DOC. For additional information on SEDW and treatment foster care; see *Waiver for Children with Serious Emotional Disturbance* in FOM 802, Mental Health, Behavioral and Developmental Needs of Children Under the Supervision of MDHHS.

Note: The caregiver and the case manager may not agree on what DOC level should be requested based on the assessment on the completed DOC form. **The caregiver's request must be submitted**. The case manager may add comments to the DOC form if they do not agree with the assessment and list the reasons why.

A DOC assessment must be completed in the electronic case record at the following points during a child's case:

- Within 30-calendar days of the child's removal.
- Within six months of the previously approved DOC.
- Within 30-calendar days of identifying the child's needs have changed.

- Within 30-calendar days of a placement change to a different foster parent or approved relative caregiver.

Completion of the DOC assessments apply to all caregivers eligible for payment, regardless of the fund source. In all case situations, the case manager must involve the caregiver in completion of the form and the caregiver must sign the assessment form. Each signed DOC assessment must be uploaded into the electronic case record. The caregiver must also be provided with a copy of the DOC assessment once it has been signed by all applicable individuals. The DOC assessment contains information regarding the caregiver's right to an appeal if they do not agree with the approved DOC.

DOC rates are **not** to be authorized for any period that exceeds six months. If a DOC supplement continues to be necessary at the end of the authorized period, a new assessment must be completed, appropriate approval obtained, and the payment authorization completed.

When assessing the potential eligibility and continuation of a DOC supplement, complete the DOC form that most closely fits the case situation:

- DHS-470, Assessment for Determination of Care for Children in Foster Care (Age one day - 12 years).
- DHS-470A, Assessment for Determination of Care for Children in Foster Care (Age 13 and over).
- DHS-1945, Assessment for Determination of Care for Medically Fragile Children in Foster Care.

The individual activities required by the caregiver to meet the specific individual needs of the child placed in their home must be documented under the caregiver activities section of the parent agency treatment plan (PATP); see FOM 722-08D, Treatment Plans.

The ongoing activities to address the child's needs must be documented throughout the service plan, where applicable. This requirement does not mean that a DOC is to be denied until the updates have been made to service plans. The expectation is that the information will be included in the subsequent service plans.

The DOC must **not** include activities provided by a third party (person) for child day care, nursing care, respite care, assisted care, etc.

DOC Documentation

The PATP should reflect the caregiver activities presented in the DOC request form. The DOC request form is a separate document; activities may be verified through discussions with the child, caregivers, school, and/or therapist which would then also be documented in the PATP. Reviewing of social work contacts, therapy reports, and other school and/or medical documents contained in the electronic case record is not required for Levels I-III. **Submission of documentation beyond what is already maintained in the electronic case record is only required for a level IV DOC rate**.

Example: The caregiver, therapist, or the child reports the caregiver participates in therapy with the child weekly. A letter from the therapist documenting the caregiver's involvement **is not required** solely for the approval of the DOC.

Example: The caregiver reports they are collaborating with the school. The detail regarding their involvement is documented in the child's service plan. Additional documentation from the school may be included in the child's electronic case record but **is not required** solely for the approval of the DOC.

Example: The caregiver discusses the child's behavioral needs at monthly home visits. While the caregiver may be completing behavior charts for the therapist or school, the submission of behavior charts **are not required** solely for the approval of the DOC.

A copy of the approved DOC form must be sent to the caregiver **and** the PAFC provider if applicable.

Begin/Effective Date of Request

The begin/effective date should reflect the appropriate date for the DOC payment.

The begin/effective date for an initial DOC is the date of placement. Within the first 30-calendar days of the placement, Michigan Department of Health and Human Services (MDHHS) case manager must submit the completed DOC to their supervisor.

PAFC supervisors must submit the completed DOC to the MDHHS purchase of service (POS) monitor within the first 30-calendar days of placement.

The begin/effective date for a DOC renewal is the date following the end date of the last approved DOC. There must not be a gap between the DOC approvals. MDHHS case managers must submit the completed DOC to their supervisor at least 30-calendar days before the end date of the previously approved DOC. PAFC supervisors must submit the completed DOC to the MDHHS POS monitor at least 30-calendar days before the end date of the previously approved DOC.

The begin/effective date for an escalation or de-escalation of the DOC, prior to the renewal date, is the date the change in circumstance occurred. MDHHS case managers must submit the completed DOC to their supervisor within 30-calendar days of the change in circumstances. PAFC supervisors must submit the completed DOC to the MDHHS POS monitor within 30-calendar days of the change in circumstances.

When a change in the DOC level is approved, the DOC rate is retroactive to the begin/effective date on the DOC form.

If the case manager does not complete these steps timely, this does not negatively impact the payment to the caregiver. If there is a delay, an explanation must be provided.

Note: The caregiver, PAFC, or MDHHS case manager may initiate an administrative review if not notified timely of the DOC decision. An administrative review will be initiated for any DOC decision not received within 45-calendar days from the begin/effective date of the DOC request; see *Administrative Review Process*.

Duration of the DOC

When completing the DOC and it is known that caregiver involvement is not expected to last 180-calendar days, the end date can be approved for less than the full 180-calendar day maximum. No DOC may be approved for longer than 180-calendar days.

For a child with an approved DOC, a de-escalation should be discussed with the caregiver at length to ensure the child does not meet other criteria to maintain the approved level. A DOC de-escalation must not be pursued if the caregiver activities in a

certain area are being discontinued for a short, pre-determined period.

Example: A DOC supplement is approved with an begin/effective date of April 1 with some school activities included in the DOC assessment. The DOC should not be ended for the summer or other school breaks.

Caregiver Approval of Rate

All completed and approved DOC forms must be provided to the caregiver. The caregiver approves the request by signing the original DOC form. If the originally requested rate is not approved, the caregiver is eligible to appeal the decision through the administrative review process.

Administrative Review

If the caregiver disagrees with the DOC determination or is not notified of a decision in a timely manner, the caregiver has a right to an administrative review. The administrative review must be initiated within 10-business days.

For PAFC supervised cases, the agency must initiate the request for the administrative review on behalf of the caregiver. The request must be submitted even if the PAFC provider agrees with the MDHHS decision.

The caregiver also has the option to submit a request to appeal the DOC determination by sending an email to MDHHS-fostercarepayments@michigan.gov.

Administrative review decisions by the Federal Compliance Division (FCD) regarding DOC requests up to and including level III are final. Once an FCD decision is received, the local MDHHS office must implement any change in the DOC rate as determined by FCD.

The county and/or business service center (BSC) director's decision on a level IV DOC is final and not eligible for the administrative review process. A request for a level IV DOC cannot be denied by anyone other than the county and/or BSC director, depending on the rate requested.

PAFC Supervised Cases

If the caregiver requests an administrative review either in writing or verbally, the following steps are to be taken:

1. The PAFC supervisor requests an administrative review on behalf of the caregiver by contacting MDHHS POS monitor's supervisor. This request must be sent within five-business days of receipt/request by the caregiver.

2. The local MDHHS office has 10-business days from receipt of the request of the caregiver for an administrative review to review the DOC assessment and complete the DHS-669. If, after review, the local MDHHS office agrees with the caregiver, the local MDHHS office must authorize all necessary changes to the assessment and payments. No further administrative review action is necessary. The DOC original request form must be updated to reflect the approval.

3. If the local MDHHS office agrees with the original assessment the local MDHHS POS monitor's supervisor must forward the DOC assessment and DHS-669 to FCD (mdhhs-federalcompliancedivision@michigan.gov).

4. FCD has 10-business days to review the administrative request from the local MDHHS office. FCD will notify the agency and local MDHHS director of the decision using the DHS-670, Federal Compliance Division (FCD) Decision to Administrative Review Request for Determination of Care (DOC) Denial.

5. Once an FCD decision is received, the local MDHHS office must implement any change in the DOC rate as determined by FCD.

MDHHS Supervised Cases

If the caregiver requests an administrative review either in writing or verbally, the following steps are to be taken:

1. The MDHHS case manager contacts their supervisor regarding the caregiver request.

2. The local MDHHS office has 10-business days from receipt of the request of the caregiver to review the DOC assessment and complete the DHS-669, Local MDHHS Response to

Administrative Review Request for Determination of Care Denial. If, after review, the local MDHHS office agrees with the caregiver, the local MDHHS office must authorize all necessary changes to the assessment and payments. No further administrative review action is necessary. The DOC original request form must be updated to reflect the approval.

3. If the local MDHHS office agrees with the original assessment, the local MDHHS case manager's supervisor must forward the DOC assessment and DHS-669 to FCD (mdhhs-federalcompliancedivision@michigan.gov).

4. FCD has 10-business days to review the administrative request from the local MDHHS office. FCD will notify the agency and local MDHHS director of the decision using the DHS-670, Federal Compliance Division (FCD) Decision to Administrative Review Request for Determination of Care (DOC) Denial.

5. Once an FCD decision is received, the local MDHHS office must implement any change in the DOC rate, as determined by FCD.

DOC-Level IV

If the child's DOC level exceeds level III on the DHS-470, Assessment for Determination of Care for Children in Foster Care (Age one day - 12 years), DHS-470A, Assessment for Determination of Care for Children in Foster Care (Age 13 and over), or DHS-1945, Assessment for Determination of Care for Medically Fragile Children in Foster Care, the caregiver and supervising agency/MDHHS may request an exception for a level IV child specific DOC supplement, which is a negotiated rate. To ensure timely, accurate, and appropriate utilization of all level IV DOC requests, the requirements/special handling below must be followed.

DOC Level IV Request Requirements

A negotiated DOC level IV does not require an additional memo for approval if the body of the DOC includes narrative justification to support the proposed DOC rate, including a statement of affirmation the proposed rate is believed to reduce the likelihood the child/youth will be escalated to a more restrictive setting (i.e., residential care). The DOC form **must** be completed and signed.

The proposed negotiated rate must be approved by the following:

- Primary case manager.
- Supervisor.
- County director.

If the negotiated DOC rate requested is greater than $150 per day, BSC director approval is also required.

The approved request must be routed through the electronic case management system to FCD. FCD will review the request for completeness, document the exception, and provide instruction to the case manager and supervisor as needed to process payment authorization in the electronic case management system.

The request must include a description of any other services and payments being provided for the child's care, including but not limited to assisted care, nursing services, day care, etc. Activities completed by another person cannot be included in the DOC assessment.

Example: An assisted care provider is in the home for eight hours per day to assist with feeding. The caregiver cannot also claim the same eight hours of feeding assistance.

Copies of the documentation supporting the DOC supplement must be scanned into the electronic case record and attached to the DOC task within the service authorization and in the child's case record.

Documentation may include any of the following:

- Hospital/medical records/doctor's statement(s).
- Psychiatric evaluation.
- Psychological evaluation.
- Case service plans.
- Foster care provider logs.
- School records/evaluations/individual education plan.
- Institutional discharge summaries.

Following the local office director or BSC director's approval, the request must be routed by either the MDHHS local office or BSC to FCD to process payments.

Note: Reauthorization requests for a level IV DOC must be submitted 30-calendar days before the expiration of the prior authorization to ensure adequate review time.

WAIVER FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE

Community Mental Health (CMH) determines eligibility and approval for the SEDW. Caregivers receiving foster care payments for a child receiving SEDW services are eligible for an elevated SEDW daily rate in addition to the foster care daily rate. The SEDW rate is only applicable to caregivers receiving foster care payments.

Note: A DOC IV may be utilized in lieu of an SEDW daily rate if appropriate.

Total Daily Rate With SEDW

Age Group	SEDW Daily Rate	Daily Maintenance Rate	Total Daily Rate for Youth Receiving SEDW
0 - 12	$32.76	$22.35	$55.11
13 - 18	$29.41	$26.69	$56.10

Once the local MDHHS office receives notification from the Waiver Support Application (WSA) of the child's eligibility for the SEDW, the case manager must complete the following steps:

- Complete the DHS-1254, SED Waiver Payment Request and Approval, and obtain appropriate signatures. The behavioral health analyst's signature will be completed at the time of approval.

- Complete the SEDW payment authorization in the electronic case management system. The case manager must upload the completed DHS-1254 and approval documentation into the electronic case record.

- Route the SEDW payment authorization to the behavioral health analyst in the Child Welfare Medical and Behavioral Health Division for approval. The behavioral health analyst will sign and upload the DHS-1254, approve, and route the SEDW payment authorization to FCD for final approval.

Note: Children receiving the additional rate for the SEDW are not eligible for a DOC or a treatment foster care rate; see SEDW job aid for further instructions.

TREATMENT FOSTER HOMES

Treatment foster homes are provided in limited counties by specific providers. Treatment foster home placements must be approved by the MDHHS supervisor.

Treatment foster home placements have a standard daily maintenance rate of $75. The approval for treatment foster care placement is requested through the placement exception request screens in the electronic case management system. For placements 12 months or longer, an approved DHS-974, Treatment Foster Care Extension Request, must also be uploaded to the placement service authorization.

Note: Children receiving the additional rate for treatment foster care are not eligible for a DOC or SEDW rate.

TRANSITIONAL PLACEMENT PROGRAM

The transitional placement program (TPP) provides shelter homes for emergency short-term placement. These homes are managed by local county offices and are contracted through MDHHS. **Effective 10/1/2023**, TPP homes have a daily rate of $114.48 in addition to the standard daily rate. Placement in TPP homes must be approved by the county director. The processing of these contracts is the responsibility of the Bureau of Grants and Purchasing (BGP); see FOM 944, Family Shelter Home: Forms and

Procedures. Children receiving the additional rate for TPP are not eligible for a SEDW rate but are eligible for a DOC.

PAYMENT POLICY FOR FOSTER CARE YOUTH WITH CHILDREN IN THE SAME PLACEMENT

Children of foster care youth who are placed in the same foster care setting as their youth parent are entered into the electronic case record differently based on the court involvement.

Scenario 1: Both parent and child are in foster care. A signed court order exists removing the child from the youth parent and MDHHS is responsible for the child's placement and care.

- Regardless of the child's placement, an initial funding determination must be completed to assess the child's title IV-E eligibility independent from their youth parent.
- The child's placement is entered as the actual placement even if the child is placed in the same home as the child's youth parent.
- The child's placement is not entered as a parental home placement unless the court has ordered the reunification.
- The child will have their own service authorization and payment history.
- The ward child add on is not used in the electronic case record.
- If the child's case is managed by a PAFC, the administrative rate is paid through the child's service authorization.

Scenario 2: Only the parent is in foster care. A signed court order does not exist removing the child from the youth parent and the child remains in the care of their parent and MDHHS is not responsible for the child's placement and care.

- The child does not have an independent initial funding determination because they are not removed from their youth parent.

- The child does not have their own case in the electronic case management system.
- The child's payment is entered as a ward child add on to the youth parent's service authorization. This allows the caregiver to receive an additional payment for the child.
- No administrative payments are made to the PAFC for the child since they do not have an independent court case.
- If the youth parent moves to another placement that is not appropriate for the child or is absent without making prior arrangements for their child, centralized intake (CI) must be contacted. The child cannot remain in a foster home without prior arrangements with the youth parent or a court order authorizing the child's removal. MDHHS does not have any legal authority to place or make decisions for the child without a court order.
- **Example 1:** The youth parent goes to the hospital for a few days and planned with all parties for the child to stay with the caregiver. No further contacts need to be made and the caregiver continues to receive payment through the bed hold process for the youth parent.
- **Example 2:** The youth parent leaves the home without the child and does not return as expected. The child cannot remain at the foster home while the youth parent is absent without legal permission (AWOLP) without a court order. No arrangements were made prior to the youth parent's departure and CI must be contacted to further investigate.
- If the child is later removed through a court order, follow *scenario 1* above. The child should have their own case established in the electronic case management system.

Case Service Payments

Children of youth parents are eligible for case service payments. If the child is being paid through the ward child add on process, the case service must be authorized using the youth parent's information in the electronic case record; see FOM 903-09, Case Service Payments.

Holiday Allowance

A holiday allowance is not auto generated for a child being paid through the ward child add on process. This must be added as a case service and manual payment.

Clothing Allowance

The semiannual clothing allowance for the youth parent's child is done automatically and is payable to the caregiver or agency if appropriate.

If an initial clothing allowance is necessary, a case service authorization for the initial clothing allowance can also be requested in the electronic case management system. For a child being paid through the ward child add on process, the case service authorization for the initial clothing allowance is to be issued in the youth parent's name with the notation in the comments section this is the initial clothing allowance for the child of the youth parent.

Note: No DOC is paid for the youth parent's child who is being paid through the ward child add on process. A child's maintenance rate is included for each child. A Family Independence Program (FIP) grant for the child's personal needs cannot also be established.

Child's Medical Assistance Eligibility

It is necessary to establish a medical assistance (MA) case for the youth parent's child(ren) who are being paid through the ward child add on process. Bridges Eligibility Manual (BEM) 145, Newborns, states that a newborn is automatically eligible for MA the month of birth if, for newborn's date of birth, newborn's mother receives Medicaid coverage, regardless of when that coverage is authorized.

Eligibility continues through the month of the newborn's first birthday if the newborn meets the MA eligibility factors in all the following items:

- BEM 220, Residence.
- BEM 257, Third Party Resource Liability.
- BEM 265, Institutional Status.

A newborn who meets the above criteria is eligible for MA. The case manager must assist the youth parent with ensuring the newborn has MA established. This may be done at the hospital or at the local MDHHS office.

Child Care Services

If the foster youth parent is in school or employed and the caregiver is not providing the child care services for the child(ren), payment for child care may be available through the department's child care services program. The foster youth parent must first complete the application process for the child care services program at the MDHHS local office and meet the eligibility criteria. If the youth parent is not eligible, youth in transition (YIT) is a secondary option.

If the child is placed directly with the caregiver, the caregiver must apply for child care services as needed.

Minor Parents

Independent living (IL) payments cannot be authorized to the youth parent if they are receiving FIP assistance for themselves. This applies to youth parents under the age of 18 with dependent children in their care; see BEM 201, Minor Parents. If the electronic case management system shows an error and will not allow FIP and IL payments in the same month, route the placement service authorization to FCD in the electronic case record. **Effective 1/1/2025**, IL youth can receive the ward child payments. This payment was previously only available to youth in the Young Adult Voluntary Foster Care (YAVFC) program.

Independent Living for Youth Aged 18 or Older with Children

IL payments cannot be authorized to the youth parent if they are receiving FIP assistance for themselves. If a youth parent, age 18 or older, and the youth's child(ren) are living independently or with an adult who has no supervisory responsibility for the youth parent, the youth parent may apply for a FIP grant for the youth's child(ren). If the electronic case management system shows an error and will not allow FIP and IL payments in the same month, route the placement service authorization to FCD in the electronic case record.

POLICY CONTACT

Any questions about making these payments from the electronic case management system can be directed to FCD (MDHHS-federalcompliancedivision@michigan.gov).

OVERVIEW

The Michigan Department of Health and Human Services (MDHHS) will authorize payments to an agency for care and services when a completed DHS-3600, Individual Service Agreement, exists. The agency shall not accept a child for placement prior to the signing of an DHS-3600, Individual Service Agreement, by both the contractor and the MDHHS local office. For immediate placement, a DHS-3600 shall be signed no later than the first business day following placement.. The effective date must be included on the approved agreement. The rates for child caring institutions (CCI) and placement agency foster care (PAFC) providers are located in FOM 905-5, Rates for Child Care Institutions and PAFC Providers (A-Z), and at Residential, Foster Care, and Adoption Rates. MDHHS will make payment for authorized rates only when purchased care payment procedures outlined within this section of the manual were followed.

PURCHASED

Family Foster Care Licensed Placement Agency Foster Care Provider

The service authorization includes:

Maintenance Rate - See FOM 905-3, Foster Care Rates.

Treatment/Administration costs - See FOM 905-5, Rates for Child Care Institutions and PAFC Providers (A-Z).

Treatment/Administration costs *can* **include the following:**

- Social services costs - social work, clerical, supervisory and administrative salaries, and benefits (social security, retirement, insurance). Included are the salaries of supportive services such as bookkeeping, statistical procedures, planning, staff development, data processing, etc.

- Operational costs - travel, supplies, utilities, equipment, rent, professional fees, postage, conferences, subscriptions, organization dues, etc.

Treatment/Administration costs *cannot* include the following:

Costs resulting from fundraising, religious services, parochial school tuition, chaplain services, donated goods or services, and payments to parent organizations.

Case Service Payments - Expenses not included in the maintenance rate but which are available for children placed with MDHHS for care and supervision may be considered for authorization. These expenses are identified in FOM 903-09, Case Service Payments **and can be reimbursed with documentation.**

American Indian Child Administrative Rate - This rate is in addition to the regular PAFC administrative rate for Indian child welfare cases. The child must be a verified member or eligible for membership of a federally recognized tribe. The $2.50 daily rate covers the additional activities necessary to comply with the Indian Child Welfare Act (ICWA) requirements. This rate is paid to the PAFC not the caregiver. Questions regarding ICWA requirements can be submitted to Native American Affairs at MDHHS-NAA-MIFPA@michigan.gov.

Note: This rate is entered as an add on cost in the child's service authorization. This is the same section the determination of care (DOC) rate is entered.

Residential Care

The authorization includes:

1. **The Institutional Rate:** See FOM 905-5, Rates for Child Care Institutions and PAFC Providers (A-Z). The rate includes all the institutional costs, including administrative, social service and child maintenance expenses. The institutional rate is to be authorized in the electronic case management system.

2. **Case Service Payments:** Most case service payments are not available for children in institutional residential placements as these items are already included in the institutional rate. Special clothing allowances may be available for the youth. Additional support services intended to prevent placement disruption, such as one-on-one, may be available; see FOM 903-09, Case Service Payments. The Division of Child Welfare Licensing (DCWL) consultant must be contacted for discussion. **Prior** approval must be obtained through DCWL for additional support services.

Other Residential Facilities

Payments to facilities that are not licensed as PAFC providers or child caring institutions are not paid through the electronic case

management system. Title IV-E funds **cannot** be used for payment to these facilities.

Non-Contracted Placement Approval Process

Placement of a youth in a non-contracted agency may only occur if all contracted residential placement options that can meet the child's needs have been exhausted. Consideration will only be given to programs that have an MDHHS established rate.

Prior approval must be granted before the non-contracted placement can be made; see FOM 722-03E, Placement Exception Requests and Approvals.

Placement of an Abuse/Neglect Ward in a Contracted JJ Program

An abuse/neglect youth may only be referred/admitted for juvenile justice residential services if written or verbal consent is obtained from the child's lawyer-guardian ad litem (L-GAL), the court, and an approved placement exception request (PER) prior to placement; see FOM 722-03E, Placement Exception Requests and Approvals.

Placement of a Delinquent Ward in a Contracted Abuse/Neglect Program

For referral of a juvenile justice youth for contracted abuse/neglect residential services see JJM 700, Juvenile Justice Assignment Unit Placement Process and FOM 722-03E, Placement Exception Requests and Approvals.

POLICY CONTACT

Questions about this policy item may be directed to the Federal Compliance Division (FCD) at MDHHS-federalcompliancedivision@michigan.gov.

OVERVIEW

The intent of utilizing a bed hold is to ensure continuity of a permanent placement for a youth who is temporarily out of that placement for reasons outlined in this policy.

TEMPORARY BREAK

The Michigan Department of Health and Human Services (MDHHS) encourages continuity of placement by compensating providers when a temporary break in placement occurs. A temporary break includes the following types of placements:

- Absent without legal permission (AWOLP).
- Detention.
- Jail.
- Medical hospital admission.
- Psychiatric hospital admission.

A new placement must be created in the electronic case management system for all temporary breaks.

Exception: Time spent waiting in an emergency room for admission to the hospital or transfer to another placement does not constitute a hospital admission, and a new placement should not be created.

Shelter Placement

The Specialized Placement Division (SPD) director or designee must first approve a bed hold payment request for a shelter placement. Approval must be obtained in writing on the MDHHS-5406, Bed Hold Payment Request. The primary case manager must send the request to the SPD mailbox MDHHS-Residential-SPD@michigan.gov, with the subject line "Shelter Bed Hold Request" prior to submission to the Federal Compliance Division (FCD) for payment. FCD cannot process bed hold payment requests without SPD approval. If approved, FCD will add the manual payment request into the electronic case management system.

Absent Without Legal Permission/Detention/Jail

Bed hold payments for AWOLP, detention, and jail are **no longer limited to a maximum** of five-calendar days. AWOLP includes truancies and escapes. Placement must be updated in the electronic case management system to AWOLP, detention, or jail effective the first date of the AWOLP, detention, or jail placement, and:

- The paid placement provider must be willing to accept the child back after the temporary break, which must be documented on the MDHHS-5406.
- For PAFC supervised cases, MDHHS approval is not required on the MDHHS-5406 for a bed hold payment request of five-calendar days or less.
- For youth who are AWOLP, the MDHHS-5406 must include a description of the notification and diligent search efforts undertaken by the provider; see FOM 722-03A Absent Without Legal Permission (AWOLP) and JJM 722-03A Absent Without Legal Permission (AWOLP) & Escape for more information.
- The bed hold payment request may include the administrative rate if applicable.

Note: In situations of an AWOLP episode, when the placement provider is unable or unwilling to accept the child back into their home, the daily maintenance payments will cease effective the date of notification from the provider to their foster care case manager. However, the PAFC having case management responsibility may still be eligible for the administrative rate during the temporary AWOLP break, while case management activities continue, including recruitment of a new placement for the youth.

Child Caring Institutions

Effective Oct.1, 2024, MDHHS began paying CCIs for their unfilled beds through a new process. Consequently, the MDHHS-5406-CCI, Temporary Break Request, is still required, but will not change

the way payments are made. The CCI bed hold process requirements are outlined below:

- The child and CCI still consider the placement to be intact.
- The case manager must complete the MDHHS-5406-CCI, Temporary Break Request, obtain approval by the MDHHS or PAFC supervisor and the local office MDHHS director/designee and submit the request.
- For the Neglect/Abuse (NA) cases:
  - Once the request is approved by the local office, submit it to MDHHS-Residential-Contracts@michigan.gov for review and evaluation of CCI availability and to determine whether the bed hold request can be approved.
  - Send the approved MDHHS-5406-CCI to the Specialized Placement Division at MDHHS-Residential-SPD@michigan.gov.
  - Send a copy of the approved MDHHS-5406-CCI to the CCI.
- For Delinquency (DL) cases:
  - Send the approved MDHHS-5406-CCI to the Juvenile Justice Assignment Unit (JJAU) at JJAU@michigan.gov.
  - Send a copy of the approved MDHHS-5406-CCI to the CCI.

BED HOLD PAYMENTS

Only the placement provider who was receiving maintenance payments prior to the temporary break is entitled to bed hold payments. These payments are made using the child's fund source that was effective the day before the temporary break. The following fund source exceptions apply:

- Title IV-E funds **cannot** be used to pay a bed hold for a detention, jail, or psychiatric hospital placement. The child's alternate fund source must be used in these instances.

- Title IV-E funds **can** be used to pay a bed hold for a medical hospitalization only when **the child returns to the most recent placement** within 14-calendar days. Any bed hold payment for a medical hospitalization placement exceeding 14-calendar days and/or in a situation in which the child does not return to the placement must be made from the child's alternate fund source.

- Title IV-E funds **can** be used to pay a bed hold for an AWOLP placement only when the child returns to the most recent placement within 14-calendar days. If the child does not return to the placement, the bed hold payment must be made from the child's alternate fund source.

The supervising MDHHS or placement agency foster care (PAFC) case manager must submit all bed hold payment requests to MDHHS-federalcompliancedivision@michigan.gov using the MDHHS-5406, Bed Hold Payment Request. If approved, the FCD will add the manual payment request into the electronic case management system.

Timeframes and Approvals

Effective Oct. 1, 2024, there is no longer a five-calendar day maximum for a bed hold for temporary breaks due to AWOLP, detention, or jail. Bed holds for those reasons will follow the same timeframes and approval processes as medical and psychiatric hospitalization outlined below. The PAFC administrative payment can still be requested even if the child is not returning to the placement.

Detention, Jail, AWOLP, Medical, and Psychiatric Hospitalization

Temporary breaks in which the foster parents/relatives and PAFC staff (if assigned) continue active involvement are eligible for a bed hold payment. Document the active involvement efforts on the MDHHS-5406. Change the placement effective the date the child is **admitted** into the hospital. The reason for the hospitalization is to be documented in the child's service plan.

Temporary break of five days or less:

- For PAFC supervised cases, MDHHS approval is not required on the MDHHS-5406 for a bed hold payment request of five-calendar days or less.

Temporary break of six to 14 days:

- The county director/designee must provide written approval on the MDHHS-5406 to request the bed hold payment for more than a five-calendar day period.
- The child and paid placement provider still consider the placement to be intact.
- The paid placement provider must be willing to accept the child back after the hospitalization for a bed hold payment to be considered. This must be documented on the MDHHS-5406.

Temporary break of 15 days or more:

- The county director/designee may approve payment of the age-appropriate rate, if appropriate, only if unique circumstances exist. Those unique circumstances and time frame for the extension must be included on the MDHHS-5406.
- Title IV-E funds cannot be used to pay any portion of the bed hold payment request if the child does not return to the previous placement within 14-calendar days. The child's alternate fund source must be used.
- The MDHHS-5406 must be submitted to FCD every 14-calendar days to ensure that the provider continues to receive payment during the extended temporary break.

Independent Living Placements

Youth in independent living (IL) placements continue to be eligible for bed hold payments. The bed hold is requested using an MDHHS-5406-IL, Bed Hold Payment Request for Independent Living Placements.

Continue to follow the above requirements for each of the following temporary break reasons:

- Absent without legal permission (AWOLP).
- Detention.

- Jail.
- Medical hospital admission.

A youth in an IL placement who voluntarily enters either of the following placements is considered to remain in their IL placement.

- Psychiatric hospital.
- Substance abuse treatment center.

Create the youth's new placement in the electronic case record to ensure that the appropriate Medicaid is utilized. This allows the youth's IL stipend and administrative rate (if applicable) payments to continue through the bed hold process. IL payments can continue from title IV-E beyond the typical 14-calendar day limit if the following apply:

- The youth is age 18 and older.
- The youth is considered to remain in IL.
- The youth is voluntarily seeking treatment in either a psychiatric hospital or substance use treatment center.

Temporary break of five days or less:

- For PAFC supervised cases, MDHHS approval is not required on the MDHHS-5406-IL for a bed hold payment request of five-calendar days or less.

Temporary break of six to 14 days:

- The county director/designee must provide written approval on the MDHHS-5406-IL to request the bed hold payment for more than a five-calendar day period.

- The child and case manager still consider the IL placement to be intact.

Temporary break of 15 days or more:

- The county director/designee may approve payment of the IL stipend and the PAFC general IL administrative rate, if appropriate. The time frame for the extension must be included on the MDHHS-5406-IL.

- Payments for a PAFC IL administrative rate can be approved beyond 14-calendar days.

- The MDHHS-5406-IL must be submitted to FCD every 14-calendar days to ensure that the youth continue to receive their IL stipend during the extended temporary break and that the PAFC provider, if applicable, receives the IL administrative rate.

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy mailbox at (Child-Welfare-Policy@michigan.gov).

OVERVIEW

Occasionally there are placement situations which require special processing. This policy provides guidelines for payment of those situations.

Michigan will not pay title IV-E funds to **for-profit** placement agency foster care (PAFC) providers.

Michigan can pay title IV-E funds to **for-profit** child caring institutions (CCI).

PSYCHIATRIC HOSPITALIZATION

Psychiatric hospitalization cannot be paid with foster care funds. These placements require prior Community Mental Health (CMH) approval and are paid by Medicaid.

Exception: When a child is placed in a mental health institution paid for by Medicaid and is discharged but not moved to another placement, this is considered a non-contracted placement; see FOM 903-04, Purchased Care Payment Procedures.

YOUTH IN OUT-OF-STATE PLACEMENTS

Michigan children may be placed in out-of-state placements only after approval by the receiving state's interstate compact office. Payment cannot be generated for an out-of-state placement until confirmation is received from the Michigan Interstate Compact Office; see ICM 100, Interstate Compact on the Placement of Children (ICPC) Overview.

When a child is placed, or a court orders placement out-of-state prior to the Michigan Interstate Compact Office approval, the case manager, in conjunction with the county director, business service center (BSC) Director, the Michigan Interstate Compact Office, and the Michigan Department of Health and Human Services (MDHHS) Children's Services Legal Division (CSLD), must decide to either return the child immediately and/or appeal the court order. This must be done in a timely manner as there is a limited amount of time to appeal the court order; see ICM 100, Interstate Compact on the Placement of Children (ICPC) Overview.

Youth in Out-of-State Child Care Institutions

Out-of-state placements must be approved by the Michigan Interstate Compact Office, which includes completion of the DHS-4333, Interstate Compact Report on Child's Placement Status, before payments may be made.

Any new request to fund an out-of-state residential placement must be accompanied by a memo of certification from the local office director that a search of Michigan residential programs has been conducted and that no appropriate program could be located which would accept the youth for placement. The memo must include a listing of the agencies contacted and their responses; see ICM 140, Interstate Residential Care Procedures. Completion of the placement requirements of the DHS-4333 alone is not sufficient.

In addition to the certification requirement, the memo must attest that a plan has been developed to address the foster care or delinquency case management requirements; see ICM 140, Interstate Residential Care Procedures. Further, parent/child visitation (parenting time) must also be considered in the plan when appropriate per FOM 722-06, Case Planning.

Local office staff are to:

- Complete a DHS-2351X, Bridges Provider Enrollment/Change Request, and submit it to the Federal Compliance Division (FCD) at mdhhs-federalcompliancedivision@michigan.gov if the provider was not previously enrolled as a paid provider.
- Authorize the placement service in the electronic case management system and route it to FCD.

Note: Out-of-state tuition costs are authorized for state wards only as a case service authorization in the electronic case management system. Tuition is not to be included in the maintenance rate and cannot be paid with title IV-E funds; see FOM 903-09, Case Service Payments.

Youth in Out-of-State Family Foster Care

Payments for out-of-state placements must comply with the rate structure for family foster care in Michigan.

Local office staff are to:

- Complete a DHS-2351X, Bridges Provider Enrollment/Change Request, and submit it to FCD at mdhhs-federalcompliancedivision@michigan.gov if the provider was not previously enrolled as a paid provider.
- Authorize the placement service in the electronic case record and route it to FCD.

YOUTH IN ADULT FOSTER CARE HOME

Payment for youth 16 years of age and older in adult foster care (AFC) homes is made from the appropriate foster care fund source, such as state ward board and care (SWBC) funds for state wards and county child care funds for court wards. **Title IV-E funding cannot be used for youth placed in an AFC home.** The service authorization is to be entered for either three or six months and routed to FCD for approval. Payments are then made monthly as a manual payment in the electronic case management system. **Unless the youth is already receiving supplemental security income (SSI), an SSI application is to be initiated following the instructions in** FOM 902-12, Government and other Benefits.

The rate paid is the same for adults in the home with similar needs including the personal care allowance, if appropriate. The rate is based on the SSI amount paid (personal care rate) for adults in foster care. The personal spending allowance is included in the rate to the AFC home and is to be made available for the youth's clothing and spending allowance. Determination of care (DOC), assisted care, and semiannual clothing payments will **not** be made for youth in AFC homes.

State wards attaining age 18 must have plans formulated for an orderly transfer to the AFC program no later than the mandatory discharge age of 19. Payments for youth in AFC facilities should not continue after the youth's 19th birthday. In limited circumstances, to facilitate the transition, exceptions can be made with **prior** approval from FCD.

Payments for youth in an AFC home are made as a case service; see FOM 903-09, Case Service Payments.

LIVING WITH RELATIVES

For the definition of a relative; see FOM 722-03B, Relative Engagement and Placement. Effective 4/1/19, payments may be made for both temporary wards placed with MDHHS and state wards living with relatives without the relative obtaining a foster home license. The rate for care is the foster care age appropriate rate; see FOM 905-3, Foster Care Rates. The child is eligible for a determination of care (DOC) supplement; see FOM 903-03, Payment for Foster Family/Relative Care and case service payments; see FOM 903-09, Case Service Payments. **Unrelated caregivers must be licensed as foster parents to receive foster care payments.**

When the child is a state ward (Michigan Children's Institute (MCI), Act 220, Act 296, or delinquent, Act 150), SWBC funding may be used to pay cost of care in a relative placement including the treatment/administration rate. When the child is a court ward, limited term fund source is used. Requirements related to relative placements are found in FOM 722-03B, Relative Engagement and Placement.

For a child who is otherwise eligible for title IV-E who has been placed in an unlicensed/unapproved home, title IV-E funding cannot be used until the home is licensed/approved. Once licensed/approved, retroactive title IV-E payments can be made back to the effective date of the license/approval if no Family Independence Program (FIP) or other payments from an alternate fund source were issued for the same time period. If the relative received FIP payments, they can enter into a repay agreement for the FIP payments. The relative must complete a DHS-4358-A, Notice of Over issuance, and a DHS-4358-B, Department and Client Error Information and Repayment Agreement. Follow local office procedures to process the DHS-4358-A and DHS-4358-B. These forms are to be attached to the placement service authorization and routed to FCD for payments to be authorized in the electronic case management system for these situations. If another fund source was used, reconciliation action in the electronic case management system must be completed.

Youth Receiving Government Benefits

MDHHS will apply to become the payee for children who are in foster care and eligible for Retiree, Survivor and Disability

Insurance (RSDI) and SSI. Details about this process are found in FOM 902-12, Government and Other Benefits.

In exceptional circumstances, relatives can request approval to remain/become the payee of the child's government benefits instead of receiving foster care payments. They may also reverse that decision and request to revert back to receiving foster care payments. MDHHS must collaborate with the Social Security Administration to effectuate these changes, which may cause delays in receipt of payments.

There are two forms that can accomplish requesting approval for a change. Each form provides detailed information about several payments and benefits available through foster care payments; these must be explained to the relative to ensure that they are making an informed decision.

- MDHHS-5841, Waiver of Foster Care Payments In Lieu of Government Benefits.
- MDHHS-5841-A, Waiver of Government Benefits In Lieu of Foster Care Payments.

Foster parents not related to the child do not have this option and are only eligible for foster care payments.

STATE MCI WARDS OVER AGE 18

The statutory discharge date for MCI wards is 19 years of age. The fund source must be switched to SWBC at any time title IV-E foster care eligibility ends (prior to age 19).

FORMER MCI WARDS

Former MCI wards who have reached the statutory discharge age (19 years) can receive foster care payments for foster care or independent living until age 20; see FOM 901-8, Fund Sources.

The payment source for MCI wards ages 19-20 is limited term/emergency foster care. Only the foster family age-appropriate rate, the independent living allowance rate, or standard AFC rate may be paid. An exceptional rate may be requested for an AFC placement with prior approval; see FOM 903-9, Case Service Payments.

Note: There is **no payment** of PAFC administrative rates, CCI placements or determination of care (DOC) supplements beyond age 19.

P.A. 150 STATE WARDS BEYOND AGE 19

Placements for Act 150 state wards for whom the committing court has extended jurisdiction to age 21 can be paid from SWBC funds.

NON-CONTRACTED PLACEMENT

Placement of a child with a non-contracted PAFC provider or CCI is only possible if all other options have been exhausted and no other placement can meet the child's needs; see FOM 903-04, Purchased Care Payment Procedures. If the non-contracted placement is approved by Division of Child Welfare Licensing (DCWL), the verification must be uploaded to the placement document hyperlink and the service authorization must be routed to FCD in the electronic case management system.

INDEPENDENT LIVING PAYMENTS

Independent living allowance checks are made payable to the youth. While the preference is for the youth to receive their checks directly, they may be mailed to one of the following:

- The actual location where the youth resides.
- The supervising PAFC provider - called network in the electronic case management system.
- The local MDHHS office - If this selection is made the youth's check will be mailed to the address in the person profile listed on the primary MDHHS foster care case manager assigned to the case.

Youth placed in independent living and supervised directly by the MDHHS case manager must **not** be enrolled in Bridges for a provider number.

Title IV-E funds can only be used for youth in independent living placements age 18 and older. A fund source override is

needed for youth who are not in the Young Adult Voluntary Foster Care (YAVFC) program by emailing FCD.

SPECIAL CHANGE PROCEDURES FOR UNEARNED INCOME

MDHHS can continue to be the payee for SSI payments beyond age 18 if the department is paying for the youth's cost of care.

If a youth is directly receiving unearned income, it must be budgeted as income and the maintenance rate reduced accordingly in the electronic case record. To convert the monthly payment to a per diem rate, divide by 30.

Example: Monthly payment is $62. $62 divided by 30 = $2.07 daily maintenance rate.

It will be necessary for the case manager to reduce the maintenance rate and enter the amount as budgetable income in the electronic case record. The foster care provider and youth must be made aware of this new arrangement and an acceptable plan made for payment to the placement.

Note: If the youth is in a training school, institution, or other facility for which the placement service authorization cannot be reduced, the youth is to endorse the check and make it payable to MDHHS. Such checks are to be sent to:

MDHHS Cashier's Unit
P.O. Box 30037
Lansing, MI 48909-7537

POLICY CONTACT

Questions about this policy item may be directed to FCD at MDHHS-federalcompliancedivision@michigan.gov.

OVERVIEW

Case service payments are for services that are not included in the child's daily maintenance rate. The following procedures are for case service payments entered into the electronic case management system. A case conference with the Federal Compliance Division (FCD) (MDHHS-federalcompliancedivision@michigan.gov) can be requested for suggested resolutions to meet a child's needs that are not covered in current policy.

CASE SERVICE AUTHORIZATION

Several services may be authorized for payment as specified in this policy item. In most cases, payments for these items will be made to the paid placement, the agency providing care for the child, or provider of the service and are to be authorized in the electronic case management system.

All case service authorizations **must** be created **prior to case closure**. Once payment documentation is received, the manual payment can be created. The Michigan Department of Health and Human Services (MDHHS) does not pay late fees, finance charges, or interest on unpaid balances. Service dates after case closure are not eligible for payment even if authorized while the case remained open.

Time Limit on Foster Care Payments

Payment must be submitted within 12 months from the date of service to be paid. In rare cases, an exception to this policy can be granted. Once approval from the local office director and business service center (BSC) director has been obtained, submit the exception requests to FCD (MDHHS-federalcompliancedivision@michigan.gov).

CLOTHING PAYMENTS

A DHS-3377, Clothing Inventory Checklist, must be completed within the first 30-calendar days of every placement and again at every placement change. The case manager must make every effort to obtain available clothing from the child's own home or previous placement. **Clothing payments are only made to**

providers who are also receiving foster care maintenance payments. (Rule 400.12411)

Initial Clothing Payment

Service Description 0801- Initial Clothing Allowance 0-5

Service Description 0802- Initial Clothing Allowance 6-12

Service Description 0803- Initial Clothing Allowance 13-21

Service Description 0804- Initial Clothing Allowance Ward Child

Initial clothing payments supplement a child's existing wardrobe and is **not** an automatic allowance for every child entering care. The DHS-3377, Clothing Inventory Checklist, must be completed, and uploaded to the document's hyperlink on the service authorization in the child's electronic case record.

An initial clothing allowance is to provide needed clothing one time per removal episode for a child in a paid placement to maintain the standards listed on the DHS-3377. The initial clothing allowance is available for children in foster homes, relative placements, child caring institutions (CCI), and independent living placements. If the DHS-3377 reflects the child needs clothing items, an initial clothing allowance case service must be created for the effective date on the DHS-3377. The initial clothing allowance is only paid for the child's first 30-calendar days of the removal episode.

Example: A child is removed and placed with a paid provider on 6/1. The DHS-3377 is completed and signed by the provider on 6/5 which is the effective date entered on the DHS-3377. The case manager would create an initial clothing allowance case service for the effective date, 6/5, on the DHS-3377. The case service is expected to be created within the child's first 30-calendar days of placement.

Example: A child is removed and placed with a paid provider for three-calendar days. The child is then replaced to a different paid provider. If the first placement did not receive the initial clothing allowance, the second placement may be paid if the DHS-3377 completed in the child's first 30-calendar days of the removal episode indicates a need.

The amount of the clothing allowance request must not exceed the maximum found in FOM 905-3, Foster Care Rates, and listed below. The correct service code based on the age of the child must be selected. The maximum clothing allowance will be issued unless a lesser amount is determined by the DHS-3377.

Age of Child	Initial Clothing Allowance Maximum	Service Description 0800
00 - 05 years	$210	0801
06 - 12 years	$310	0802
Ages 13 +	$500	0803
Child of a Youth Parent	$210	0804

Incidental clothing needs are included as a portion of the placement's daily maintenance rate throughout the year; see FOM 905-3, Foster Care Rates for amounts.

The Semiannual Clothing Payment

Service Description 0896- Semiannual Clothing Allowance 0-12

Service Description 0897- Semiannual Clothing allowance 13+

The semiannual clothing payment is made automatically twice per year, February 28 and August 31 to provide for seasonal clothing needs for children in family foster care/relative placements. Both payments have been established on the premise that a child has a basic wardrobe. Semiannual clothing payments are sent with the regularly scheduled foster care payment. Each child in foster family care whose board and care payment is authorized for February 28 and August 31, respectively, will receive this clothing allowance in the first payroll following these dates.

Semiannual clothing payments are not made to children in an independent living arrangement or in residential care. Their basic daily rate includes funds to maintain their clothing.

The semiannual clothing allowance does not require a clothing inventory be completed, nor receipts provided.

Note: The case manager does **not** need to initiate a case service authorization for this automatic payment.

Youth in Care with Children

Youth in the Young Adult Voluntary Foster Care (YAVFC) program receive payments for their child through their own independent living service authorization. The semiannual clothing payment for their child must be manually added as a case service.

Youth in Adult Foster Care

Youth in Adult Foster Care (AFC) placements are eligible for this clothing allowance; a case service and manual payment are required. The electronic case management system will not automatically create a case service for this living arrangement.

Special Clothing Authorizations

Service Description 0821- Special Clothing Allowance 0-5

Service Description 0822- Special Clothing Allowance 6-12

Service Description 0823- Special Clothing Allowance 13+

Service Description 0824- Special Clothing Ward Child

Special clothing authorizations are approved only in exceptional situations and for emergencies. A special clothing allowance is available for children placed in foster homes with a relative, receiving residential services, AFC homes, and all independent living placements. Some allowable circumstances include:

- Fire, flood, or other natural disaster.
- Excessive weight gain or loss. This includes due to pregnancy and/or following the birth of a child. Comments must be added to the case service authorization, no documentation needs to be uploaded to the authorization.
- Re-removal or placement change without sufficient clothing. This requires a new DHS-3377, Clothing Inventory Checklist, to be completed within 30-calendar days of the new placement begin date.
- Loss of clothing during an absent without legal permission (AWOLP) episode.

- Required school uniforms.
- Children who request or require gender-neutral or differently gendered clothing that does not correspond to clothing currently owned or available. Comments must be added to the case service authorization, no documentation needs to be uploaded to the authorization.

Note: Growth spurts and wear and tear on clothing are expected reasons children will require upkeep of their clothing. These clothing needs are met in the incidental portion of the board and care rate.

The DHS-3377, Clothing Inventory Checklist, must be uploaded to the documents hyperlink in the electronic case record. The case service authorization must be created for the effective date at the top of the DHS-3377. The begin **and** end date should be the same. The case service authorization must also contain the reason for the special need. The service authorization must be routed to FCD in the electronic case management system for final approval. The case manager can then add the manual payment.

Special clothing authorizations must not exceed the maximum amounts listed in FOM 905-3, Foster Care Rates and listed below. The correct code must be selected based on the child's age.

Age of Child	Special Clothing Allowance Maximum	Service Description 0820
00 - 05 years	$210	0821
06 - 12 years	$310	0822
Ages 13 +	$500	0823
Child of a youth parent	$210	0824

Note: CCIs and placement agency foster care (PAFC) providers must ensure each child has an adequate wardrobe which includes at least those items listed on the DHS-3377, Clothing Inventory Checklist, while in placement and upon leaving placement. **Appropriate clothing is the property of the child and must remain in the child's possession when replacement occurs.**

HOLIDAY ALLOWANCE

Service Description 0898

The holiday allowance payment is available to placement providers who are also receiving maintenance payments. A child in a paid placement on November 30 of each year is eligible to receive a holiday allowance. For the holiday allowance rate, see FOM 905-3, Foster Care Rates. This is a personal incidental for the child. This allowance will automatically be paid to the child's provider on the first payroll following December 1 each year.

This payment is made for all children in a paid placement including but not limited to foster families, relatives, residential service providers, and independent living placements.

The payment is not automatically generated for the child of a youth parent who is placed within the same home. This can be added as a case service and send an email to FCD (MDHHS-federalcompliancedivision@michigan.gov) to request the manual payment.

SCHOOL TUTORING

Service Description 0805

School tutoring cannot be paid from title IV-E funds. School tutoring payments are available to caregivers who are also receiving maintenance payments.

Case managers and caregivers must continue to work closely with school staff, including the school district foster care liaisons to first utilize any available school or community resources; see FOM 723, Educational Services for the definition of foster care liaisons and how to find one.

Tutoring the school district is not required to provide under the Special Education Act may be provided to children in family foster care. All resources provided by the school or required in the child's Individualized Educational Plan (IEP), or 504 Plan must be utilized before authorization of case service payments for tutoring.

Authorizations for tutoring must not exceed 10 hours per week, with a maximum rate of $30 per hour. The foster parent/relative caregiver or the teacher recommending the service cannot be the person providing the tutoring. For a tutor not connected to the

school or district to be approved, they must have, at minimum, a high school diploma and a central registry clearance.

A request must be submitted by a foster parent/relative or PAFC provider for the case service authorization of tutoring. This case service is not allowable for children placed in a CCI.

Tutoring must be pre-approved by the supervisor.

Once approval is obtained, one case service must be authorized for the approval time with the child's maintenance funding source. Manual payment must be added upon receipt of a bill or invoice from the tutor that itemizes dates, hours of tutoring, and rate. The bill or invoice must be uploaded to the documents hyperlink in the electronic case record.

Reimbursement is made directly to the foster parent/relative or PAFC provider, not the person providing the tutoring.

Tutoring services may be approved for a maximum of one school term or semester at a time.

Private school tuition and advanced placement fees are not tutoring, and therefore are not eligible for tutoring case service authorization. If these education-related expenses are beyond the financial scope of the child and the provider, efforts must be made to obtain funding through community resources or FOM 950, The Youth in Transition (YIT) Program.

SUMMER SCHOOL

Service Description 0836

Summer school cannot be paid from title IV-E funds.

Summer school payments are available to placement providers who are receiving maintenance payments.

Summer school must be for the purpose of making up a failed class or to gain the appropriate credits for grade completion and/or graduation. This must be recommended in writing by the child's school, detailing the subject and/or credit the student needs.

The supporting documents must be uploaded to the documents hyperlink in the case service authorization in the electronic case record and routed to FCD for approval.

Upon receipt of a bill or invoice from the school, a manual payment would be added. The bill or invoice must be uploaded to the documents hyperlink in the electronic case record.

Reimbursement is made directly to the foster parent/relative, PAFC provider, or the child caring institution.

DRIVER'S EDUCATION

Service Description 0832

Driver's education cannot be paid from title IV-E funds.

Driver's education payments are available to caregivers and providers who are receiving maintenance payments.

Payments for driver's education cannot be authorized directly to the driving school. The maximum amount the local office can authorize is $300. The local office may complete only one case service authorization for driver's education. The documentation from the driving school detailing the cost of the service must be uploaded in the documents hyperlink in the electronic case record.

Note: If the local office completes an authorization for $250 for segment one and now needs to authorize $50 for segment two, route the case service authorization for segment two to FCD (MDHHS-federalcompliancedivision@michigan.gov) in the electronic case management system with documentation regarding the cost.

Additional funds for driver's education may be available through other community resources or Youth in Transition (YIT) funds after all other potential resources have been exhausted and the child meets the eligibility requirements; see FOM 950, The Youth in Transition (YIT) Program.

SENIOR EXPENSES

Service Description 0806

The school district should provide most, if not all, educational needs. However, senior expenses such as class rings, senior pictures, prom attire, and announcements, may be reimbursed by entering the case service authorization in the electronic case record. Each of the following requests are completed separately.

Only two separate requests can be submitted for a maximum of $100 per request.

- **Tuxedo rentals and dress purchases** are reimbursable for children attending their senior prom. This can be processed by the local office in the electronic case record for up to $100. For expenses over that amount, YIT funds may be utilized provided the child meets the eligibility requirements; see FOM 950, The Youth In Transition (YIT) Program.

- **Senior cap and gown rental/purchase and other incidental graduation expenses**, including announcements, can be reimbursed. This can be processed by the local office in the electronic case record for up to $100. For expenses over $100, YIT funds may be utilized provided the child meets the eligibility requirements; see FOM 950, The Youth In Transition (YIT) Program.

Service Description 0830

- **Class rings** are reimbursable for a child in grades 10-12. This can be processed by the local office in the electronic case record for up to $100. YIT funds may be utilized for amounts over $100, provided the child meets the eligibility requirements; see FOM 950, The Youth In Transition (YIT) Program.

- **Senior pictures** may be reimbursable under YIT funds provided the youth is YIT program eligible; see FOM 950, The Youth In Transition (YIT) Program.

MEDICAL EXPENSE

Service Description 0825

Most medical treatment for children in foster care is covered through Medicaid (MA) health insurance.

Medical expenses not covered by MA insurance cannot be paid from title IV-E funds. Medical expense payments are available for children who are also receiving maintenance payments.

Prior to submitting requests for reimbursement of medical expenditures, other resources such as private medical insurance, Children's Special Health Care, or MA should always be pursued.

Glasses - (and other non-MA approved corrective appliances). This is not to be used for frames that MA does not cover, contact lenses, etc. This can be used for replacement glasses needed beyond the number that MA will supply.

Prescriptions - Reimbursement is available for individual prescriptions of over $15 and other incidental medical costs unavailable through MA or other resources. Efforts to try an alternative prescription or obtain an MA exception by the prescribing doctor must be documented in the case service authorization. This is not intended to be a monthly expense or include over-the-counter medications; see FOM 903-03, Payment for Foster Family/Relative Care. Documentation of the following must be uploaded to the documents hyperlink on the case service authorization routed to FCD in the electronic case management system:

- Need for the medical service and/or item.
- Reason for MA denial/rejection reason notice.
- Receipt for item purchased or estimate detailing cost is uploaded to the manual payment.

The preferred avenue of payment is to issue the payment to the medical provider or PAFC directly. Reimbursement to the foster parent/relative caregiver is directly available if the item has already been purchased and requires a paid receipt.

The steps outlined above for medical expenses will also apply for children in detention placements; see FOM 903-02, Payment for Detention Care. The payments will be made from the electronic case management system for all fund sources. **Title IV-E funds cannot be used to pay for any medical or dental expenses not covered by MA**. The fund source for these payments will be determined in the electronic case management system based on the child's legal status.

For a child who is a state ward MCL 400.207(1) and MCL 803.305(1), these costs are included in the county's monthly chargeback report.

Any questions about making these payments from the electronic case management system can be directed to FCD (MDHHS-federalcompliancedivision@michigan.gov).

DENTAL TREATMENT

Service Description 0826

Dental treatment payments are available for children who are receiving maintenance payments. Most dental treatment for children in foster care is a benefit of the MA health insurance program.

Dental needs not covered by MA cannot be paid from title IV-E funds.

Documentation of the following must be uploaded to the documents hyperlink on the case service authorization routed to FCD in the electronic case management system:

- Brief explanation of the dental need.
- Documentation from the dental provider identifying the need for the dental service and/or item.
- MA denial/rejection reason.

The steps outlined above for dental treatment will also apply for children in detention placements. The payments will be made from the electronic case management system for all fund sources. **Title IV-E funds cannot be used to pay for any medical or dental expenses not covered by MA**. The fund source for these payments will be determined in the electronic case management system based on the child's legal status.

For a child who is a state ward MCL 400.207(1) and MCL 803.305(1), these costs are included in the county's monthly chargeback report.

Any questions about making these payments from the electronic case management system can be directed to FCD (MDHHS-federalcompliancedivision@michigan.gov).

ORTHODONTIC TREATMENT (STATE WARDS ONLY)

Service Description 0826

Orthodontic treatment payments are available for children who are receiving maintenance payments.

Orthodontic treatment cannot be paid from title IV-E funds.

Orthodontic treatment may be a benefit of MA if the child is enrolled in the MDHHS Children's Special Health Care Program.

Payment for the cost of obtaining an estimate and/or records for orthodontic treatment does not require prior approval in the electronic case management system. Once the estimate and/or records have been obtained, payment is made by creating a case service authorization and routing to FCD. This cost needs to be separated from the total amount of the orthodontic treatment if the costs are itemized to show this expense.

- A treatment plan from the proposed orthodontic provider must be provided that includes:
  - The presenting dental condition.
  - How the treatment will correct the presenting condition.
  - Timeline for treatment.
  - The expected treatment outcome.
  - Statement of total cost (including any extractions).
- A MDHHS-5855, Orthodontic Payment Agreement must be submitted to FCD.

Payment arrangements must be negotiated with the orthodontist and included.

> **Example:** The total cost of the orthodontic treatment is $4,500 in addition to $250 records charge. The treatment is expected to take two years. Once the bill is received for the $250 records charge, this payment can be authorized in the electronic case management system with a manager’s approval, even if the orthodontic treatment is not approved. The orthodontist should be asked to agree to the following payment plan:

- $250 records charge to be authorized by the MDHHS case manager and supervisor with bill.
- $1,000 down payment following the appliances being placed.
- Seven quarterly payments of $500.

Do not initiate orthodontic treatment until written approval is given. Once approved, no payment should be authorized without the receipt of a bill that details services provided for the previous quarter.

If the request is $4,999 or lower, the MDHHS-5855, Orthodontic Payment Agreement must be approved by the local office director or designee.

If the request is for $5,000 or higher, the MDHHS-5855, Orthodontic Payment Agreement, treatment plan, and estimate must be submitted to FCD for pre-approval.

- The dental provider must be enrolled in Bridges by submitting the DHS-2351-X, Bridges Provider Enrollment/Change Request, to FCD prior to payment(s) being authorized.
- A copy of the MDHHS-5855 must be given to the orthodontist, placement provider, potential adoptive parent (if different from current placement), and adoption case manager if one is assigned, once approved.
- If a state ward is expected to be adopted during the orthodontic treatment, the case manager must consult with the adoption case manager about the remaining payment. If the child is eligible for adoption assistance, the adoption medical subsidy program may cover the amount owed to the orthodontic provider after the child is adopted if the remaining amount does not exceed $5,000 at the time of the adoption prior to the foster care case being closed. If the child's medical subsidy is approved to cover the orthodontic treatment, a case service authorization in the electronic case management system will need to be created to pay down the remaining balance to $5,000. These discussions must occur at the beginning of orthodontic treatment to ensure the necessary application is made and processed for medical subsidy. Otherwise, the foster care case manager must continue to submit the remaining

case service authorization requests quarterly, even if the foster care case is closed.

MENTAL HEALTH - PSYCHOLOGICAL EVALUATION FOR THE CHILD

Service Description 0808

Mental health - psychological evaluation payments are only to be made for children who are also receiving maintenance payments.

Note: This service code can only be used for psychological evaluations for the **child**.

Psychological evaluations cannot be paid with title IV-E funds.

Expansion of services covered to include the following as deemed necessary by the case manager and supervisor:

- Neuropsychiatric evaluations.
- Autism/applied behavioral analysis (ABA) evaluations.
- Psychological testing.
- Intelligence quotient (IQ) testing.
- Psychosexual assessment.
- Gender identity assessment.
- Sex offender assessments for parents, only eligible under juvenile justice case services.

Note: The DHS-93, Examination Authorization for Services, may also be used for a child in an unpaid placement and other case members; see SRF 800, DHS-93 Medical Service Authorization.

For YIT eligible youth seeking services after their foster care or juvenile justice case closed, but before age 21; see FOM 950, The Youth In Transition (YIT) Program.

TRAUMA ASSESSMENT

Service Description 0037- Trauma Assessment

Service Description 0038- Trauma Assessment Ancillary Costs

Details regarding the payment process for a trauma assessment are found in FOM 802, Mental Health, Behavioral and Developmental Needs of Children Under the Supervision of MDHHS.

TRANSPORTATION

Transportation reimbursements are available for children who are receiving maintenance payments.

Mileage rates have changed over time to align with state and federal rates. This chart shows the historical rates for older payments and case reviews.

Effective Date	End Date	Rate Per Mile
10/01/2014	09/30/2015	$0.39
10/01/2015	09/30/2017	$0.36
10/01/2017	11/30/2019	$0.34
12/01/2019	12/31/2019	$0.58
01/01/2020	12/31/2020	$0.575
01/01/2021	12/31/2021	$0.56
01/01/2022	06/30/2022	$0.585
07/01/2022	12/31/2022	$0.625
01/01/2023	12/31/2023	$0.655
01/01/2024	12/31/2024	$0.67
01/01/2025	Current	$0.70

Medical Transportation

Medical transportation payments cannot be made from the electronic case management system as a transportation payment. To receive payment, the transportation must meet the definition of essential medical transportation to be funded by Medicaid.

When transportation does not meet the essential medical transportation criteria or it is not available, the request for payment should be made following the medical expenses listed above.

Routine Transportation

Routine transportation, which a parent would normally provide for their own child, such as medical and dental appointments or school conferences, is covered in the age appropriate per diem reimbursement rate. No additional reimbursement is available.

Parent Transportation Reimbursement for Parent/Child Visitation

Michigan Department of Health and Human Services Supervised Cases

Local MDHHS offices may utilize available Strong Families/Safe Children (SF/SC) flexible funds for transportation assistance to and from reunification services, which may include parenting time. The need must be documented in the case service plan. Payment requests are made on the MDHHS-5628, Travel Voucher For Non-State Employee, with the SF/SC Time Limited Reunification SIGMA Accounting Template of 491xx4299. SFSC program standards can be accessed on the Bureau of Grants and Purchasing site for further information.

Placement Agency Foster Care Supervised Cases

Payment of transportation costs for a parent to attend parenting time is the responsibility of the PAFC.

Multiple Child Placing Agencies Assigned

When more than one child placing agency is assigned to a case, payment of transportation costs for a parent to attend parenting time is the responsibility of the agency that has full family responsibility.

Foster Parent/Relative Transportation Reimbursement

Service Description 0809- Parental Visitation Transportation

Service Description 0819- Sibling Visitation Transportation

Effective 12/1/19, all reimbursable transportation expenses and rates are based on Internal Revenue Service (IRS) premium mileage rate currently in effect.

The foster parent/relative caregiver may be reimbursed for multiple trips in one day. The mileage claimed cannot exceed the miles from the home to the approved destination.

Example: The child's visit lasts for three hours on Mondays. The foster parent/relative caregiver drives the child 15-miles from their home to the approved destination. The foster parent/relative caregiver returned home and then later returned to pick up the child.

- Drive the child to the visit - 15 miles.
- Drive home - 15 miles.
- Drive back to get the child from the visit - 15 miles.
- Drive with the child home - 15 miles.
- The total is 60 miles.

The foster parent/relative caregiver should submit monthly mileage reimbursement requests. One request can be made for siblings if they are visiting the same location(s). If the same trip involves the foster parent transporting multiple children, the miles cannot be claimed more than once.

Note: Effective 12/01/2019, limited term/emergency funding must be utilized for a child with County Childcare Fund (CCF) or State Board Ward and Care (SWBC). Payment prior to 12/1/19 would be paid by the child's placement fund source. While the payment process for parent/child and sibling visitations are the same, they must be submitted separately in the electronic case management system as there are different service descriptions for each.

Case Manager Role in Mileage Reimbursement

- Determine the maximum number of visits according to the parenting time/sibling visit plan for a period in which the visits

should remain the same frequency at the beginning of the period.

Example: Weekly visitation is scheduled to occur over the next 12 weeks.

- Determine the maximum number of miles per round trip using MapQuest or Google Maps detailing round trip mileage expected for travel and document in the comments section of the case service.
- Enter the case service in the electronic case record and route for supervisory approval.
- Transportation is a service that can be entered for any timeframe, however, during the timeframe selected, the frequency of units cannot change. The number of units in the service authorization is the maximum number of units that could potentially be used if every visit occurs. There may be units that remain unpaid if one or more of the visits do not occur.
- Transportation can be entered for a quarter, which requires the case manager to complete the case service four times per year or monthly, which then requires the case manager to enter the case service up to 12 times per year.
- Upon receipt of the request for mileage reimbursement, the case manager must:
  - Review the foster parent's/relative caregiver's mileage documentation for accuracy.
  - Enter the manual payment for the period of reimbursement and upload the foster parent/relative caregiver mileage reimbursement request to the document hyperlink that appears when it is applied prior to save/close to support the payment being issued. A manual payment can be entered for a different period than the service authorization to pay the provider more frequently.
  - Reimburse the provider within 30-calendar days from the receipt of the request.
- PAFC providers must route mileage requests to the MDHHS monitoring case manager.

Foster Parent/Relative Caregiver Responsibilities

Mileage logs should be submitted monthly by the foster parent/relative caregiver after the travel has occurred. The foster parent/relative caregiver must include the following details in the log:

- Child(ren)'s name(s).
- Dates of travel.
- Number of miles traveled.
- Addresses of starting location of travel and ending location of travel.

Note: Costs incurred for tolls or toll bridges are reimbursable. A receipt needs to be submitted by the foster parent/relative caregiver after the travel has occurred.

School Transportation Payment Process

Service Description 0811 - Educational Stability

Limited term/emergency funding must be utilized for a child with a CCF or SWBC fund source.

If it is in the child's best interest to remain in their school of origin despite being placed in a foster home/relative placement outside of the school district, and there is an additional cost for transportation, MDHHS may be responsible for some or all of this cost; see FOM 723, Educational Services. Options for transportation include, but are not limited to:

- Working with the school district to re-route school buses.
- Mileage reimbursement to foster parent/relative caregiver or another approved volunteer driver.
- Public transportation.

Foster parent/caregiver expenses for reasonable travel accommodations, such as public transportation, will be reimbursed at actual cost. Effective December 1, 2019, mileage rates will be reimbursed at the IRS premium mileage rate in effect at the time the transportation was provided.

The foster parent/caregiver must submit documentation of the costs associated with this special educational transportation monthly to the foster care case manager. Documentation should include the following:

- Child's name.
- Date of birth.
- Dates of travel.
- Number of miles traveled.
- Amount to be reimbursed.
- A document with the actual cost of the alternate means of transportation (receipts required).

Once the case manager receives the transportation reimbursement request, they must create the case service and obtain necessary approvals. Determine the maximum number of miles per round trip using MapQuest or Google Maps detailing round trip mileage expected for travel and document in the comments section of the case service. Upload supporting documentation to the documents hyperlink on the case service authorization and enter the manual payment once the invoice is received.

If payment is being made directly to the school or transportation company, they must be registered in SIGMA and enrolled in Bridges.

Child Caring Institution Transportation

If the transportation is for a child receiving residential services, the CCI is responsible for all costs of transportation. The cost is included in the established per diem reimbursement rate.

Travel for Out-of-State Placement

This travel must be arranged through the Interstate Compact on the Placement of Children (ICPC) Unit in the Children's Services Administration; see Interstate Compact Manual.

ASSISTED CARE

Service Description 0810

Assisted care services are available in situations where a foster parent or relative requires an additional individual to provide

supervision and engage in activities of daily living for a child. While the foster parent/relative caregiver must be present, the assisted care does not need to be provided in the foster home. Assisted care is based on the care needs of the child.

Assisted care services may be approved for a foster parent or paid relative caregiver to assist with a child's medical needs until ongoing care and/or service can be obtained through the MA program. Assisted care can also be utilized to prevent hospitalization or residential services. This service may be needed for a child with a history of instability/replacements in care or ongoing behaviors that are not manageable by the foster/relative family alone. Short term in school educational assistance could also be included until it is available through the school district.

Assisted care is available for children with a determination of care (DOC) Level II or above. This case service authorization can be entered into the electronic case record by the local office. Local office director approval is required on the case service authorization or on an uploaded memo detailing the maximum number of hours approved. The case service authorization is to be linked directly to the foster parent/relative caregiver or PAFC, not to the assisted care provider.

Note: The case service should be added at the time of approval.

A written case plan must be in place which includes the:

- Supervision and daily living needs of the child.
- How the assisted care is meeting the needs of the child.
- Process and procedures used to phase out assisted care.
- Narrative description of the success or failure of the assisted care.

Assisted care is **not** an appropriate substitute service for childcare needed, because the foster parent or relative works, goes to school or volunteers. Childcare payments may be available through MDHHS' Child Development and Care (CDC) program for employment or education leading to a high school diploma when a completed application is submitted, and all eligibility criteria are met; see BEM 100, Introduction.

Examples of other situations in which payment would **not** be appropriate:

- For a caregiver who provides care while foster parents/relative caregivers run errands, or other activities outside of the home.
- Foster home **A** provides respite care to foster home **B**. This could be a day, night, weekend, or week.
- Planned foster parent vacation, such as a scheduled two-week period per year.
- Duplication of activities being provided for through other funds such as a DOC rate.

Payment for Assisted Care

The criteria for approval of assisted care are as follows:

- The child scores level II or above on the appropriate DOC assessment form:
  - DHS-470, Assessment for Determination of Care for Children in Foster Care (DOC) (Age One Day Through Twelve Years).
  - DHS-470-A, Assessment for Determination of Care for Children in Foster Care (DOC) (Age Thirteen Years and Over).
  - DHS-1945, Assessment for Determination of Care (DOC) for Medically Fragile Children in Foster Care.
- Prior approval by the local office director has been obtained.
- Payments for assisted care are **not** to be included in the DOC supplement.
- The foster parent/relative caregiver must submit an invoice to the local MDHHS case manager monthly. The invoice must contain the daily total of hours the assisted care supervision was provided each day.
- Upload the invoice to the electronic case record.
- Payment is made to the provider receiving a maintenance payment. Assisted care payments cannot be made directly to the assisted care provider.

- Maximum allowable payment amounts are $15 per hour for up to 24 hours per day.
- A local office review for assisted care is to be completed every six months or at the time of the DOC review **and** at every placement change.
- The county director must also approve the request, which may be documented via email. Local office or PAFC supervisors may approve case service authorization. Documentation, including the local office memo to support additional needed hours, must be uploaded to the case service authorization.

RESPITE CARE

Respite is available to provide temporary and occasional relief to the child and the child's current placement caregiver, parent, or legal guardian to maintain the ability to meet the needs of the child and to support the well-being of the current placement caregiver. Caring for the needs of children who have experienced the trauma of neglect and/or abuse requires intensive time, effort, and skill; see SRM 109, Respite Services and Engagement.

Providing support through respite plays a crucial role in maintaining the stability and continuity of placements and promotes the well-being of children in care. Respite provider homes are not to be used as emergency placements under any circumstances.

There will be 12-calendar days of respite available for each eligible child per quarter. If a child changes placements, the number of respite days can be replenished to provide the new placement caregiver with adequate options for respite use.

Payment for Respite Care

DOC Level	Respite Full Day/Unit Rate	Respite Half Day/Unit Rate
No DOC	$60.72	$30.36
DOC Level 1 & 2	$65.48	$32.74
DOC Level 3 & 4	$72.26	$36.13
MF Level 1 & 2	$72.26	$36.13
MF Level 3 & 4	$83.28	$41.64

*MF= Medically fragile.

A respite half day/unit equates to less than 12 hours. Determination of the total number of units is made using the start and end times. An overnight is no longer considered a full unit unless it is 12 hours or more. The respite case service should be added to the child's electronic case record.

For MDHHS supervised placements, the respite case service payment should be made to the placement caregiver. The placement caregiver **must** pay their chosen respite provider(s). For PAFC supervised placements, the respite case service payment is made to the PAFC. The PAFC agency **must** pay the placement caregiver and the placement caregiver **must** pay their chosen respite provider(s). For contracted agency placements, the respite case service payment is made to the contracted agency and the agency pays their licensed respite home(s) directly. The **only** fund source that can be used for respite case services is limited term.

ONE-TO-ONE SUPERVISION

Service Description 0834

One-to-one supervision is increased supervision and monitoring of a child at a ratio of one supervising individual to one child to ensure the safety of the child and others in a CCI. This staffing ratio is expected to be short-term and provides supervision needed to assure a child does not engage in behavior that is unsafe to self or others. The one-to-one staff person is in addition to the CCIs current contracted staff to child ratio; see FOM 722-03E, Placement Exception Requests and Approvals.

The CCI must submit a memo on agency letterhead to the local MDHHS office describing the child's behaviors and the need for one-to-one supervision. The memo should include the number of hours being requested. The local MDHHS must upload the letter in the electronic case record to the document hyperlink in the placement. The residential/one-to-one placement exception request (PER) or one-to-one supervision PER (if less than 90-calendar days) can then be created.

Note: The Division of Child Welfare Licensing (DCWL) approval email must be uploaded to the service authorization upon receipt for the entire period approved (usually 90-calendar days).

One-to-one supervision can only be authorized with a PER approval from the local MDHHS office director and DCWL. If the

child has been in the CCI for 12-months or longer, the PER must be routed from the local MDHHS office director to the Business Service Center (BSC) director then to the DCWL for approval.

The CCI must submit a monthly invoice to the local MDHHS case manager. The invoice must contain the daily total of hours the one-to-one supervision was provided each day.

Upload the approval memo/email from DCWL and route the case service authorization to FCD in the electronic case management system for approval.

QUALIFIED RESIDENTIAL TREATMENT PROGRAM AFTERCARE PAYMENTS

Qualified residential treatment program (QRTP) residential providers provide discharge planning and family-based aftercare support for at least six months post discharge.

Aftercare payments are an administrative cost. All QRTP aftercare payments must be made from the limited term/general funds fund source in the electronic case management system. If the service authorization needs a fund source override, email FCD (MDHHS-federalcompliancedivision@michigan.gov) to request the override. The person ID and the service authorization ID must be submitted with the request for an override.

Payments for aftercare are made as a case service. The service codes used in the electronic case management system are:

- **0813 QRTP - Aftercare Level 1.**
- **0814 QRTP - Aftercare Level 2.**

FOM 912-1, Residential Services: Residential Provider Requirements detail the differences between the aftercare levels one and two.

The QRTP must submit a monthly invoice to the local MDHHS case manager. The invoice must contain the number of days the aftercare services were provided. Upload the invoice to the case service and route requesting approval from the MDHHS foster care supervisor.

Aftercare Level 1 daily payment rate is $41.78, and Aftercare Level 2 daily payment rate is $111.42.

ADULT FOSTER CARE PLACEMENT

Service Description 0837

AFC placements cannot be paid from title IV-E funds.

Payment for the basic adult foster care (AFC) rate will be made for children placed in AFC homes. Payments that exceed the AFC rates established in ASM-077, ACP SSI/SDA Provider Rates, require a pre-approved exception through FCD. Route the case service authorization to FCD in the electronic case management system for approval; see FOM 903-8, Payments Requiring Special Processing. With an approved service authorization, a monthly manual payment is entered by the primary case manager with the invoice uploaded to the electronic case record.

REIMBURSEMENT FOR PROPERTY DAMAGES

Foster Parent/Relative Provider Insurance Program

MDHHS has developed a foster parent/relative provider insurance program, facilitated through FCD. This is available for all foster parents and relative providers through both MDHHS and PAFC providers. This program is funded using foster care administrative costs and a portion of the expenses will be claimed through title IV-E. The costs are not included in any chargeback process or charged through the county child care fund. The funds for this program may be limited based on availability and the depletion of funds through future claims.

Case managers and supervisors may determine appropriateness of reimbursing caregivers for damages done to their property by children in their care, not otherwise covered by homeowners, renters, or automobile insurance. A formal denial or review of the provider's insurance policy is not required. The provider's statement regarding their coverage is acceptable. If the provider is not filing an insurance claim or the damage is not covered by insurance for an expense over $1,000, this must be indicated on the request form and requires the local office director approval. The coverage by this program for costs incurred over $1,000, if insurance coverage is not

sought, will be made on a case-by-case basis by either the local office director or BSC director depending on the amount.

This reimbursement can include the caregiver's insurance deductible when an insurance claim for damages is filed. The local office or PAFC supervisor may approve the case service authorization. Local office director approval must be documented in the authorization.

Reimbursement requests below $1,000 can be approved by the MDHHS supervisor. Requests between $1,000 and $5,000 require approval by the MDHHS local office director. Reimbursement requests above $5,000 must be approved by the BSC director.

The MDHHS-6165, Provider Insurance Claim Request, with all required signatures based on the amount requested, documentation of damage, as well as estimates, receipts, and invoices or other reimbursement documentation, must be uploaded to the case service authorization. The approved service authorization should be routed to FCD in the electronic case management system.

EXCEPTIONAL REQUEST

Service Description 0827

This service description can be used to authorize case service payments for other unique situations not identified in policy which require FCD approval, such as psychiatric hospital overstay or payment for AFC providers that exceed the established rate. Email FCD (MDHHS-federalcompliancedivision@michigan.gov) with a detailed memo approved by the local office MDHHS director and BSC director and any supporting documentation attached. A case conference with FCD can be requested via email for suggested resolutions to meet a child's needs that are not covered in current policy. **Many of these expenses cannot be paid from title IV-E funds; the alternate fund source must be used.**

ENRICHMENT EXPENSES

Preschool, summer camp, school trips, karate, skating, dancing lessons, band instrument rental, or sports programs are included in the child's daily maintenance rate and therefore are not a case service payment item. However, if the expense of the above is

beyond the financial scope of the child and the caregiver, efforts should be made to obtain funding via community resources.

REIMBURSEMENT TO CAREGIVERS OF PRIVATE ATTORNEY FEES

Reimbursement to a licensed foster parent/relative caregiver for private attorney fees cannot be paid from title IV-E funds.

MDHHS may reimburse a licensed relative or foster parent for the costs of legal counsel (such as attorney fees) when legal action is taken against the licensed relative or foster parent for injury or damage which:

- Resulted from an action(s) of the foster child.
- Was sustained by the foster child.

The relative or foster parent must be licensed under 1973 PA 116 and must be acting within the scope of their authority as a licensed relative or foster parent.

Payment may be made:

- In a civil action only if a judgment for damages is not awarded against the licensed relative or foster parent(s).
- In a criminal action if the licensed relative or foster parent:
  - Is not convicted.
  - Does not plead nolo contendere.
  - Is not found guilty but mentally ill or guilty by reason of insanity.

This provision does not apply to administrative hearings or the appeal of an administrative hearing decision.

The funding is 100 percent state funded through the limited term/emergency/general foster care funding. A copy of the acquittal order or civil court decision, the bill for the attorney fee(s), and a written justification of the reasons for the request must be attached. Email FCD (MDHHS-federalcompliancedivision@michigan.gov) with a detailed memo approved by the local office MDHHS director.

OUT-OF-STATE SCHOOL TUITION

Service Description 0831

Out-of-state school tuition cannot be paid from title IV-E funds.

Some states require payment of school tuition for non-resident children placed in CCIs or foster care. Tuition for children placed out-of-state may be paid only if the child's current local school district requests a tuition payment. In most cases, the school district the child resides in (out-of-state) covers the cost of the child's education. These requests must be done in the electronic case record as a case service authorization with supervisor approval, then routed to FCD. This case service should be approved for the entire time approved (usually 90-180 calendar days).

REIMBURSEMENT FOR COUNSELING/THERAPY

Counseling/therapy cannot be paid from title IV-E funds.

Reimbursement for counseling is not completed in the electronic case management system. Payment for counseling services is submitted by the contractor on the MDHHS-5974, Procurement Contract Invoice, to the BSC contract administrator. A counseling contractor may not bill MDHHS under this contract for referrals the contractor accepts from any source other than MDHHS. Counseling contractors are listed on MDHHS Net under Contractor and Subrecipient Resources at Doing Business with MDHHS (michigan.gov).

See Counseling Contractors (michigan.gov) for more information about counseling contracts.

For each child under their supervision, PAFC providers must provide treatment services, if indicated, after an assessment of a child's needs. The PAFC may utilize MA or private insurance reimbursable services to meet this requirement. If a service is not available or accessible, the PAFC is responsible for the direct provision of the treatment services including counseling or therapy.

REIMBURSEMENT FOR BIRTH CERTIFICATES

Birth certificates are obtained by local office staff directly from the state where the child is born; see FOM 910, Obtaining Vital Records.

Birth certificates are available free of charge for children born in Michigan. MDHHS case managers and Child Welfare Funding Specialist (CWFS) assigned to the case should have access to the Michigan Birth Registry within MILogin.

The cost of birth certificates from other states may be paid using the following process. Such costs are not paid through the electronic case management system.

- MDHHS office submits a MDHHS-5602, Payment Request, with a copy of the application and submits to Invoice MDHHS (InvoiceMDHHS@michigan.gov).
- Checking the agency local print box 'yes' will ensure that a check will be printed and sent back to the requester.
- The return address should be included in the extended description of the body of the email request.
- Invoice MDHHS (InvoiceMDHHS@michigan.gov) can answer any questions regarding this process.

REIMBURSEMENT OF PRIVATE ATTORNEY FEES TO REPRESENT MDHHS/PAFC

MDHHS may pay for the cost of a private attorney when the local prosecuting attorney will not represent MDHHS/PAFC in a mandatory child welfare action. A conflict of interest or a disagreement with the MDHHS/PAFC position are examples of reasons that the local prosecuting attorney may not be willing to provide representation.

Before a private attorney is hired, a request for involvement of the Attorney General must be made in writing, following these actions:

Local Office Actions

Obtain a statement from the local prosecuting attorney's office that it will not represent MDHHS/PAFC in a mandatory child welfare action. If obtaining a statement from the prosecuting attorney's office is not possible, the local office director can provide a statement. Possible reasons include the prosecuting attorney has a conflict of interest or disagrees with MDHHS/PAFC's position. Provide the statement from the prosecuting attorney along with a written request for private representation if using a non-contracted private attorney. Requests may be submitted by email or fax to the BSC director.

BSC Actions

Review local office request. If approved, the BSC will request involvement of an attorney general by contacting the Children's Services Legal Division (CSLD). If denied, the BSC will return the request to the local office. If the attorney general declines involvement, the BSC will notify the local office that a private contracted attorney can be hired. If no attorneys under contract are available, the BSC will assist with identifying a non-contracted attorney and negotiate the rate.

Local Office Process for Payment

Hire the selected private attorney. For payment to the private attorney, send the appropriate office the following documentation:

- Initial request explaining the local office's need for the private attorney.
- Documented approval from the BSC and CSLD.
- Invoice for private attorney services.
- Contracted attorneys bill through an Electronic Payment Request (EPR). For non-contracted attorneys, the local office must complete a MDHHS-5602, Payment Request.

Method of Payment

The BSC will review, approve, and process payment requests for non-contracted attorneys.

POLICY CONTACT

Questions about this policy item may be directed to the FCD mailbox at MDHHS-FederalComplianceDivision@michigan.gov.

OVERVIEW

Instructions for reporting the death of a child/ward are in SRM 172, Child/Ward Death Alert Procedures and Timeframes.

Title IV-E funds can be used for funeral expenses if the child(ren) was/were title IV-E eligible prior to the child(ren)'s death. If the child(ren) was/were not title IV-E eligible prior to the child(ren)'s death, limited-term funds can be used for funeral expenses.

PLANNING RESPONSIBILITIES AND FAMILY INVOLVEMENT

A Michigan Children's Institute (MCI) ward is a permanent ward of Michigan Department of Health and Human Services (MDHHS); thus, the department becomes the parent and has the legal responsibility to handle all arrangements relating to the child(ren)'s burial. Minor children of youth with an active foster care case are also eligible for funeral payments.

If an MCI youth's family is known, the family shall be advised of the child(ren)'s death. In all cases, the family should be offered the opportunity to participate in the funeral arrangements. The local office manager or designee has the authority to handle these arrangements. For temporary court ward (TCW) youth, it is the family who would have the authority to make the funeral decisions.

Burial Allowance

Burial expenses up to a limit of $6,000 may be submitted as a taxable exceptional payment request emailed to the Federal Compliance Division (FCD) at mdhhs-federalcompliancedivision@michigan.gov. An invoice must be attached to the request. Prior approval is not required for funeral costs up to $6,000.

An exception payment request must be submitted to FCD for prior approval of all burial expenses of $6,000 and above. The request must include justification for the exception and the reasonable alternatives that were explored.

The provider must be enrolled in Bridges by submitting the DHS-2351-X, Bridges Provider Enrollment/Change Request, to FCD at MDHHS-federalcompliancedivision@michigan.gov prior to payment authorization.

Flowers or Other Associated Funeral Expenses

The placement or placement agency foster care (PAFC) provider can be reimbursed for up to $100 for the cost of flowers or associated funeral expenses. Paid service authorizations for flowers or other associated funeral payments are submitted as a taxable exceptional request in the electronic case management system. A paid receipt must be attached to the request. Prior approval is not required.

Gravestone and Installation

The cost for both the gravestone and installation cannot exceed $1800. Service authorizations for gravestone markers must be submitted as a taxable exceptional request in the electronic case management system and accompanied by an estimate for the gravestone and installation. The provider must be enrolled in Bridges by submitting the DHS-2351-X, Provider Enrollment/Change Request, to FCD at MDHHS-federalcompliancedivision@michigan.gov prior to payment(s) being authorized.

POLICY CONTACT

Questions about this policy item may be directed to the MDHHS-federalcompliancedivision@michigan.gov email box.

OVERVIEW

Foster care funds are used to pay for services to the youth and family while the child is in out-of-home care, except as noted in FOM 901-8, Fund Sources. Services funded from other sources are available to keep children in their homes or help reunite families.

FAMILY REUNIFICATION PROGRAM (FRP)

Family Reunification Program (FRP) provides four to a maximum of six months of therapeutic, skill-based interventions designed to help families reunify and keep children safely at home. FRP services are available to families with a child in an out-of-home placement due to abuse or neglect. Caseworkers may refer a family for FRP services when the return home is planned **within 30 calendar days of the referral** to FRP, **or** within the first 30 calendar days of the child's return home. The child must be a temporary court ward in out-of-home placement due to an adjudicated abuse/neglect case, including dual wards.

Note: Contacts made by FRP may be used to satisfy some caseworker contact requirements after a child has returned home; see FOM 722-06H, Case Contacts.

FAMILIES FIRST OF MICHIGAN PROGRAM (FFM)

Families First of Michigan (FFM) serves families with children in out-of-home care due to abuse, neglect, or delinquency when reunification cannot occur without intensive services. Families may be referred within seven days of a child's return home. FFM offers families intensive, short-term crisis intervention and family education services in their home for four weeks using the FFM model. An extension of up to two weeks may be available.

Note: Contacts made by FFM may be used to satisfy some caseworker contact requirements after a child has returned home; see FOM 722-06H, Case Contacts.

HOME BUILDERS (HB)

Home Builders (HB) is an in-home program that works with families at intensive risk of abuse or neglect to prevent imminent removal.

HB provides an average of eight to ten hours of face to face services per week for 28 days. An extension of up to two weeks may be available. HB uses clinical interventions, family education, and resource navigation to help strengthen the family. HB may provide reunification services if FRP and FFM are full or otherwise unavailable.

FAMILIES TOGETHER BUILDING SOLUTIONS - PATHWAYS TO POTENTIAL (FTBS-P2P)

Families Together/Building Solutions - Pathways to Potential (FTBS - P2P) offers in-home, solution-focused interventions designed to serve families with multiple barriers to enhance family well-being, improve child safety, and address family issues and risk factors in the home. FTBS services require family participation of three hours per week, or as needed, to address any risks that arise. FTBS intervention is available for up to 90 days. An extension of up to 90 days may be available. FTBS may provide reunification services if FRP is full and the family needs services for a longer period of time than provided by FFM or HB.

Note: Some local offices may have contracts with private agencies providing FTBS services separate from FTBS-P2P. For information on county-specific FTBS contracts and services, contact the Business Service Center (BSC) contract analyst.

PARENT PARTNERS

Parent Partners teams parents with an ongoing CPS case or whose children have been placed in foster care with parents who have successfully reunified with their children to provide guidance and mentorship. Referrals to the program can be made by the CPS caseworker for ongoing cases or when a petition has been filed to remove the child(ren).

STATE EMERGENCY RELIEF (SER)

State Emergency Relief helps applicants with housing and other essential needs in an emergency. SER funds may be available to help families in crisis avoid removal or accomplish timely return

home for children placed out-of-home; see the State Emergency Relief (ERM) manual, and FOM 722-12, Financial Supports.

CHILD AND FAMILY SAFETY, STABILITY, AND PERMANENCY/ FAMILY REUNIFICATION ACCOUNT

Child and Family Safety, Stability, and Permanency (CFSSP) funds can be used for eligible concrete needs or direct services to prevent removal, achieve reunification, or preserve or secure relative placement when SER is denied or not applicable. CFSSP funds may be directly apportioned to provide flexible spending, or Family Reunification Account may be a sub-account of CFSSP to accommodate flexible spending; see FOM 722-12, Financial Supports.

PREVENTION SERVICES: FAMILY FIRST PREVENTION SERVICES ACT

Families with a child at imminent risk of entering foster care, including those whose children have recently returned home, may be eligible for evidence-based services funded by the Family First Prevention Services Act for up to 12 months after reunification; see SRM 108, Prevention Services: Family First Prevention Services Act.

LOCAL FAMILY PRESERVATION SERVICES

MDHHS county offices may have contracts with other family preservation service providers. For more information on local contracts, contact the BSC contract analyst.

TUITION INCENTIVE PROGRAM (TIP)

TIP provides tuition assistance and mandatory fee payments at participating Michigan institutions for eligible students who:

- **Apply before graduation** from high school or GED completion.

- Graduate high school or receive a GED **under the age of 20**.
- Are identified by MDHHS as having Medicaid coverage for 24 months out of any 36-consecutive month timeframe after age nine.

Complete eligibility criteria and participating Michigan institutions can be found on the MI Student Aid Tuition Incentive Program website and on the Tuition Incentive Program Fact Sheet.

Questions regarding the TIP program can be directed to 1-888-4-GRANTS (1-888-447-2678) or by emailing the MI student aid mailbox (mistudentaid@michigan.gov).

CONTACT

Direct questions about this policy item to the child welfare policy mailbox (child-welfare-policy@michigan.gov).

FOSTER FAMILY CARE AND INDEPENDENT LIVING - EFFECTIVE 10/1/2024

The following are the approved maintenance payment rates for youth placed in foster family care or independent living; these rates cannot be negotiated:

DAILY RATES PAID BIWEEKLY

Age Group	Room & Board	Personal Incidentals & Allowance	Clothing	Daily Total	Biweekly Total	Semiannual Clothing
00-12	$16.96	$3.68	$1.71	$22.35	$312.90	$157
13-18	$20.19	$4.59	$1.91	$26.69	$373.66	$172

Effective on the child's 13th birthday, the maintenance rate is automatically increased.

INDEPENDENT LIVING (IL)

Age Group	Room & Board	Personal Incidentals & Allowance	Clothing	Daily Total	Biweekly Total	Semiannual Clothing
IL	None	None	None	$27.56	$385.84	None

The $27.56 daily total for independent living includes the semiannual clothing allowance.

DETERMINATION OF CARE (DOC) SUPPLEMENTS - EFFECTIVE 10/1/2001

Age or Special Need	Use Form	Level I	Level II	Level III
AGE 0-12	DHS-470	$5	$10	$15
AGE 13-18	DHS-470A	$6	$11	$16
Medically Fragile	DHS-1945	$8	$13	$18

See FOM 903-03, Payment for Foster Family/Relative Care

To ensure adequate support to children, foster parents, and relative caregivers a DOC rate can be provided **in addition to the daily foster care maintenance rates**. DOC rates are based on the needs of the child versus the foster parent/relative caregiver activities. A DOC level IV is a negotiated rate up to $150 per day.

INITIAL CLOTHING ALLOWANCE - EFFECTIVE 10/1/2001

Maximum allowable initial clothing supplements for children first entering department foster care have been established as follows:

This initial clothing allowance is a supplement only, based upon determined need, and is not an automatic allowance provided to every child entering care. More information regarding policy requirements can be found in FOM 903-09, Case Service Payments.

Age Group	Maximum Initial Clothing Allowance
00-05	$210
06-12	$310
13-18	$500

HOLIDAY ALLOWANCE

Each foster child in state paid placement on November 30 of each year is eligible to receive a holiday allowance. This is a personal incidental for the child. This allowance will automatically be paid to the placement provider on the first payroll following Dec. 1 each year. More information regarding policy requirements can be found in FOM 903-09, Case Service Payments.

Holiday allowance rates have changed to align with state and federal rates. This chart shows the historical rates for older payments and case reviews.

Effective Date	End Date	Rate
10/01/2001	09/30/2024	$25
10/01/2024	Current	$75

RATE CHART LOCATION

The rates for child caring institutions (CCI) and placement agency foster care (PAFC) providers are located on the Michigan Department of Health and Human Services (MDHHS) public website: Residential, Foster Care, and Adoption Rate Spreadsheet.

OBTAINING VITAL RECORDS FOR A CHILD BORN IN MICHIGAN

Birth certificates are obtained free of charge for children born in Michigan. This process is detailed in the Electronic Case Management System User Guide.

OBTAINING VITAL RECORDS FOR A CHILD BORN OUTSIDE OF MICHIGAN

To request a birth certificate, local office staff must contact the state or country where the child was born. Many states and countries have specific requirements for birth certificate requests. Several states require picture identification and verification of relationship to the registrant. All state or government agencies should be contacted prior to submitting the request for current specifics, updated fees, their federal identification number, and PDF applications (if necessary).

To obtain the contact information for a child born outside of Michigan, go to the Centers for Disease Control and Prevention (CDC) website http://www.cdc.gov/nchs/w2w.htm. A list of all U.S. states and territories and their contact information is available. Information is also available on contacting other countries. See FOM 903-09, Case Service Payments for payment details.

The following format may be used in requesting these birth certificates:

TO WHOM IT MAY CONCERN:

The _____County Department of Human Services requests a birth certificate for the following minor who is under the care and supervision of Michigan Department of Human Services:

Name of Child:
Date of Birth:
Place of Birth:
Name of Mother:
Name of Father:

Enclosed is a check in the amount of $_____ to cover the fee and search.

Please return the certificate in the enclosed self-addressed postage-paid envelope.

The court order placing the child under the care and supervision of the Department of Human Services **is to be included**.

Thank you very much for your assistance.

PROVINCIAL VITAL STATISTICS OFFICIALS, CANADA

International Mail

Canadian birth certificates are available from the Registrar of Vital Statistics Agency in the province or territory of the applicant's birth. Legislation protecting privacy governs who can access records held by the Vital Statistics Agency. Each of Canada's 10 provinces and three territories have specific requirements and fees (in Canadian dollars) for the birth certificate application process. The Service Canada website http://www.servicecanada.gc.ca/eng/subjects/cards/birth_certificate.shtml contains a link for complete information regarding the processes for each province or territory.

BIRTH RECORDS OF PERSONS BORN IN FOREIGN COUNTRIES WHO ARE U.S. CITIZENS AT BIRTH

The official record for the birth of a child abroad to U.S. citizen parent(s) is the Consular Report of Birth Abroad of a cItizen of the United States of America. This document, referred to as the Consular Report of Birth or FS-240, is considered a basic United States citizenship document.

Details regrading the replacement of the original FS-240 are provided on the U.S. Department of State's website at http://travel.state.gov/passport/get/first/first_825.html. Enclose a check or money order made payable to the U.S. Department of State. Documents will be provided to the person who is the subject of the Report of Birth, the subject's parent(s), the subject's legal guardian, or authorized government agency (include court order).

BIRTH RECORDS OF NON-CITIZEN CHILDREN ADOPTED BY U.S. CITIZENS

The Child Citizenship Act (CCA), which became (Public Law 106-395) effective on February 27, 2001, amended Sec. 320 of the Immigration and Nationality Act (INA) to provide U. S. citizenship to certain foreign-born children. Specifically, the child will automatically acquire U.S. citizenship on the date all of the following requirements are satisfied:

- At least one adoptive parent is a U.S. citizen.
- The child lives in the legal and physical custody of the American citizen parent.
- The child is under 18 years of age.
- The child's adoption is a full and finalized, and
- The child is admitted to the United States as a lawful permanent resident.

The child automatically acquires U.S. citizenship by operation of law on the day the youth is admitted to the United States as an immigrant if the child satisfies the requirements listed above. Evidence of the child's citizenship is obtained by applying for a Certificate of Citizenship. In general, most parents who adopt foreign-born children will have completed this process.

Workers must make every effort to obtain a copy of the Certificate of Citizenship from the adoptive parent for the case file. If the certificate cannot be obtained, workers must file form N-600, Application for Certificate of Citizenship, through U.S. Citizenship and Immigration Services. Details regarding this process can be found on their website at https://www.uscis.gov/n-600. The current fee for filing is $550.

While there is a possibility of a fee waiver, this would require that the worker make an appointment with an immigration officer in the Detroit District Office. Therefore, the most expeditious practice is to obtain the certification of birth from the parent, make a copy for the file and return original to the parent.

OVERVIEW

Case managers must support the safety, permanency, and well-being of a child receiving residential services to:

- Ensure the child's needs cannot be met in a less restrictive setting.
- Ensure the child's family is involved in all processes.
- Collaborate with the residential care program in all areas of the child's intervention including service planning and delivery, permanency planning, discharge planning and transition to the community.

ENTRY INTO A RESIDENTIAL SETTING

Prior to Admission

Family and Permanency Team

The case manager must assemble a family and permanency team for the child and conduct a family team meeting (FTM) to discuss the reason residential services are being considered and determine if alternate support services and safety plans can be implemented to maintain the child in the community.

At a minimum, the permanency team must consist of family members, and fictive kin of the child, professionals who are a resource to the family or the child, such as teachers, medical or mental health providers who have treated the child. For youth 14 and older, the family and permanency team must include members selected by the child; see FOM 722-06B, Family Team Meeting.

Placement Exception Request (PER)

The case manager must receive final approval for residential placement exception request (PER). For planned placements, the case manager must complete the PER after the Regional Placement Unit (RPU) has selected the residential placement. For emergency placements, verbal approval may be granted. Documentation and approval must be completed in the electronic

case record within 30-calendar days of the verbal approval; see FOM 722-03E, Placement Exception Requests and Approvals.

For inpatient psychiatric hospitalization, institutional care of a child under ten years of age, placement in emergency shelter facilities, and/or placement in jail, correctional, or detention facilities refer to *Intervention in Institutional and Facility Placements* in FOM 722-03, Placement Selection and Standards.

REFERRAL AND ADMISSION PROCEDURES

Referrals for residential services must be made through RPU. The RPU or primary case manager/agency must provide all required referral materials to the residential service provider.

Referral to Regional Placement Unit

If a case manager believes residential services are the least restrictive option for a child, a referral must be made to the RPU for screening and referral for an independent assessment.

Documents Needed for Referral

The case manager must provide or upload the documents listed on the MDHHS-5928, Residential Referral Checklist, Section 2-Documents Needed for Referral/Acceptance.

Documents Needed for Intake

The case manager must provide or upload the documents listed on the MDHHS-5928, Residential Referral Checklist, Section 3-Documents Needed to Plan Intake.

Documents to be Provided at Admission

At the time of admission, but no later than ten business days, the referring case manager/agency must provide the documents listed on the MDHHS-5928, Residential Referral Checklist, Section 4-Documents to Bring to Intake/Admission.

Note: The RPU will not refer a child for placement prior to a fully executed DHS-3600, Individual Services Agreement. In event of an emergency placement, fully execute the DHS-3600, Individual

Services Agreement, no later than the first working day following placement.

Referral for Initial Independent Assessment

Prior to admission for residential services, or within 30-calendar days of the initial determination report, a review of information of new behaviors must be submitted to determine the least restrictive setting for a child. All referrals for an initial independent assessment must be made by the RPU utilizing the DHS-5847, Assessment for Determination of Placement Referral.

Independent Assessor

The initial independent assessment must be completed by a trained professional or licensed clinician who is not an employee of the Michigan Department of Health and Human Services (MDHHS) and who is not connected to, or affiliated with, any placement setting in which children are placed by the State.

Documentation Being Sent or Uploaded

The RPU will review all requests for residential services and determine if a referral will be made for an initial independent assessment. In this item, see *RPU Referral Packet to the Residential Service Provider* for the appropriate documents that must be sent or uploaded.

Timeframes

When the referral is made to the independent assessor the assessment must be completed within 14 business days of receipt of completed referral. The independent assessor will send the finalized assessment report and recommendation to the RPU.

Independent Assessor Responsibilities

The independent assessor will complete or review the Child and Adolescent Needs and Strengths (CANS) assessment, review all available psychological and psychiatric evaluation reports, interview the child and the child's family/caregivers, and collaborate with the child's team and make a recommendation as to the determination of need. The recommendation must include the following:

- A determination of the least restrictive placement setting appropriate for the child and consistent with the short and long-term permanency goals identified in the child's permanency plan.

- Child specific short and long-term mental and behavioral health goals that are achievable and measurable.

Independent Assessor Recommendations

After assessing the child, the independent assessor will recommend one of the following:

- Residential services as the least restrictive option.

- Community setting, such as placement with family or a foster family home as the least restrictive option.

If the independent assessor is recommending residential services, the assessment must specify in writing the reasons why the needs of the child cannot be met by the family of the child or in a foster family home and why the recommended placement in a residential care program will provide the child with the most effective and appropriate level of care in the least restrictive environment and how that placement is consistent with the short and long-term goals for the child, as specified in the permanency plan. The recommendation for residential services will include the residential program type.

Note: A shortage of foster family homes is not an acceptable reason for determining a child's needs cannot be met in a foster family home.

If the independent assessor recommends a child be placed in a community setting and the child is already placed in a residential care program, the case manager has 30-calendar days from the assessment date to move the child to a community-based setting; see FOM 902, Funding Determination and Title IV-E Eligibility

30-Day Reassessment

If an initial independent assessment was completed, the child was found not appropriate for QRTP placement and the child is experiencing new behaviors within 30-calendar days of the determination report, a 30-day reassessment can be requested. Prior to making a referral for a 30-day reassessment, the case

manager must discuss the outcome of the determination report and the situation warranting a 30-day reassessment with their supervisor.

Note: 30-day reassessment referrals to RPU/ Juvenile Justice Assessment Unit (JJAU) must include and clearly identify any additional information that was not included in the referral for the initial independent assessment.

Confirmation Assessment

A confirmation assessment is a shortened assessment to ensure the initial determination is still valid when a child is determined eligible for a qualified residential treatment program (QRTP) and is not placed in a QRTP within 30 days in the following circumstances:

- A third-party entity, such as the court, L-GAL, case manager, or QRTP to confirm appropriate level of care.
- The child is placed on a QRTP waitlist, and not admitted between 30 and 90 days from the original determination date.

Note: If the original determination date has exceeded 90 days, a new initial independent assessment will be required to align with CANS standard practice to ensure validity behind the child's current strengths and needs. A confirmation assessment is only applicable for QRTP appropriate outcomes.

Confirmation assessment referrals to RPU/JJAU must include updated documentation and anything not included in the referral for initial independent assessment. These items may include:

- Updated FTM reports.
- Updated specialist assessments.
- School related documents, including the most recent Individualized Education Plan (IEP), current grade reports of the most recent academic year.
- Mental health documents, including the initial biopsychosocial, or other comprehensive assessment.
- Most recent comprehensive psychiatric assessment and psychiatric medication reviews.

- Most recent individual plan of care/person centered plan or other treatment summary.
- Most recent psychological or neuropsychological testing, testing for eligibility for intellectual and/or developmental disability services.
- Updated incident reports and/or police reports.

Note: The third-party assessor has 14-days from the date the RPU/JJAU makes the referral to complete all assessments and provide a determination report.

Initial Independent Assessment Exceptions

If a child is receiving residential services and moves to another residential care program within 30-calendar days from the date of the initial independent assessment, a new independent assessment does not need to be completed.

If it is past 30-calendar days from the initial independent assessment and it is in the child's best interest to move to a new program with the same service description within a residential service provider, a new independent assessment and referral to the RPU is not needed.

Example: A child is receiving services from a mental health behavior stabilization program (service code 751) and moves to another mental health stabilization program (service code 751) within the same residential service provider.

Regardless of when an initial independent assessment was completed, if a child is receiving services from a human trafficking program and moves from a stabilization program (service code 752) to integration program (service code 725), a new independent assessment does not need to be completed.

Please reference the Amending Service Authorizations job aid in the electronic case management system.

Temporary Breaks

When a child is absent from the residential placement for 14 or fewer days due to a temporary break, the child may return to the

same placement without a new referral to the RPU and a new independent assessment is not required; see FOM 722-03D, Placement Change.

If it is outside of the 30-calendar day window from the date of the initial independent assessment and a child is absent from a residential placement for greater than 14-calendar days, the case manager must make a new referral to the RPU if continued services in a residential are determined appropriate and in the best interest of the child.

See FOM 903-07, Temporary Breaks/Bed Hold Payments, for additional details regarding the payment and approval process for bed holds.

Court Requirements

Residential Services Recommended

Within five business days of receiving the report from the independent assessor recommending residential services, the case manager must submit the report and the JC 15m, Motion Re Transfer/Hearing/Placement, to the court.

The court will:

- Review and consider the assessment, determination, and documentation made by the independent assessor conducting the assessment.
- Determine whether the needs of the child can be met in a family home.
- If a family home cannot meet the child's needs, determine:
  - Whether residential services are the most effective and appropriate level of care for the child in the least restrictive environment; and
  - If residential services will enable the child to achieve the goals in the child's permanency plan.
- Issue a JC15, Motion and Authorization/Denial order, with the approval or denial of recommendation for residential services.

If the court does not approve residential services, the case manager has 30-calendar days from the court order to move the child to a community-based setting.

Note: The court must issue the JC15, Motion and Authorization/Denial, approving or denying the recommendation, no later than 60-calendar days from the initial admission into the residential care program to continue Title IV-E eligibility; see FOM 902, Funding Determinations and Title IV-E Eligibility.

Community Setting Recommended

Within five business days of receiving the report from the independent assessor recommending placement in a community setting, the case manager must submit the report and the MDHHS-5964, Court Cover Letter, to the court checking the box that indicates that no action is needed.

Subsequent Court Reviews

At each dispositional review and permanency planning hearing, the court must approve of the child's continued participation in residential services.

The case manager must submit the following to the court:

- Evidence that residential services are the most effective and least restrictive environment for the child based on the ongoing assessment of the child's strengths and needs.
- The placement is consistent with the child's short- and long-term goals as specified in the treatment plan.
- Documentation of the specific treatment or service needs that are being provided for the child at the residential service provider and the length of time the child is expected to need services.
- Documentation of the efforts made to prepare the child to return home, or be placed with a fit and willing relative, legal guardian, adoptive family home, or foster family home.
- Documentation that the placement has been approved by the court, both initially and for continued placement.

Documentation

Case managers must document this information in the Supporting Information hyperlink in the electronic case record for the case service plan; see *Children Placed in a Qualified Residential Treatment Program* in FOM 722-08A, Ongoing Case Service Plans or FOM 722-08B, Permanent Ward Service Plan (PWSP).

SERVICE PLANNING AND DELIVERY

The primary case manager/supervising agency must:

- Visit the child every month, which includes observing the child's daily living and sleeping areas; see FOM 722-06H, Case Contacts.
- Invite the services program monitor and the community mental health (CMH) provider in the community where the child will reside upon discharge to all FTMs.
- Work collaboratively with residential staff, the child, and the family to make immediate and ongoing efforts to identify a community placement for the child upon discharge that will promote permanency.

LENGTH OF RESIDENTIAL STAY APPROVAL

The MDHHS director must approve any stays for children in a QRTP placement for the following:

- After the first 12 consecutive months.
- For children 13 years of age and older, after 18 nonconsecutive months.
- For children under 13 years of age, after six consecutive or nonconsecutive months.

When completing a case service plan, the case manager must document that continued residential care program was approved by the MDHHS director. This must be added to the child's supporting information under the child's best interest placement questions in

the case service plan; see FOM 722-08A, Ongoing Case Service Plan.

TRANSITION AND DISCHARGE PLANNING

Discharge planning begins at the time of admission to residential services. The residential service provider must develop an initial discharge plan within 30-calendar days of the child's admission. A review of the discharge plan must be completed quarterly and no more than 30-calendar days prior to discharge.

The case manager must collaborate with the residential service provider to ensure the following individuals are involved in the creation and review of the child's discharge plan:

- Child.
- Parent(s), guardian(s), or caregiver(s).
- Assigned clinician.
- Supervising agency, including the primary case manager.
- Identified next placement.
- Local CMH providers.
- Services Program Monitor.

The case manager must ensure development of the plan includes opportunities for the child to identify services for themselves and for their parent(s), identified next placement to identify formal and natural supports to meet the child's needs after discharge and ensure a successful transition and integration within the community.

The case manager must include the child's discharge plan and projected discharge date in each child's case service plan.

The case manager must participate in creation of a transitional discharge plan established by the residential service provider within 30-calendar days of placement.

Discharge plans and transitional discharge plans must be discussed amongst all parties and action steps updated during quarterly case planning FTMs and placement change FTMs; see FOM 722-03D, Placement Change and FOM 722-06B, Family Team Meeting.

Planned Discharge

The primary case manager/agency responsible for foster care case management must assist the residential care program in coordination, at least 180-calendar days prior to discharge, to make a referral to CMH for assessment and case management/wraparound services and continue coordination with CMH until discharge, if CMH is not already involved.

Unplanned Discharge

Consider a discharge unplanned when the residential service provider requests removal of the child from the placement, within 30-calendar days prior to the child successfully achieving the treatment goals due to one of the following:

- A child does not benefit from or has reached maximum benefit of the specific residential service provider's programming.
- Due to documented incidents of risk or serious harm to the child, peers, or staff, and efforts to reduce the risk have been exhausted.

Within two business days of receipt of the request for a new placement, the case manager must respond to the residential service provider to confirm receipt of the request and gather information related to the reason for the request.

Within 30-calendar days of receipt of the request, the case manager must schedule a meeting to discuss the request. The meeting must include:

- The residential service provider.
- RPU staff.
- The primary foster care supervisor.

During the meeting, the case manager must ensure the following are discussed or reviewed:

- The residential service provider's documentation of the concerns.
- Potential solutions that would allow the child to maintain placement with the current residential provider.

- The child's treatment needs.
- Potential placements that could meet the child's identified needs.

If the decision is made to discharge a child to another residential service provider, the RPU must make a referral to the independent assessor within one business day.

The case manager and RPU must make arrangements with the residential care program to move the child within 30-calendar days of receipt of the request from the residential service provider.

Note: When an unplanned discharge is being requested due to the child's threat of harm to self or others, the residential care program may request to provide one-to-one supervision; see FOM 903-09, Case Service Payments.

Aftercare

The residential service provider must provide aftercare services for each child who received residential intervention. Aftercare services must continue for a duration of six months post discharge and must be provided to children who are discharged into a community setting; this excludes discharge to another child caring institution (CCI), shelter, adult foster care, hospital, detention, or jail; see FOM 912-1, Residential Services: Residential Provider Requirements.

TERMINATION AND RELEASE PROCEDURES

See FOM 912-1, Residential Services: Residential Provider Requirements for more information.

CONCERNS/ GRIEVANCE PROCESS

If a child, parent, caregiver, or case manager has concerns about the safety, care, or treatment of a child receiving residential services, the following must occur:

- The case manager and supervisor must attempt to resolve the concerns with the contracted residential service provider.

- If concerns are not resolved, the supervisor must escalate concerns to the program manager or county director.
- If concerns are not resolved with the program manager or county director, then the concerns must be escalated to the contract administrator at program office.

Suspected child abuse or neglect of the child must be reported to the MDHHS Centralized Intake; see FOM 722-13A, Maltreatment in Care-Foster Care Responsibilities, and FOM 722-13, Referrals to Children's Protective Services (CPS).

CHILD DEATH

The death of a child must be reported as outlined in SRM 172, Child/Ward Death Alert Procedures and Timeframes.

LEGAL AUTHORITY

State

Child Care Organizations Act 116 of 1973, MCL 722.123a

Placement of a child in foster care into a qualified residential treatment program. Includes requirements, assessment of qualified individual, duties of court or administrative body, dispositional review, approval for continued placement, and definitions.

Probate Code of 1939 Act 288 of 1939, MCL 712A.19

Determination as to placement in a residential care program.

Federal

Family First Prevention Services Act of 2018 (H.R. 1892), PL 115-123

The purpose of this is to enable States to use Federal funds of the Social Security Act to provide enhanced support to children and families and prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator services.

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

OVERVIEW

Every reasonable effort must be made to maintain the stability of a child in community placements. When that is not possible due to the severity of mental or behavioral health needs, residential services may be necessary.

Residential services are a short-term intervention with primary focus on engaging and supporting children and families in their homes and communities by addressing the child and family's needs while building upon identified strengths.

Residential services must be:

- Culturally and linguistically competent.
- Family-driven and child-guided.
- Trauma-informed.
- Evidence-based and informed.

Residential service providers must follow the requirements outlined in this policy when the child's needs cannot be met in a less restrictive setting.

RESIDENTIAL PROGRAM TYPES

Based on the recommendation from the Initial Independent Assessment, which includes the child’s needs and strengths as well as short- and long-term treatment goals, the Regional Placement Unit (RPU) will refer a child for intervention under one of the following residential program types.

Qualified Residential Treatment Program

A qualified residential treatment program (QRTP) provides services following a child's removal from their own home or on-going out of home placement. This program has a trauma-informed treatment model that is designed to address the emotional or behavioral needs of children and provide clinical treatment as appropriate.

Program Types

The following residential program types follow the QRTP requirements:

- General residential.
- Mental health and behavior stabilization (MHBS).
- Youth with problematic sexual behaviors (YPSB).
- Developmentally disabled and cognitively impaired (DDCI).
- Substance abuse treatment (SAT).
- Parent/baby.
- Specialized developmental disability (SDD).
- Intensive stabilization (IS).
- Human trafficking survivor (HTS).

Emergency Shelter Services

Emergency shelter services are provided on a short-term basis following a child's removal from their own home or on-going out of home placement. Services must include a written behavioral assessment of the child, an assessment of the family and family alternatives, and recommendations for needed services in the least restrictive setting; see FOM 722-03, Placement Selection and Standards.

The residential care program must develop a comprehensive assessment within seven-calendar days of admission into the emergency shelter services. The plan must include:

- A comprehensive assessment of the child's physical/mental health needs.
- An assessment of the child's immediate and specific needs and diagnosis.
- The specific services to be provided by the residential care program and other resources to meet the identified needs.
- Goals, outcomes, and timeframes for achievement.
- Placement recommendation.
- Barriers to achievement of the recommended placement and plans to eliminate barriers.

QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP) REQUIREMENTS

A residential care program must be certified as a QRTP to contract with the Michigan Department of Health and Human Services (MDHHS) for residential services. To be certified as a QRTP the residential care program must apply by submitting the DHS-5336, Contracting with the Children's Services Agency for Foster Care, Adoption, and Residential Services. A QRTP must:

- Use a trauma-informed approach.
- Have licensed or registered nursing staff and other licensed clinical staff on-site and/or available 24/7.
- Maintain licensure in accordance with title IV-E requirements and national accreditation.
- Involve the child's family members in the child's treatment plan.
- Integrate family members and relatives, including siblings, into the treatment process. This includes:
  - Providing outreach.
  - Discharge planning.
  - Maintaining contact with parents and siblings as required by the child's foster care treatment plan; see FOM 722-06I, Maintaining Connections: Parenting Time, Sibling Visitations, and Contact.
- Provide discharge planning and family-based aftercare support for at least six months post discharge.
- Incorporate the short- and long-term goals identified by the Initial Independent Assessment into the child's treatment.

The provider must be recertified as a QRTP annually by completing the MDHHS-5999, Residential Foster Care Abuse and Neglect (RFCAN) and Residential Foster Care Juvenile Justice (RFCJJ) Contract QRTP Re-Certification.

REFERRAL AND ACCEPTANCE

The following must be completed by the residential service provider:

- Submit the signed DHS-3600, Individual Service Agreement, to RPU.
- Submit a new DHS-3600, Individual Service Agreement, when a child will remain with the same provider but would be best served in a different program with that provider, including change of security level; see *Requests for Change in Program Type* in this item.

The residential service provider must only accept a child for admission after receiving a fully executed DHS-3600, Individual Service Agreement. In an event of an emergency, the DHS-3600, Individual Service Agreement, must be fully executed no later than the first business day following admission for residential services.

The residential service provider must not admit children under MDHHS supervision due to abuse or neglect without a referral from the RPU.

Initial Assessment

All children admitted for residential services must be assessed by the independent assessor. This must occur prior to referral and admission to residential services. In emergency situations a child may be referred and admitted to a residential care program prior to the completion of the Initial Independent Assessment; in these cases, the assessment must occur within 30-calendar days of admission. The residential service provider is not responsible for conducting or securing the assessment. The referral for assessment will be made by RPU; see FOM 912, Residential Services: Case Manager Responsibilities for more information about the Initial Independent Assessment.

Requests for Change in Program Type

A child must not be moved from one residential care program to another including within the same campus or area without approval from the RPU. The assigned provider must continue to deliver

residential services to the child and their family through the approved program until RPU or the primary case manager/agency arrange for discharge or a change in program type.

SERVICES TO BE PROVIDED

The residential service provider must maintain the capability to provide services 24 hours per day, 365 days per year.

The residential service provider must engage family members, caregivers, and any identified support person and connect them with resources to ensure a child can live in the community successfully.

In collaboration with the primary case manager/agency, the residential service provider must work to identify and engage appropriate family members, caregivers, and permanent connections for children. The residential service provider is responsible for collaborating with the case manager to establish permanence for the child as soon as possible.

Provide residential services based on the child and family's assessed needs and strengths.

Basic Residential Care

Residential services must be trauma informed and evidence-based, evidence-informed, or identified as a promising practice to affect optimal outcomes.

Residential service providers must consistently deliver all the following:

- Food.
- Shelter.
- Ongoing clothing needs.
- Incidental expenses such as:
  - Personal allowances.
  - School supplies.
  - Personal hygiene supplies.

- Routine and non-routine health, medical and dental care.
- Services within the framework of Michigan's Child Welfare Practice Model (MiTEAM).
- Treatment planning that is family-driven with a child-guided perspective. For children without an identified permanent family, treatment planning must include engaging supportive adults involved with the child.

The residential service provider must allow the assigned primary case manager, supervising agency or another staff designated by the assigned primary case manager or supervising agency to have contact with the child. Contact includes phone, virtual, and face-to-face contact. The residential service provider must provide a private meeting space for the child and the primary case manager or other designated staff upon request; see FOM 722-06H, Case Contacts.

Psychological Services

The residential service provider must provide psychological services to a child according to the child's residential treatment plan. Psychological testing must occur as necessary for treatment planning, as well as psychological consultation with family and staff as necessary to assist in understanding the child's needs, test results, implications for treatment and interventions most appropriate for the child and family.

Note: Only licensed professionals trained to administer and interpret psychological tests will be allowed to provide psychological testing to children.

Individual or Group Therapy

The residential service provider must provide at a minimum, weekly direct therapy services to each child individually; group therapy can be used as an adjunct treatment. Individual and/or group therapy must be provided in accordance with the child’s treatment needs as identified in the child’s service plan.

Psychiatric Services

The residential service provider must provide psychiatric services to an individual child according to the child's residential treatment plan. This includes consultation with the family, medical and educational staff, and any other relevant individuals involved in the child's treatment to assist in understanding the psychiatric evaluation, implications for the child's treatment, and identification of appropriate interventions.

Note: The residential service provider will enter appointment information, upload psychiatric assessments and medication evaluations, and review appointments into the electronic case record.

Prescribing Clinician

The residential service provider must follow requirements regarding the prescribing clinician in FOM 802-1, Psychotropic Medication in Foster Care.

Informed Consent

The residential service provider must follow the requirements regarding informed consent in FOM 802-1, Psychotropic Medication in Foster Care.

Educational Services

The residential service provider must ensure that every child is provided appropriate educational services. The residential service provider must:

- Collaborate with the child's identified school to screen for possible educational disabilities. If a disability is suspected, refer the child for an Individual Educational Program Team (IEPT) evaluation within the first 30-calendar days to assess, plan and place the child in the most appropriate educational/vocational program.
- Request prior educational assessments within 30-calendar days of admission to assess the current educational needs.

- Initiate an exit review of the educational plan at least 30-calendar days prior to discharge and forward to the primary case manager/agency responsible for case management.

- Ensure that program staff are available to assist during school hours in case of a crisis.

- Provide written notification to the school where the child is enrolled regarding the name of the primary case manager, the individuals who must be invited to IEPT meetings, and the name of the child's parent(s) or educational surrogate with authority to consent. A copy of the notification must be provided to the case manager for inclusion in the child's electronic case record.

- Provide or arrange structured educational and/or vocational activities for children who are suspended from or expelled from school, or who have passed their General Education Development (GED) test. These activities include, but are not limited to:

  - Structured homework time.
  - Additional reading or writing activities.
  - Online educational programming.
  - Independent study assignments.
  - Independent living skills.

- Monitor and maintain school progress, including documenting a minimum of weekly contact with the school. Monitoring and maintaining school progress may include:

  - Obtaining school assignments.
  - Completion of homework.
  - Supporting test preparation.
  - Capturing and reporting grades and test scores.
  - Additional tutor services.

- Provide tutoring services to a child, as necessary, based on the child's Individualized Education Plan (IEP) or treatment plan. Individuals providing tutoring services must have appropriate educational credentials.

- Provide advocacy and service planning for children that are expelled or suspended, including actively engaging the child's family in the advocacy and planning process.

- Comply with Michigan Department of Education rules and requirements if operation of a school is taking place on the residential's grounds.
- Maintain enrollment in the child's school of origin whenever possible.
- Assess the family's educational background and capacity to support the child's education service needs.
- Coordinate with the primary case manager/agency to refer family members to relevant adult education programming as needed, when appropriate.

Transportation

The residential service provider is responsible for routine transportation, defined as any travel, including family visitation, that is required by the child and family for treatment purposes which may not reasonably be provided by the parents or other funding source. The residential service provider must coordinate with the primary case manager/agency responsible for foster care case management to resolve transportation and location barriers.

Independent Living Preparation

Independent living preparation is a comprehensive and coordinated set of activities that will assist children in preparing for independence or self-sufficiency in areas of housing, employment, financial and personal care.

The residential service provider must provide independent living activities for all children aged 14 and older which will include, but are not limited to:

- Budgeting and money management.
- Employment seeking skills.
- Communication skills.
- Relationship building.
- Establishing health and hygiene.
- Household maintenance and upkeep.
- Educational assistance.
- Preventive health services.
- Parenting skills.

- Accessing community services.

The residential service provider must identify independent living activities in the child's foster care residential initial service plan (ISP) and foster care residential updated service plan (USP) regularly, following the child's 14th birthday; see FOM 722-03C, Older Youth: Preparation, Placement and Discharge.

The residential service provider must provide relevant self-care, daily living skills, community engagement, and mobility skills according to the child's ability.

Trauma Responsive Services

The residential service provider must screen the child for trauma and refer or provide clinical trauma assessments as necessary. The residential service provider must collaborate with mental health providers to link the child to evidence-based services and develop strength-based case plans.

Medical and Dental Care

The residential service provider must ensure that each child receives routine and non-routine medical and dental care as required and enter the required information into the electronic case record; see FOM 801, Health Services for Children in Foster Care. In addition to the policy requirements outlined in FOM 801, Health Services for Children in Foster Care the residential service provider must ensure the child has access to:

- Rehabilitative, physical, or dental procedures by medical personnel, as necessary.
- Enrolled Medicaid providers or a board-certified physician or dentist volunteering their time for health procedures.
- Medication as prescribed by a treating physician. The residential service provider must have a standard operating procedure for dispensing and storage of medication.
- Special diets provided as needed and regularly reassessed utilizing appropriate specialized personnel. Any child who is

determined to be obese or underweight must have a plan to address their weight, health, and well-being.

- Registered or licensed nursing staff on site and/or available 24-hours a day, seven-days a week. The nursing staff must be available, within 60-minutes, to the residential care program at all times.

Wardrobe/ Personal Possessions

The residential service provider must ensure that each child has an adequate wardrobe as defined by and documented on the DHS-3377, Clothing Inventory Checklist, while receiving services and upon discharge; see FOM 903-04, Purchased Care Payment Procedures.

Legal or Court Related Services

The primary case manager/agency must ensure the residential service provider is informed of all court hearings and court orders relevant to the child's care.

The residential service provider must coordinate with the primary case manager/agency related to any legal or court activities regarding the child. The residential service provider must:

- Provide court testimony, recommendations, and reports as requested by the court.
- Ensure all directives and services ordered by the court are completed to the satisfaction of the court within the timeframes ordered.
- Attend court hearings when necessary.

The residential service provider may be required to:

- Transport the child to and from court hearings.
- Supervise the child during transport or while present at the hearing.

If a child cannot be safely transported to a court hearing, the residential service provider must immediately notify the child’s

Lawyer Guardian ad Litem (LGAL) and the primary case manager/supervising agency; see SRM 131, Confidentiality.

Assessments

The residential service provider must utilize the following assessment tools:

- Child Assessment of Needs and Strengths (CANS), Child and Adolescent Needs and Strengths (CANS), or Child and Adolescent Functional Assessment Scale (CAFAS).
- Casey Life Skills Assessment (CLSA) or Daniel Memorial Assessment, for children 14 years of age and older.
- Additional standardized and reliable assessment tools to assess overall progress in functioning may also be used.

In addition to the assessment tools above, the following assessments are required by program type:

Youth with Problematic Sexual Behaviors (YPSB)

CANS-Sexually Aggressive Behavior Module (CANS-SAB).

Parent/Baby

Adult-Adolescent Parenting Inventory (AAPI) to assess parenting skill progress.

Specialized Developmental Disability (SDD)

The residential care program must use one or more of the following assessment tools within 21-calendar days of admission:

- Autism Diagnostic Observation Schedule (ADOS).
- Pearson's Expressive Vocabulary Test (PEVT).
- Assessment of Functional Living Skills (AFLS).

Intensive Stabilization (IS)

- Biopsychosocial assessment to be completed within three-calendar days of admission.
- Psychiatric assessment to be completed within 72-hours of admission.

- Nursing assessment to be completed within 24-hours of admission.

Human Trafficking Survivor (HTS)

- Biopsychosocial assessment.
- Psychiatric assessment.
- Nursing assessment.
- Integrated behavioral health team assessment.

Unless otherwise specified, the residential service provider must administer all assessments within 30-calendar days of admission and quarterly thereafter until discharge.

Exception: The initial assessment completed by the independent assessor will satisfy the requirement of the CANS or CAFAS within the first 30-calendar days of placement.

The assessments must be completed by a professional trained in the identified tool.

Biopsychosocial Evaluation

Within the first 30-calendar days of a child's admission, the residential service provider must complete a biopsychosocial evaluation as part of the initial independent assessment. If a biopsychosocial evaluation was completed within the last year, that evaluation must be reviewed and can be used to meet the requirement if there are not significant changes in the child's status. The evaluation must include:

- Strengths, skills, and special interests.
- Permanency history.
- Social history for the child, parents, and family.
- History of maltreatment and trauma.
- Mental status examination.
- Trauma screening and assessment results.
- Trauma-responsive support plan that is:
    - Individualized to meet the child's strengths and needs.

- Culturally and linguistically competent.
- Child-guided and strength-based, including the following elements:
  - Ensuring clear rights, expectations, and responsibilities.
  - Promoting collaboration and empowerment with the child.
  - Skill building to teach the child how to regulate their emotions and behaviors.

- Intelligence and projective tests, as indicated.
- Behavioral assessment.
- Family, environmental, cultural, and religious or spiritual preferences.
- Educational and vocational goals and needs.
- Psychiatric history, as necessary.
- Specific behaviors and frequency of those behaviors that would necessitate a more intensive treatment setting.
- Develop a strength-based plan that focuses on daily living skills.

Service Plans

Residential Initial Service Plan (RISP)

The residential service provider must complete the appropriate residential initial service plan and provide it to the case manager within 30-calendar days of the child's admission. The following formats must be used based on the child's age:

- DHS 365, Children's Foster Care Residential Initial Service Plan (4-9 years).
- DHS-365-A, Children's Foster Care Residential Initial Service Plan (10-13 years).

- DHS-365-B, Children's Foster Care Residential Initial Service Plan (14 years and older).

Residential Updated Service Plan (RUSP)

The residential service provider must complete the appropriate residential updated service plan and provide it to the case manager within 60-calendar days following the RISP and every subsequent 90-calendar days. The following formats must be used based on the child's age:

- DHS-366 Children's Foster Care Residential Updated Service Plan (4-9 years).
- DHS-366-A Children's Foster Care Residential Updated Service Plan (10-13 years).
- DHS-366-B Children's Foster Care Residential Updated Service Plan (14 years and older).

Treatment Planning

The residential service provider must develop an assessment-based treatment plan within 30-calendar days of the child's admission unless otherwise specified by program type in the contract.

The residential service provider must include the child's short- and long-term goals identified by the qualified assessor in the initial treatment plan. Treatment plans must be child-centered, youth-guided, and based on completed assessments and input from the child and family.

The residential service provider must submit the child's treatment plans to the case manager within the child's first 60-calendar days of placement and every subsequent 90-calendar days.

STAFFING REQUIREMENTS

The residential service provider must maintain sufficient well-trained staff to provide effective child engagement that encourages the child's goals while creating a safe environment. The residential service provider must recruit and employ a diverse staff reflective of the client population.

Reasonable and Prudent Parent Standard

The residential service provider must designate individual(s) trained in making decisions using the reasonable and prudent parent standard as well as those who are authorized to consent to the child's participation in activities.

The designated individual(s) must be onsite and authorized to apply the standard to decisions involving the child's participation in age or developmentally appropriate activities. The individual(s) should consult with the child's family and treatment team who are most familiar with the child at the residential care program when applying and using the reasonable and prudent parent standard.

Residential service staff must be trained and familiar with the Prudent Parent Standard; see FOM 722-11, Prudent Parent Standard and Delegation of Parental Consent.

Staff Education, Experience and Qualifications

All residential services staff must possess the following minimum qualifications before working with children:

- A non-judgmental, positive attitude towards children and their families.
- Training in positive engagement and interactions when working with children and families.
- Training in working with children and families who have experienced trauma.
- Cultural and ethnic sensitivity, cultural humility, as well as diverse competency; see SRM 403, Non-Discrimination in Foster Care and Adoption Placements.
- Knowledge of mental health, substance use disorder, child sexual behavior and child development.
- Training in crisis prevention and intervention, assessment of potentially violent situations and effective de-escalation techniques.

Therapeutic interventions must be provided by one of the following professionals who is trained/certified in evidence-based and trauma informed treatment:

- Licensed Master's Level Social Worker.
- Licensed Master's Level Counselor.
- Limited Licensed Master's Level Psychologist.
- Licensed Psychologist, Ph.D.
- Limited Licensed Master's Level Counselor or Limited License Master's Level Social Worker under the supervision of a Licensed Counselor or a Licensed Master's Level Social Worker, Licensed Psychologist, Ph.D., or Psychiatrist.
- Psychiatrist trained to work with children and families. Preferably Board Certified in Child/Adolescent Psychiatry.

  Note: If the residential service provider subcontracts for therapy services, the residential service provider must ensure the subcontracted provider has the appropriate credentials outlined above.

Staff Training Requirements

The residential service provider must use a training practice model that operationalizes the values of family-driven, child-guided, trauma-informed, permanency, involvement in the community, culturally and linguistically competent care. The training model must have an urgent focus on permanency practices, engaging, and working with families in their community towards successful and sustainable reunification.

The residential service provider must provide 50-hours of training for a new hire during the first year of employment. A minimum of 40-hours of training must be completed within the first 30-calendar days of the new hire's employment and the new hire must complete 16 of the 40-hours of training prior to providing direct care services. The remaining hours must be completed prior to the end of the employee's first year of employment.

The residential service provider must ensure all residential staff are trained to serve as a role model for appropriate social skills,

prioritizing needs, negotiation skills, accessing local resources, hygiene and grooming preparation, food preparation and anger management.

The residential service provider must provide residential staff with quarterly trauma-focused training to maintain a trauma-informed milieu and treatment environment. Trauma-focused programming must be based on an evidence-based, evidence-informed, or promising practice treatment model.

INVOLVEMENT OF THE CHILD'S FAMILY

The residential service provider must include the child's family, including incarcerated parents, and placement caregiver(s) as extensively as possible from the beginning of the admission process through discharge, transition, and aftercare. Families and caregiver must be supported and involved in all aspects of the child's and family's treatment and transitional/discharge planning. Family and caregiver involvement must remain the center of the child's programming. All services must be provided in a manner that ensures that the child, families, and placement caregiver(s) receive comprehensive, culturally competent interventions.

The residential service provider, in accordance with each child's individual treatment plan, must:

- Include the family (birth, relative, identified adult support or permanent caregiver) in the development of the treatment plan and document the family's involvement in the service plan.
- Ensure the opportunity for daily contact between family and the child, when safe and therapeutically indicated for the child to have contact with their family.
- Provide transportation and flexible hours to meet the family's schedule to facilitate the family's treatment goals. If the distance of a family from the agency is identified as a barrier, describe the agency's plan to reduce the barrier to ensure ongoing family contact; see FOM 722-06I, Maintaining Connections: Parenting Time, Sibling Visitations, and Contact.
- Provide an identifiable area for family to spend time together at the residential facility which offers privacy and comfort when it is safe and in the best interest of the child.

- In collaboration with the primary case manager/supervising agency, ensure weekly sibling involvement and visitation and other required sibling interaction is occurring; see FOM 722-06I, Maintaining Connections: Parenting Time, Sibling Visitations, and Contact.
- Provide supported intervention based on the child's treatment needs to encourage and strengthen sibling relationships unless the primary case manager/supervising agency indicates it should not occur.
- Include a specific plan to address the family's needs that will assist the family in meeting the needs of the child.
- The residential service provider must coordinate with the primary case manager/supervising agency to identify, recruit and prepare any identified family for placement with the child.
- Prohibit the withholding of family contact in any form as a method of discipline.
- Ensure the child is present for identified special recruitment activities for children who are available for adoption. In addition, the residential service provider must aggressively pursue family finding/family search and engagement practices for every child receiving residential services for whom there is no identified family. The residential service provider must involve the child in adoption recruitment and planning activities. If there are any safety concerns or other identified treatment concerns, the residential service provider will consult with the assigned primary foster care and adoption case manager and their respective agencies.

Family Team Meetings (FTM)

Family team meetings (FTM) are an essential component of MiTEAM case practice model and serve as the primary forum for collaborative case planning for the child and family.

FTMs are used to plan and review for the child and to ensure the child receives an appropriate array and quantity of services that are necessary to stabilize the child, help them heal and achieve permanency as soon as possible. Services are to prepare the child to succeed in a less restrictive community-based setting after

discharge. The residential service provider, child, and the child's family must participate in quarterly FTMs.

The residential service provider must incorporate goals and action steps regarding the child from previous FTMs into the initial treatment plan.

The residential service provider will coordinate with the primary case manager/agency to participate in a pre-meeting discussion with the child at least 24-hours prior to the FTM. The residential service provider will participate with the child in person or via phone conference for all FTMs when appropriate for the child to participate.

The residential service provider will work with the child, family, treatment team, primary case manager/agency, and local Community Mental Health (CMH) provider to assist the child in developing meaningful connections to the child's family, community, and other non-family resources; see FOM 722-06B, Family Team Meeting.

DISCHARGE PLANNING

Discharge planning must begin at the time of admission to residential services. The residential service provider must develop an initial discharge plan within 30-calendar days of the child's admission. A review of the discharge plan must be completed quarterly and no more than 30-calendar days prior to discharge. The residential service provider must involve the following individuals in creation and review of the child's discharge plan:

- Child.
- Parent(s), guardian(s), or caregiver(s).
- Assigned clinician.
- Supervising agency, including the assigned case manager.
- Identified next placement.
- Local CMH providers.
- Services Program Monitor.

Development of the plan includes opportunities for the child to identify services for themselves and for their parent(s), identified next placement to identify formal and natural supports to meet the child's needs after discharge and ensure a successful transition and integration within the community.

The child's discharge plan must include the projected level of care needed at discharge and all services recommended at discharge. The child's discharge plan and projected discharge date must be included in the child's residential case service plan. The child's discharge plan must include the level of care projected to be needed at discharge, including medical, mental health, behavioral health, education, and family support services.

The residential service provider must participate in quarterly case planning FTMs and placement change FTMs to review the child's discharge plan and transitional discharge plan.

Planned Discharge

The residential service provider must provide the following transitional services to children when a planned discharge occurs:

- Submit a discharge service plan to the primary case manager/agency responsible for case management.
- Residential service provider must coordinate with CMH directly or the primary case manager/agency for the referral and any identified services until discharge. A referral to CMH for assessment and case management services can be made 180-calendar days prior to discharge.

The residential service provider must also provide aftercare, medical, and mental health services as outlined in *Aftercare* and *Medical and Mental Health Requirements at Discharge* in this item.

Unplanned Discharge

All children being moved to another residential service provider must be referred to the RPU for the placement process. The residential service provider must continue residential services until the child is admitted to a new residential service provider.

A residential service provider can submit a written request to the RPU and primary case manager to discharge a child from the program within 30-calendar days and prior to the child's successful completion of the treatment goals under the following circumstances:

- A child is no longer receiving benefit from services or has reached maximum benefit of the residential service provider's services.
- Significant safety concerns exist for the child, peers, and staff.

Note: If the child poses a threat or harm to self or others, the residential service provider may request and be approved to provide a one-to-one staffing ratio.

The written request for discharge must include the following:

- Child's identifying information.
- A detailed explanation of the safety concerns.
- A detailed explanation of the circumstances that exist that prevents the residential service provider from meeting the child's needs.
- Actions taken by the residential service provider to address child’s treatment needs.
- Evidence that an FTM was held with the foster care case manager, supervisor, RPU, and parent or involved family member within 30-calendar days of the request to explore alternatives to replacement which might include:
  - Explore options to change milieu (unit, peers).
  - Changes in staffing ratio. This may include one-to-one supervision, dependent on staff availability and expedited approval from the Division of Child Welfare Licensing (DCWL); see FOM 722-03E, Placement Exception Requests and Approvals.
  - Modifications of the treatment/behavior plan or program structure.
  - Additional psychiatric consults/screening.
  - Access to additional outside services if indicated which might include inpatient or partial hospitalization, occupational therapy, primary care physician (PCP) or dietician consults, speech, and language services.

- Exploration of IEP amendments for additional services or change in school setting.
- Exploration of reunification or placement with a fit and willing relative.

A request for discharge cannot be based on the child's diagnosis, acuity, criminal or sexual offender status, race, color, religion, national origin, sexual orientation, gender identity or expression, linguistic or cultural needs, or previous negative outcomes or experiences with this child.

The residential service provider must continue with services to the child for up to 30-calendar days following the written request for discharge.

Medical and Mental Health Requirements at Discharge

For both planned and unplanned discharge from the residential care program, the residential service provider must provide a health packet five-calendar days prior to the child's discharge. The health packet must include:

- A complete list of the child’s medications, including those used routinely and on an as needed basis. This list must be generated from the medication administration record used to administer medications and must be reviewed and reconciled by the residential service provider's nurse. This list must be generated and reconciled no more than 48-hours before discharge.
- A list of the medications supplied on discharge including (as applicable):
  - Prescriptions for medications sent with the child (minimum 30-day supply).
  - Prescription refills (minimum 30-day supply) available for transfer from the pharmacy at discharge.
  - Medications supplied in packaging (minimum 30-day supply).

- If a child is taking Clozapine and the pharmacy will not dispense a 30-day supply, the prescription should include refills sufficient to provide a 30-day supply once Clozapine Risk Evaluation and Mitigation Strategy (REMS) required lab work is obtained and documented.

- Copies of psychiatric care documentation including the initial psychiatric evaluation, all medication review documents and any related documents, for example documented correspondence about psychiatric care.

- Copies of medical examinations including comprehensive annual health examinations and acute care visits.

- Copies of laboratory and all other diagnostic studies conducted while the child was in the residential care program.

- Assessment documents, including those conducted as part of the intake process, and any assessments conducted for the purposes of treatment planning.

- Initial and two most recent updated treatment planning documents from the residential care program.

- A statement for each child receiving psychotropic medication, including the name of the child's next treating psychiatrist/primary care physician, date of last medication review, date of last signed informed consent, date of medication review to occur within five-calendar days of discharge, and date the psychiatric information was provided to the next psychiatrist/primary care physician.

- The packet may be sent by fax to the appropriate recipients, or paper copies may be transferred by the case manager or another person transporting the child from the residential service provider. The residential provider must document the method of transmission and the recipient.

- When a child transitions from one residential service provider to another, a telephone call between the nursing staff of the accepting and referring programs must occur within 24 hours of discharge to discuss the transfer and the child's medical and mental health needs and services.

- When a child transitions from the residential service provider to a medical or psychiatric hospital, the residential service

provider's nurse must contact the hospital nursing staff in the unit or department where the child is receiving care to coordinate care. This conversation must include:

- A review and reconciliation of all medications.
- The overall health status of the child, including current treatment and any diagnostic work up in progress at the time of transition.
- A list of ongoing laboratory or other monitoring required because of current treatment; for example, complete blood counts required for individuals taking Clozapine.

- The residential care program's nursing staff will communicate with consulting medical and psychiatric providers within one business day of any of the following transition events:
  - From inpatient medical or psychiatric care to the residential care program.
  - From the residential care program to an emergency department for potential admission for medical or inpatient psychiatric care.
  - From another clinical site to the residential care program.
- The communication between the residential service provider's nursing staff and consulting physicians/health care providers must include:
  - A summary of the nurse-to-nurse consultation.
  - Status of the child, including any concerns, such as level of alertness, side effects, ongoing diagnosis or treatment that will need attention/orders prior to psychiatric evaluation.
  - Review of current medication supply or needs prior to scheduled psychiatric evaluation.
- The communication between the residential service provider's nurse and the consulting physician/health care provider can occur via direct phone call, voicemail to the consulting physician/health care provider, fax, or HIPAA-compliant email. The manner of communication will be documented in the

nursing note, as will any subsequent communication between the nurse and the consulting physician/health care provider.

- The residential service provider must ensure the communication is documented as a nursing note and will be co-signed by the physician/health care provider within five business days, either by fax transmission of a paper health record, or by electronic signature within an electronic health record. The document must be kept in the child's health record.

Note: If the child is hospitalized in a psychiatric hospital, once stabilized it is expected that the child is to return to their residential care program if it is in the child's best interest.

AFTERCARE

The residential service provider must provide aftercare services for each child discharged from residential services contracted by MDHHS. Aftercare services must continue for a duration of six-months following discharge or until the court ends jurisdiction, whichever occurs first, and must be provided to children who are discharged into a community setting. Aftercare services **are** not required when a child discharges:

- After 14 or fewer calendar days in the residential care program.
- After the child's initial independent assessment determines the child should be serviced in the community and the child is discharged within 30-calendar days of admission.

For families living outside of the 90-mile radius from the residential care program, the residential service provider may subcontract or partner with another residential service provider who is in the family's community to provide any direct care services required under level two. If the family is living outside of the 90-mile radius and services are subcontracted, the residential service provider is responsible for ensuring the required services are being provided and the MDHHS-5931, Residential Aftercare Report, is completed and submitted to the case manager.

Out of State

Aftercare is not required for children who are discharged to a community placement out of state or move to a community placement out of state during the six-month aftercare period. Services or activities to ensure a smooth transition are encouraged

and providers can bill for the associated aftercare level while providing those services.

Services to be Provided

Level One

Level one aftercare services are provided when the child has services being provided in the home by CMH, a Prepaid Inpatient Health Plan (PIHP), or another provider approved by program office. When providing level one aftercare services, the residential service provider must:

- Assess the child and family for any needs that are not being covered by community-based services and coordinating with the primary case manager to ensure the appropriate referrals are made.
- Participate in CMH Wraparound meetings or other treatment team meetings, if appropriate.
- Maintain regular, minimum of monthly, contact with the CMH or other service provider for updates on the child.
- Ensure initial contact with the child and family is completed within five business days of discharge from the program.
    - Two contacts must be made within the first 30-calendar days post discharge.
    - One contact per calendar month must be made for the remaining months.

Level Two

Level two aftercare services are provided by the residential service provider when the child is not receiving services from CMH, a PIHP, or a service approved by program office. When providing level two aftercare services, the residential service provider must:

- Assess the child and family for needs that are not being covered through community-based services and coordinate with the case manager to ensure the appropriate referrals are made.
- Provide crisis on-call services.

- Provide therapeutic/psychiatric services as identified by the child's treatment plan.
- Offer activities, classes, or other programs for the child and the family to participate in.
- Assess the need for CMH or other community-based services and assisting with facilitating services.
- Ensure the family transition coordinator (FTC) or therapist completes face-to-face contact with the child and family within the following timeframes:
  - Within five business days of discharge.
  - Weekly for the first 30-calendar days post discharge.
  - Twice per month for the second 30-calendar days post discharge.
  - Once during each subsequent 30-calendar day period post discharge.

Assessments and Reports

The residential service provider must complete the MDHHS-5931, Residential Aftercare Report, at 30, 90, and 180-calendar days after discharge from the residential care program. All reports must include any clinical assessments and treatment goals. The residential service provider must submit the reports to the primary case manager/supervising agency no later than 15-calendar days after completion.

CONCERNS/ GRIEVANCE PROCESS

If the residential service provider has concerns about specific actions or inactions of a child's case manager, the residential service provider may take the following steps:

- Discuss the issues with the case manager's supervisor.
- If the concerns are not resolved, escalate to the program manager or county director.

- If the concerns are not resolved program manager or county director, escalate to the Business Service Center (BSC) director.

CRITICAL INCIDENTS

The residential service provider must document any incidents in the electronic case management system, including, but not limited to:

- Child death or suicide.
- Attempted suicide.
- Serious child injury or illness requiring inpatient hospitalization.
- Contact with law enforcement.
- Corporal punishment of a child.
- Physical restraint of a child.
- Mechanical restraint of a child.
- Seclusion of a child.
- AWOLP and/or escape of a child.
- Allegations of child sexual abuse or sexual harassment.

Residential staff who has reasonable cause to suspect child abuse or neglect must file a report with the MDHHS Centralized Intake Unit; see FOM 722-13, Referrals to Children's Protective Services (CPS).

Restraints and Seclusion

Positive peer culture, peer-on-peer restraint, chemical restraint, prone restraints, a restraint chair, noxious substances, instruments causing temporary incapacitation, other restraints that may constrict a child's breathing, or any form of corporal punishment is prohibited.

Restraints may only be used after less restrictive techniques have been exhausted and the restraint is still necessary to prevent serious injury to the child, self-injury, injury to others, or as a precaution against escape where the child may be at risk of injury to self or others.

Residential service providers must follow requirements regarding restraint and seclusion; see FOM 722-02B, Guidance for Restraints in Child Caring Institutions.

Absent Without Legal Permission (AWOLP)

See FOM 722-03A, Absent Without Legal Permission (AWOLP), for more information.

CHILD FATALITY

The death of a child must be reported; see SRM 172, Child/Ward Death Alert Procedures and Timeframes.

RATE CHART LOCATION

The rates for CCI and placement agency foster care (PAFC) providers have been relocated to the public website.

The rates can be accessed at the hyperlink below:

http://www.michigan.gov/documents/mdhhs/Residential_Foster_Care_Adoption_Combo_Spreadsheet_516066_7.xls

LEGAL AUTHORITY

State

Child Care Organizations Act 116 of 1973, MCL 722.123a

Placement of a child in foster care into a qualified residential treatment program. Includes requirements, assessment of qualified individual, duties of court or administrative body, dispositional review, approval for continued placement, and definitions.

Probate Code of 1939 Act 288 of 1939, MCL 712A.19

Determination as to placement in a residential care program.

The Social Security Act, MCL 400.14-400.122

Federal

Family First Prevention Services Act, PL 115-123

The purpose of this is to enable States to use Federal funds of the Social Security Act to provide enhanced support to children and

families and prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator services.

POLICY CONTACT

Questions about this policy item may be directed to the Child Welfare Policy Mailbox (Child-Welfare-Policy@michigan.gov).

COMPLIANCE WITH LAW AND POLICY

The PAFC contractor shall comply with all applicable federal and state laws and all applicable provisions in the consent decree entered in Dwayne B. V. Granholm, 2:06cv-13548. Many of these laws are outlined in the PAFC contract and FOM 721, Legal Requirements. The PAFC contractor shall ensure that the DHS Children's Foster Care Manual (FOM) is provided either in hard copy form or electronically to the contractor's social service staff. The PAFC contractor shall ensure that social service staff are aware of the policies and procedures contained in the manual, interim policy bulletins and L-Letters, which are submitted to the contracting agency director via email from the DHS Child Welfare Contract Compliance Unit. Compliance with these policies and procedures is required.

Note: The current version of FOM is available online at www.michigan.gov/dhs-manuals under the Children's Foster Care category. The interim policy bulletins are also contained under the same category.

Foster Care Supervision

Foster care supervision is a program that provides a comprehensive and coordinated set of activities designed to place and supervise children in out-of-home placement.

Foster care supervision includes:

- The provision of services as outlined in the FOM and PAFC contract.
- Referrals for services to enhance child and family functioning and to ameliorate the conditions that caused the child's removal from parental custody.
- Developing and implementing a treatment plan and service agreement to facilitate one of the five federal permanency planning goals:
    - Reunification.
    - Adoption.
    - Guardianship.
    - Placement with a fit and willing relative.
    - Another planned permanent living arrangement.

- Maintaining client case files in accordance with the licensing rules for child placing agencies.
- Providing 24-hour emergency back-up social services staff to the foster child(ren), foster parent(s)/relative/unrelated caregiver(s), and parents or guardians.

FOSTER CARE SERVICES

The PAFC contractor shall be responsible for all direct services to the child and family as specified in the FOM 722 series. The PAFC contractor shall provide the following in accordance with the treatment plan for an individual child:

Placement Selection Criteria

The PAFC contractor shall ensure the placement selection for children in foster care is determined by the criteria and procedures outlined in FOM 722-03, Placement/Replacement.

Face-to-Face Contacts

The contractor shall ensure PAFC workers provide face-to-face contacts and/or supervision in the form of caseworker visits to foster children, foster parent/caregiver(s) and legal parents as outlined in FOM 722-06, Visitations. All contacts and visits must be documented in the Initial Service Plan, Updated Service Plan or Permanent Ward Service Plan.

Sibling Visitation

The PAFC contractor shall ensure that each child who is not placed in the same placement as his or her sibling has sibling visits and ongoing contacts as outlined in the foster care policy manual, FOM 722-06, Sibling Visitation.

Parenting Time

The PAFC contractor shall ensure that parenting time occurs as outlined in FOM 722-06, Parenting Time.The contractor shall ensure that a detailed parenting time plan is documented within the DHS-67, Parent-Agency Treatment Plan and Service Agreement, as outlined in FOM 722-06, including:

- The frequency, location and date of parenting time.
- The plan for the expansion of parenting time.

Discipline

The PAFC contractor shall have a written behavior management policy that identifies appropriate and specific methods of behavior management for foster children, in compliance with Child Placing Agency Rule 400.12406. The contractor shall include behavior management as a component of regular foster parent training, in compliance with Child Placing Agency Rule 400.12312(3).

Wardrobe

The PAFC contractor shall ensure that the child has an adequate wardrobe while in placement as well as at the time of discharge, as defined by the DHS-3377, Clothing Inventory Checklist. When the child is absent, the PAFC contractor shall have a process in place to keep the child's wardrobe and possessions safe until claimed by the child or DHS. If the possessions are not claimed within 90 days from the child's absence, the contractor shall return the possessions to DHS.

Medical, Dental and Mental Health

The PAFC contractor shall document all medical, dental and mental health needs and services for each child according to the guidelines set forth in FOM 722-06.

Additionally, the PAFC contractor shall:

- Maintain a medical passport (DHS-221) for each child according to the guidelines set forth in FOM 722-06, Medical Passports.
- Provide the medical passport to the foster parent or relative caregiver, as well as provide a copy of the updated medical passport to the DHS monitoring worker no less than annually.
- Forward all medical, dental and mental health examination reports and/or assessments to the DHS local office monitoring worker within five working days of completion or receipt from the treatment provider.

Education

The PAFC contractor shall ensure children in care are provided with educational services as set forth in FOM 722-06, Educational Services for Foster Care.

Transportation

The PAFC contractor shall ensure the provision of transportation for:

- Parenting time.
- Routine activities which parents would normally provide for their own child (such as medical and dental appointments, school conferences, school activities, extracurricular activities and sports).

Permanency Planning Conferences

The PAFC contractor shall conduct permanency planning conferences to make or recommend critical case decisions as required in the foster care policy manual (FOM).

Preparation for Independent Living

Regardless of the child's permanency plan, the PAFC contractor must ensure that each youth aged 14 and older has a comprehensive written plan (with documentation of youth input) as outlined in FOM 722-06, Independent Living Preparation, to assist the youth in preparing for eventual independent living, and to assume responsibility for physical, social, economic and psychological well-being. The plan must be signed by the youth.

Child Returned Home and Aftercare Services

To assist the child and parent(s) in re-establishing family equilibrium after reunification, the PAFC contractor shall provide aftercare services as outlined in the PAFC contract and in FOM 722-06, Children Returned Home. Additionally:

- If in-home contracted services (Families First or Family Reunification) are provided, the PAFC worker continues to be

responsible for the case management, monthly home visits, and case service plan requirements.

- The period of weekly contacts may be extended beyond 90 days as determined by DHS.
- The PAFC contractor shall continue to provide and document aftercare services to the child and family until one of the following occurs:
    - Wardship is dismissed on all children in the family.
    - DHS approves, in writing, transfer of aftercare services to another placement agency foster care provider.
    - Child reaches age 20 and there are no other siblings who continue in foster care placement or wards who reside with the parents/relatives.
    - Child dies and there are no other siblings who continue in foster care placement, or wards who reside with the parents/relatives.

Family Responsibility

See FOM 913-5, Placement Resources: Child Placing Agency Family Responsibility, for agency family responsibility requirements.

Termination of Family Responsibility

See FOM 913-5, Placement Resources: Child Placing Agency Family Responsibility, for termination of family responsibility requirements.

FOSTER CARE INTAKE

See FOM 913-3, Placement Resources: DHS Referral to PAFC Contracted Agency, for foster care intake packet and procedures.

FOSTER CARE INTAKE

Referral Acceptance

The PAFC contractor shall accept and act on referrals from DHS upon receipt of the DHS referral packet. Any PAFC contractor agency forms or information required on a referral must be completed by contractor staff from information in the DHS referral packet or other sources. DHS staff shall not be required to complete an application or other contractor forms for inclusion in the department case record or department files or for any other purpose. DHS staff are not authorized to sign agency releases or consent forms.

DHS Referral Packet

The DHS referral packet to a PAFC agency shall include, if available:

- Copy of the commitment order or placement and care order from the court.
- Copy of the DHS-65, Initial Service Plan, DHS-66, Updated Service Plan(s), including DHS-145, Family Assessment of Needs and Strengths, the age appropriate DHS- 432, 433, 434 or 435, Child Assessment of Needs and Strengths, and DHS-69, Foster Care Action Summary(ies).

  Note: If any of these documents are incomplete at placement, the completed materials must be forwarded to the contractor within two weeks of placement.
- Photocopy of the birth verification, or copy of the request for verification. The department shall immediately forward a copy of the birth verification upon receipt.
- If available, copy of the DHS-1662, DHS-1663, and DHS-1664, Youth Health Record or other documentation of physical and dental examination(s) within the past 12 months and history, including immunization record and medical passport.
- Photocopy of the active Medicaid (MA) card or the MA recipient identification (ID) number, if the child is active for MA and the card is not available. If MA must be opened for the child, the

department shall provide a copy of the MA card or alternative verification of the child's MA status and recipient ID number within 30 days of the date the child enters foster care.

- DHS-3307, Initial Placement Outline and Information Record, if required, or other documentation required by department policy and licensing rules.
- Court report(s).
- Educational report(s).
- Copy(ies) of psychological/psychiatric report(s).
- Copy of the Children's Protective Services 5-day Placement Packet and Transfer Summary, if applicable. Additional Children's Protective Services reports shall be forwarded when completed.

Acceptance Authorization

Except for immediate placement, the PAFC contractor shall not accept a child for placement prior to the signing of an DHS-3600, Individual Service Agreement, by both the contractor and the DHS local office. For immediate placement, a DHS-3600 shall be signed no later than the first working day following placement.

DHS-719, Child Placing Agency Case Report Form

The DHS-719, Child Placing Agency Case Report Form, is printed by the DHS foster care monitoring worker and sent to the PAFC contractor within 2 business days of the assignment of the SWSS-FAJ case; see FOM 914, Placement Resources: Monitoring Worker Responsibilites.

The PAFC contractor has 10 calendar days from receipt of the DHS-719, Child Placing Agency Case Report Form, to complete the form and return it to the DHS local office. This form contains information that allows the DHS worker to determine funding eligibility and open the case on SWSS FAJ and Bridges. No payments can be authorized until this information is received and the case is opened on SWSS FAJ and Bridges.

REPORTING

Case Service Plans

The Placement Agency Foster Care (PAFC) worker must complete all reports using the Structured Decision Making (SDM) format in accordance with the Children's Foster Care Manual (FOM).

Initial Service Plan

The PAFC worker must complete a DHS-65, Initial Service Plan (ISP), within 30 calendar days of the date the child was removed from the home; see FOM 722-08, Initial Service Plan.

The ISP must include information regarding monitoring children who remain at home, regardless of wardship, including the mandatory reporting of suspected neglect or abuse to Children's Protective Services. The plan must summarize the service needs of these children and how needs are being met as specified in FOM 722-08, Initial Service Plan.

Updated Service Plan/Permanent Ward Service Plan

The PAFC worker must complete a DHS-66, Updated Service Plan (USP), or DHS-68, Permanent Ward Service Plan (PWSP), within 120 calendar days of the child's initial out-of-home placement and at least every 90 calendar days thereafter or more frequently, if necessary, to ensure coordination with court hearings; see FOM 722-09, for USP and 722-09D for PWSP.

Submission of the Case Service Plan to DHS

The PAFC worker must upload the PAFC supervisor-approved case service plan (ISP/USP/PWSP) to the SWSS Web Document Management Module within 15 calendar days of the completion date. The completion date is reflected as the *Report Date* on the first page of the ISP/USP/PWSP.

Note: SWSS FAJ Interface with SWSS Web job aids can be found by following this link:

http://inside.michigan.gov/dhs/Tools/WebappSupport/SWSSfaj/Pages/Tools.aspx

The 15 calendar day time frame allows 14 calendar days for the PAFC supervisor to review and approve the case service plan. The remaining day is available to upload and transmit the case service

plan electronically. The 15 calendar day time frame is not to be interpreted as additional time to complete the report. If DHS does not receive the case service plan within the indicated time period, the service plan will be considered overdue. The receipt date is the date the case service plan is successfully uploaded.

In addition to the ISP/USP/PWSP, all of the following must be included to be considered a complete submission of the case service plan:

- The DHS-67, Parent-Agency Treatment Plan and Service Agreement.
- The applicable DHS-433, 434, 435 and/or 436, Child Assessment of Needs and Strengths (CANS).
- The DHS-145, Family Assessment of Needs and Strengths (FANS).
- The DHS-147, Family Reunification Assessment, (USP only); see FOM 722-09A, Foster Care-Reunification Assessment.
- The DHS-149, Safety Assessment, if applicable; see FOM 722-09B, Foster Care-Safety Assessment.

Social Work Contacts

The PAFC worker must document all social work contacts in SWSS Web within five business days of the contact.

Note: A PAFC's SWSS Web access ends immediately upon case closure or transfer of supervision. Therefore, all social work contacts must be entered before the case can be transferred or closed.

Permanency Planning Goal

The PAFC worker will assign permanency planning goals and provide permanency planning services in accordance with FOM 722-07, Permanency Planning.

Court Reports

The PAFC worker must upload court reports to the SWSS Web Document Management Module five business days prior to the date

the report is due to the court. Court reports prepared by the PAFC worker are to include a statement before the signature line that indicates the report has been submitted on behalf of the DHS.

Note: Court reports are a summarized version of the service plan and do not take the place of the required service plans.

Case Closure/ Transfer

Within three business days of case closure or an agency transfer, the PAFC worker must prepare and submit a DHS-69, Foster Care/Juvenile Justice Action Summary, including a narrative termination summary and the reason for termination to all of the following individuals/entities:

- The DHS monitoring worker.
- The court.
- The child's Lawyer Guardian Ad Litem (L-GAL).
- The new supervising agency, if applicable.

Note: If the period of time between the report period end date on the last case service plan and the date the case is closed or transferred is greater than 30 calendar days, a new USP/PWSP must be completed and submitted with the DHS-69, Foster Care/Juvenile Justice Action Summary; see FOM 722-09C and 722-15.

Child Replacement

The PAFC worker must provide advance notice of any placement change, either in writing or by electronic means, to all of the following individuals/entities:

- The DHS monitoring worker.
- The court.
- The child's Lawyer Guardian Ad Litem (L-GAL).
- The parent, when appropriate.

Exception: The DHS monitoring worker must be notified by the next business day in cases where an emergency placement change occurs.

If it is necessary to move a child from one foster home placement to another, the PAFC worker must prepare and upload a DHS-69, Foster Care/Juvenile Justice Action Summary, within three business days of the replacement. Preparation and submission of a

DHS-69, Foster Care/Juvenile Justice Action Summary, does not alter the case service plan requirements above.

AWOLP-Absent Without Legal Permission

Upon becoming aware of a child's absence from his/her approved placement the PAFC worker must immediately notify the DHS monitoring worker and document the notification in the SWSS Web Social Work Contacts Module. The AWOLP procedures as outlined in the PAFC contract and FOM 722-03, AWOLP, Purchase of Service Case, are required.

Report of Serious Injury/Illness

The PAFC worker must report any serious injury or illness of a child to the monitoring worker and legal parent or guardian:

- Within 24 hours of the incident and
- Confirm the information in writing within five business days. The incident report must include all of the following:
  - The time and date of the incident.
  - The cause of the injury or illness.
  - Methods used to alleviate the injury/illness.
  - The actions taken to prevent future injury/illness, if applicable.

Report of Child/ Ward Death

See FOM 722-02, Administrative Rules, for child/ward death reporting procedures.

Special Evaluations

When allegations of noncompliance with the licensing statute, foster home licensing rules, or terms of the license are made, which specifically involve a child in the home, a special evaluation is initiated. The PAFC worker must submit a copy of the Special Evaluation Report to the DHS monitoring worker within five business days of the special evaluation closure; see FOM 922-2, Foster Family Home Development.

Michigan Adoption Resource Exchange (MARE)

See the Adoption Services Manual, ADM 710, State Ward Tracking System and Registration on the Michigan Adoption Resource Exchange, for reporting requirements.

Foster Care Transitional Medicaid Referrals

Foster Care Transitional Medicaid referrals must be completed by a DHS foster care worker or monitor only. See FOM-902-11, PR-Determination of Medical Assistance Eligibility.

FAMILY RESPONSIBILITY

The contractor shall provide all needed services to a family unit for the purpose of reunification and/or permanency planning. Services shall include placement planning and preparation, service referrals for parents and children, the arrangement and facilitation of family visitations (including the provision of transportation as needed) as well as court responsibility.

Contractor Family Responsibility

Family responsibility shall include coordinating service planning with all agencies providing placement services to the family. Coordination means maintaining at a minimum one (1) monthly contact with other treatment and care managers, as well as the family as specified in the DHS Child & Family Services Childrens Foster Care Manual (FOM) 722 series.

Responsibility for Siblings

The contractor shall assume family and placement responsibility for all siblings who require services provided by the contractor. Siblings needing initial placement, who require services **not** provided by the contractor, are the placement responsibility of the DHS.

- At the time, that child no longer requires the specific services which led to DHS placement responsibility, the child will return to the supervision of the contractor which has the responsibility for the family unit. All subsequent placement planning is the responsibility of the contractor.
- Placement planning includes preparation of referral packet, identification of appropriate placement options, obtaining DHS approval of potential placement options, making referrals to agencies approved by DHS and effecting the placement.

Legal/Court Activities

The contractor and DHS shall cooperate in matters relating to any legal or court activities concerning the child and family. The contractor shall:

- Notify foster parents/relative/unrelated caregivers of scheduled court hearings.
- Attend all court hearings. Prepare for and provide primary court testimony, recommendations, and reports until dismissal of wardship.
- Submit all court reports/materials to DHS for review and/or approval no later then five (5) working days prior to the due date for submission to the court.

CPA Involvement

When more than one Child Placing Agency (CPA) becomes involved with a family due to the special needs of one or more of the children, the CPA with the majority of siblings in placement is considered the “primary” provider and maintains family responsibility.

Note: When two or more child placing agencies (CPA’s) share an equal number of siblings from a family, the CPA with the youngest child will be the “primary” provider.

Secondary providers are responsible for an individual child’s case management and must provide updated service plans to the CPA with family responsibility (primary provider), for inclusion in their service plans.

Contract Agency Disputes

Any disputes between primary and secondary contracting agencies regarding services/case planning are to be presented to the local DHS POS monitor for resolution.

Special Circumstances

Special circumstances requiring deviation from the Contract Agreement may be negotiated between the local office and the contractor, on a case by case basis, using the Individual Service Agreement (DHS-3600). Approval of the Purchased Services Division must be sought. The purpose of the DHS-3600 is to acknowledge that the contractor has accepted service responsibility and shall not be used to permanently modify the Contract Agreement.

TERMINATION OF FAMILY RESPONSIBILITY

The above family responsibilities shall continue until DHS local office agrees to resume direct care responsibility or one of the following occurs:

- Wardship is dismissed on all children in the family.
- Termination of parental rights of both parents either through involuntary termination (1935 PA 220, as amended) or through voluntary release (under 1974 PA 296, as amended). Although the contractor's family responsibility ends, services to the child(ren) shall continue with direct care responsibility remaining with the child placing agency (contractor).
- Child is placed in residential care and there are no other siblings who continue in foster care placement under the contractor's supervision, or siblings who are wards residing with the parents/relatives. Family responsibility returns to the local DHS office.
- DHS approves, in writing, the transfer of family responsibility to another child placing agency.
- Child reaches age 19 and there are no other siblings under the supervision of the contractor who are in a foster care placement or who are wards residing with the parents/relatives.
- Child dies(s) and there are no other siblings who continue in foster care placement or as who are wards residing with the parents/relatives.

MDHHS REQUIREMENTS

Upon Case Assignment

When a case is assigned to a private agency foster care (PAFC) provider, the Michigan Department of Health and Human Services (MDHHS) must:

- Complete the DHS-3600, Individual Service Agreement.
- Ensure Medicaid is open.
- Request child's birth certificate.

  Note: When child is born out of state, a request for payment must also be made; see FOM 910, Obtaining Vital Records.
- Verify child's Social Security number.
- Complete the initial title IV-E funding determination.
- Assign the case to the identified PAFC provider in MiSACWIS immediately, but not later than one business day following the effective date of the DHS-3600, Individual Service Agreement.

Ongoing Case Responsibilities

- Review all payments for eligibility and approve or route to supervisor, as appropriate.
- Communicate with MI Enrolls regarding child's case specific information and any necessary changes, as needed.
- Receive requests through the MiSACWIS closure process. Review and ensure requirements are met and forward to supervisor for final closure.
- Complete Law Enforcement Information Network (LEIN) and central registry clearances, no later than five business days from the PAFC provider's request. Communicate verified results to the PAFC provider as allowable; see SRM 700, Law Enforcement Information Network (LEIN).

Note: For emergency placement changes, clearances must be completed and communicated immediately.

- Obtain required signatures for Interstate Compact on the Placement of Children (ICPC) referrals, forward signed referrals to the Michigan Interstate Compact Office, and communicate placement approval or denial to the PAFC provider upon notification by the Interstate Compact Office; see ICM 130, Interstate Foster Care Procedures.
- Maintain the foster care case file; see, FOM 722-05, Case Record/Case File Contents.
- Complete title IV-E reimbursability determinations annually, or more frequently as needed; see FOM 902, Funding Determinations and Title IV-E Eligibility.
- Review waiver requests and route for approval; see FOM 722-03B, Relative Engagement and Placement.
- Review placement exception requests and residential placement exception requests and route for approval; see FOM 722-03, Placement Selection and Standards.
- Forward copies of court orders to the PAFC provider within three business days of receipt.

Attendance at Court Hearings

The MDHHS monitoring caseworker is not required to attend court hearings unless ordered to do so by the court.

Absent Without Legal Permission (AWOLP) Diligent Search Efforts

See FOM 722-03A, Absent without Legal Permission (AWOLP) for AWOLP procedures.

Foster Care Transitional Medicaid Referrals

See FOM 803, Medicaid - Foster Care.

Referral to Adoption

The order terminating parental rights must be entered into MiSACWIS and the adoption referral must be made no later than five business days from receipt of the court order; see ADM 210, Referral to Adoption.

Identification of Contractual Concerns

Instances of contract non-compliance that cannot be resolved by the MDHHS monitoring caseworker must be brought to the attention of the MDHHS supervisor. If the supervisor is unable to resolve the issue(s), the situation must be escalated to the next highest level of supervision.

If necessary, this process is to continue through administrative channels to the MDHHS Division of Child Welfare Licensing.

Case Review Activities

MDHHS will review ten percent of the total purchased cases as of the first calendar day of the month. Selected cases must be reviewed by the last business day of the month. The MDHHS monitoring caseworker must enter information gathered from the case reviews into the electronic data collection tool by the fifth business day of the following month. The MDHHS monitoring caseworker must request the link to the data collection tool from Child Welfare Services and Support. All requests must be submitted to MDHHS-CWSS@michigan.gov.

The MDHHS-5626, Foster Care Case Review Process and Tool, is an optional tool that contains further instructions, MiSACWIS navigation paths, and all of the questions contained in the electronic data collection tool. This document is intended to supplement the electronic data collection tool and must **only** be used as a guide to assist with information gathering. The electronic data collection tool must be used to submit information to Child Welfare Services and Support.

OVERVIEW

Foster family home certification is a legal process that must be completed in compliance with the relevant public act and rules.

TECHNICAL ASSISTANCE MANUAL

The Technical Assistance (TA) manual provides detailed instructions for completing foster home licensing tasks, interpretation of licensing rules, and guidance on the foster home certification process.

WEB LINK

A link to the Public Act, licensing rules, technical assistance manual, and other important foster home certification tools can be found at the following web address:

- Division of Child Welfare Licensing (DCWL) webpage.

LEGAL BASE

Act 116, Public Acts of 1973

Act 116, Public Acts of 1973, provides the basis for licensing rules that are relevant to the foster home certification process for child placing agencies. All relevant rules in the act must be followed.

Licensing Rules

Foster family home certification must be conducted in compliance with rules found in the following:

- Licensing Rules for Child Placing Agencies provides specific rules and definitions that child placing agencies are required to follow.
- Licensing Rules for Foster Family Homes and Foster Family Group Homes provides rules and definitions for licensed foster homes.

POLICY CONTACT

Questions about this policy item may be directed to the assigned DCWL consultant.

OVERVIEW

Licensing is a legal process and care must be taken to ensure applicant/licensee rights are protected. The Michigan Department of Health and Human Services (MDHHS) as a child placing agency (CPA) is also responsible for protecting the rights and ensuring the welfare of children placed in foster care. Whenever there is potential conflict between the rights of an applicant or licensed foster home and the rights or safety of children in care, the factors relative to children are to be considered first.

All foster home licensing requires extensive, professional judgment by certifying staff. In those instances where judgment becomes difficult and potential for error is greater than normal, decisions are to be weighted toward protection of children.

Agencies receiving federal funds may not use standards related to income, age, education, family structure, and size or ownership of housing where those standards are arbitrary or exclude groups of prospective parents based on race, color, national origin, religion, age, sex, height, weight, marital status, sexual orientation, gender identity or expression, political beliefs, disabilities, or genetic information.

A foster home applicant or licensed foster parent who has reason to believe they have been denied or delayed the placement of a child because of race, color, or national origin, religion, age, sex, height, weight, marital status, sexual orientation, gender identity or expression, political beliefs, disabilities, or genetic information can aggrieve the decision through existing administrative or legal remedies; see SRM 403, Non-Discrimination in Foster Care and Adoption Placements.

FOSTER FAMILY LICENSING BY AGENCY ASSOCIATES

Employees of the MDHHS or a contracted adoption agency, CPA or Child Caring Institution (CCI) may apply to become a licensed unrelated caregiver. The employee shall be treated on an equal basis with all other applicants. However, neither the employee nor their supervisor may be involved in the licensing process, decision, or recommendation. Further, if the employee becomes licensed, children the caregiver may provide care for must not be on the employee's caseload. Effective January,1, 2025 the licensing

process must be completed by an agency outside the applicant's county of employment. Under no circumstances may an employee complete any component of the licensing process or become licensed in the counties in which they are employed. An agency employee or board member must not use their position to gain access to children or gain information about children and must clearly separate their role as an employee or board member from their role as a prospective licensed unrelated caregiver.

DEFINITIONS

Child Placing Agency

A CPA is a local MDHHS office, or a placement agency foster care (PAFC), licensed by the Division of Child Welfare Licensing (DCWL) to provide child placing foster care activities on behalf of MDHHS.

Community Awareness

Printed information, participation in community service programming, and group presentations with content addressing the specific foster care and other special needs of children in need of placement in a geographic area, county, or boundaries of a coalition.

Inquiry

The process by which a person requests information about becoming a foster or adoptive parent and provides information allowing the CPA to contact them.

Recruitment

Information and activities designed to draw the attention of prospective foster parents in designated geographic areas, including print and broadcast media, personal appearances by staff, recruitment and mentoring by licensed foster parents.

Regional Resource Teams

Contracted agencies tasked with supporting the local county office with recruitment, retention, training, and foster care navigation services.

Retention

Activities and information designed to reinforce and maintain interest in fostering for licensed foster parents including training and recreation activities, family support activities, awards, incentives, and recognition banquets.

Targeted Recruitment

Activities designed to reach a specific group or demographic. Targeted recruitment can also occur when engaging specific neighborhoods or communities.

PROGAM STATEMENT

Licensing R 400.12402 requires that prior to the beginning of each fiscal year the CPA is to prepare a written program statement that includes the following information:

- Types of foster care provided.
- The racial, ethnic, cultural identity, heritage, spirituality, and background of the children served.
- Types of services provided to foster children and their families.
- Geographic area covered.

This program statement must be made available to persons making a formal inquiry regarding foster home licensure.

This statement, in combination with other documentation, may be used to support a recommendation for denial of application based on “being willing and demonstrating the ability to meet the requirements for children who are served by the agency" (R 400.9201(d)).

Example: The prospective foster parent is only willing to care for infants available for adoption.

FOSTER HOME DEVELOPMENT

Recruitment and Retention Program

Each CPA must develop and maintain an ongoing recruitment program to ensure an adequate number of suitable foster homes based upon the annual program statement outlined above, characteristics of children needing placement in communities served by the agency, and the identified unique needs of individual children. Each agency must also develop, implement, and maintain a program of foster home retention that includes foster parent involvement, identifies the causes for the loss of foster homes, and prescribes actions to retain foster homes. (R400.12304)

Each CPA must participate in the completion of the annual Adoptive and Foster Parent Recruitment and Retention (AFPRR) plan in any county in which they license foster homes. The annual AFPRR plan will be compiled by the local MDHHS office and submitted on behalf of all participating agencies.

MDHHS is committed to ensuring an adequate number of qualified homes is available to meet the individual needs of the various children entering the foster care system. By strengthening recruitment and retention efforts, considerable benefits will be accomplished for the foster care delivery system. Local MDHHS offices may designate staff for recruitment and retention activities.

Goals

MDHHS objectives are to:

- Increase the number of inquiries about foster home licensure.
- Increase the percentage of applicants who complete the licensing process.
- Maintain a sufficient number and adequate array of foster homes to meet the needs of children experiencing foster care in Michigan.

RECRUITMENT EFFORTS

Recruitment efforts should be designed to provide information about the characteristics and needs of children served by the

department, the nature of the foster care and adoption processes, and the supports available to foster and adoptive parents throughout the community. Prospective foster parents who make an inquiry as a result of recruitment efforts must be contacted within three business days for follow-up and invited to attend an orientation.

Agencies should analyze and evaluate the needs of children stepping down from a residential placement and be considerate of the communities the agency serves and provide an adequate plan for the recruitment, training, and support to develop foster homes willing and able to take placement of children leaving a residential.

Comprehensive Recruitment Plan

Each CPA must have a comprehensive recruitment plan that includes:

- A description of the characteristics of children in foster care.
- Specific strategies to reach all parts of the community.
- Diverse methods of disseminating both general and child-specific information.
- Strategies for ensuring that all prospective parents have access to the home study process, including location and hours of service that facilitate access by all members of the community.
- Strategies for training staff to work with diverse cultural, racial, and economic communities.
- Strategies for addressing language barriers.
- Strategies targeted for ensuring available foster families in each county match the racial, ethnic, and cultural make up of children in foster care in that community.
- Strategies to ensure there are sufficient number of designated placements that are prepared to meet the unique needs and create a supportive environment for children with diverse sexual orientation, gender identity, and gender expression (SOGIE).

Collaborative Efforts

Collaborative efforts are encouraged, including joint efforts with:

- Michigan Youth Opportunities Initiative (MYOI) youth and specialists.
- Current and former foster and adoptive parents.
- Regional Resource Team recruiters.
- Volunteer services.
- Multi-Purpose Collaborative Bodies (MPCBs).
- Public and private partnerships.

Reimbursement may not be made by local offices to placement agencies for training provided to MDHHS foster parents.

Contracted Resources

Contracted resources may be purchased to work collaboratively on recruiting new foster families and retaining existing foster families. Contracted resources may include individuals, organizations, and agencies. Specific resource efforts may include:

- Community awareness and educational activities.
- Assistance in the development of annual recruitment and retention plans.
- Marketing and advertising strategies.
- Foster parent recognition and retention activities.
- Foster parent training promotion.
- Promotion of foster parent recruitment events.

Recruitment Activities

Effective recruitment plans incorporate a variety of recruitment strategies including community awareness efforts, participation in

community events, and creation of or participation in targeted recruitment events or activities.

To ensure agencies are mindfully addressing racial disparities in child welfare, all agency AFPRR plans must have activities identified to recruit enough foster homes to address any racial disparities in foster home availability in the communities served by the agency.

Recruitment activities may include:

- Implementing a county-wide community awareness and recruitment campaign.
- Developing and maintaining ongoing contacts with all levels of the community for purposes of education about foster care in general and the need for particular homes.
- Developing and distributing necessary resource material for community awareness purposes that describe the county's specific recruitment needs, licensing procedures, and requirements.
- Responding to individual inquirers within three business days to ensure families are receiving prompt and courteous attention in person, by phone, or by email.
- Working collaboratively with the foster care certification staff and Regional Resource Teams in scheduling foster home orientation, preplacement, and ongoing training.
- Working jointly and cooperatively with contractual and appropriate community resources to implement coordinated activities outlined in the county's recruitment, community awareness, and retention plans.
- In addition to entering all inquiries in the appropriate child welfare information system, develop a monitoring document to track the number of phone inquiries and their disposition.
- Tracking responses to community awareness and recruitment efforts and activities.
- Tracking the frequency, participation, and content of foster parent orientation, preplacement, and ongoing training on a quarterly basis.

- Participating in collaborative activities beyond county boundaries, where appropriate.
- Participating in relevant MDHHS-sponsored meetings and trainings.
- Evaluating the effectiveness of customer service throughout the licensing process.
- Identifying steps in the licensing process in relation to the number of prospective foster parents withdrawing at that step.
- Developing ways to enhance the licensing process in the agency to retain more prospective families throughout the process.

Foster Parent Recruitment Activities/ Expenditures

Allowable foster parent recruitment activities or expenditures may include:

- Orientation training and materials, including refreshments.
- Mentoring prospective foster parents.
- Brochures and advertising about the need for foster parents.
- Presentations to community groups for recruitment.
- Family recreational events.
- Table rental or other fees to participate in community events.
- Promotional materials and apparel.

RETENTION ACTIVITIES

A program of foster home retention must be developed and implemented that includes the involvement of foster parents and addresses the reasons foster parents close their license. Retention plans should address ways in which each agency supports their foster families.

The agency retention plan should address supports needed for foster families and relative caregivers served by the agency. Additionally, each agency must create a foster family support strategy to develop an adequate array of foster homes to take placement of older youth who have historically been placed in residential due to a lack of available foster homes.

Allowable foster parent retention activities or expenditures may include:

- Ongoing advanced training topics for licensed foster parents.
- Regional training.
- Annual recognition events.
- Support groups.
- Educational library in child welfare offices with relevant periodicals, videos, and books.
- Family recreation events.
- Mentoring of licensed foster parents.
- Annual regional training conferences for adoptive parents, foster parents, and relative caregivers.
- Reimbursement to foster parents and adoptive parents for costs of attending authorized training such as mileage, meals, and day care at state rates.
- Speaker fees for recognition events, conferences, and training.
- Support-based goods or services to assist foster families, such as gift cards for home cleaning services, sending a meal to a family during a time of need, etc.

FOSTER PARENT ORIENTATION, PREPLACEMENT AND ONGOING TRAINING

Training is defined as the presentation of information to prospective or licensed foster parents designed to meet various licensing rule requirements, reinforce, and enhance competencies and skills. The training process begins with an inquiry from the prospective foster parent.

All CPAs must provide orientation and additional ongoing training for **each** prospective and licensed foster parent as referenced in their annual foster parent training plan. Training may be delivered at the local office level or coordinated with other counties and

agencies with similar needs, sometimes referred to as foster parent training coalitions. Foster parent training may be delivered by MDHHS staff, PAFC staff, or in conjunction with available community resources. It is the responsibility of the licensing agency to ensure that trainers are appropriately trained and credentialed to deliver the proposed material.

Orientation

The purpose of orientation is to provide information to prospective applicants and not to obtain information from them. At the end of orientation, if the individual(s) indicates a willingness to care for the types of children served by the agency and wants an application for licensure, the CWL-3889, Foster Home Application, must be provided.

Note: A CPA must not provide an application to a prospective applicant prior to orientation.

Orientation may be provided individually to inquirers rather than in a group.

Prior to completing and applying for an original foster home license, each prospective applicant, including relative caregivers who are applying for licensure, must attend an orientation session. If there are more than one caregiver in the home, each caregiver must attend an orientation session. The purpose of orientation is to provide individuals with enough information to make an informed decision regarding whether to proceed with applying for a foster home license. It also gives prospective families an idea of the availability and types of supports and resources provided by the agency. Orientation should be thought of as an extension of the recruitment process.

Inquiring families should not have to wait more than 30-calendar days from the date of their inquiry to be able to attend an orientation.

Not more than three hours of the orientation may be included as part of the initial required training. The following topics must be covered:

- Purpose of foster care.
- Characteristics and needs of the children in foster care.
- Attachment and separation issues.
- Impact of fostering on the family.

- Role of the foster family.
- Licensing process.
- Grievance procedures.
- Importance of a child's family.
- Parent and sibling visits.
- Department foster care policies and procedures.
- Department foster care parent training requirements.
- Supportive services and resources.
- Trauma responsive care.
- Collaboration in transportation planning.
- Provisions of the child advocate act.
- Provisions of the child protection law.
- Foster Care Review Board's role.
- Foster parent bill of rights law.

Pre-Licensure Training

The purpose of pre-licensure training is to provide prospective foster parents with the initial skills needed to work with children placed in their home. Some of the topics that were covered during orientation will be covered in greater detail, as the focus of the training changes from assisting individuals with deciding to apply for a foster home license to increasing their base of knowledge needed to work with children in foster care.

Note: Pre-licensure training is intended to give families a base line of understanding about the needs of children in foster care and children who are adopted from the child welfare system. This baseline knowledge should be built upon through ongoing training opportunities.

After the CWL-3889, Foster Home Application, has been signed and returned to the agency, the agency must begin the initial licensing process. The required pre-licensure training program is the GROW curriculum. The training is organized around four competencies:

- **G**row culturally responsive relationships.
- **R**ecognize children's developmental needs and the impact of trauma.
- **O**btain information and resources.

- **W**ork in partnership with families to support healthy relationships.

The goal of the GROW pre-service training curriculum is to prepare foster, adoptive, and kinship parents to:

- Establish culturally responsive relationships with infants, children, and youth in foster care, with attention to the impacts of trauma exposure and developmental needs.

- Develop co-parenting relationships with birth families that support the future relational health of all infants, children, and youth.

The GROW curriculum includes the following modules that must be completed prior to licensure:

- Introduction.
- Child and adolescent development.
- Attachment and relationships.
- Toxic stress and trauma.
- Wellbeing.
- Diversity and inclusion.
- Child mental health and special needs.
- Advocacy and systems.
- Panel-foster care or relative.
- Conclusion.

Relatives pursuing licensure need to complete the following sessions before obtaining their licensure:

- Kinship panel.
- Introduction.
- Child and adolescent development.
- Attachment.
- Systems, policy, and advocacy.
- Safe sleep.
- Prudent parenting.
- Toxic stress, trauma, and trauma-informed parenting.

All remaining sessions of GROW must be completed within the first six-months post-licensure.

A relative caregiver's inability to complete training requirements should not delay licensure. Staff should request a variance for

relative caregivers who are unable to meet the training requirements.

The training program must be conducted by the local Regional Resource Team. To refer a prospective family for GROW training, the licensing case manager should complete the MDHHS-5853, GROW Training Referral, and email it to the appropriate Regional Resource Team mailbox.

If a family cannot attend the GROW training sessions the licensing agency can request an exception to be able to train the family individually or receive permission for alternate arrangements. The agency should email the MDHHS-5749, GROW Training Referral Exception Request, to the Recruitment and Retention Mailbox (MDHHS-recruitmentandretention-requests@michigan.gov) for approval.

Ongoing Training

Ongoing training is any training that is offered after the initial orientation and pre-licensure training. Each CPA is required to have an annual training plan. The annual training plan must cover the period of October 1 through September 30. The plan must be included on the annual AFPRR plan. Each foster parent must complete at least six hours of training per calendar year.

The purpose of ongoing training is to ensure that foster parents have the necessary skills and information to meet the needs of children placed in their homes. The requirements are the same for all licensed providers, including licensed relatives. The licensing agency must thoroughly assess licensed foster parents to determine training needs each year.

Training Topics

CPA licensing R 400.12312 specifies topics that must be included in training received by foster parents from orientation through the first 30 months of licensure. The initial foster home study and all subsequent annual and renewal studies must contain a section that assesses the training needs of individual foster parents. The required topics may be prioritized based on the identified needs of the foster parent.

Each person to be named on the foster home license must complete at least 12 hours of training before the agency can make a recommendation for licensure. Training topics that must be completed prior to licensure are:

- Characteristics and needs of children who may be placed into the home.
- Safe sleep practices for infants.
- Effective parenting.
- Calming and soothing supports for children, including sensory modulation and de-escalation techniques.
- Importance of the foster child's parents and relatives.
- Concurrent planning.
- Role of the agency.
- Emergency procedures, first aid, and fire safety.
- Preparation of the child in foster care for permanence and independence.
- The role of the court and lawyer guardian ad litem in permanency planning.
- Reasonable and prudent parent standards.
- Firearm storage and safety.
- The unique needs of foster children based on individual identities related to culture, race and ethnicity, religion, and spirituality, and SOGIE.
- Human trafficking.
- Trauma-informed parenting, including the effects of discipline in the household.
- The rights and responsibilities of foster parents and the agency.
- Supportive services available to children and foster families.
- Working with the child’s family.
- The agency’s role in supporting and monitoring the functioning of foster parents.

- Assisting children in transitioning to adoptive or other permanent placements.
- Requirements of the Multiethnic Placement Act and Interethnic Adoption Provisions (MEPA/IEP) and cultural sensitivity.
- Other relevant topics determined by the agency.

Assessment of Training Needs

There must be an assessment of the training needs of individual foster parents at the time of the original home study and at each annual assessment of the family. (R 400.12312). The assessment of training needs must be documented in the foster home certification file. Agencies should help families locate needed trainings and facilitate the family attending the identified trainings.

The factors to be considered in assessing for training needs are:

- The strengths and needs of the entire family.
- The number, characteristics, and types of children to be placed in the family.
- Prior experience of the foster family in caring for children like those who might be placed into their home.
- Skills and knowledge that will improve the ability of the family to meet the needs of children already placed in their home.
- Other specific topics may be required based on the assessment of the individual licensee.

FUNDING & EXPENSE REIMBURSEMENT GUIDELINES

Foster Parents and Trainers

Travel costs for foster, adoptive families, and trainers attending the training must comply with current MDHHS travel guidelines. Each agency is financially responsible for these reimbursements.

Participants in approved activities may be reimbursed at current state rates for qualifying meals. Meals included as part of the training package are subject to state travel regulations.

Childcare is reimbursed at a maximum rate of $2.50 per hour per foster child. Group care provided on the training premises is reimbursable at the same rate.

Mileage is reimbursable at the published State Standardized rate; see the Transportation section in FOM 903-09, Case Service Payments.

Unallowable Expenses

Funds for foster home recruitment and retention may not be used to enhance or supplant foster care funding to support youth placements or adoptive and foster parent, relative or guardian expenses of care. Additional **unallowable** purchases include:

- The development or maintenance of logos or web sites for coalitions or groups.
- MDHHS or CPA administrative costs related to retention or recruitment activities.
- Attorney fees.
- Acquisition of vehicles, equipment, and furniture.
- Home improvements or any reimbursement to foster parents, CPAs or youth for the costs related to youth care.
- Payments to CPAs for retention and recruitment activities that may reasonably be included in their administrative rate to fulfill their contractual obligations including general public awareness activities, attendance at community events, preparation of church bulletin, development of recruitment materials, provision of training, newspaper advertising, public service announcements, provision of foster care orientation.
- Purchases prohibited by the governor or MDHHS administration.
- Flowers or gifts for families, with the exception of an annual appreciation gift not to exceed $45 per foster parent.

Allocations

Allocation of funds is made to Business Service Centers (BSC) for distribution to local offices as appropriate. BSCs may approve changes to activities identified on the AFPRR plans, allocate funds to counties within their BSC, and shift funds between counties within the BSC.

LICENSING TIME FRAMES

The foster home licensing process must be facilitated in a thorough and expedient manner. All activities related to licensing time frames must be documented as a social work contact in the Child Welfare Licensing Module (CWLM) within five business days of the activity. Foster home licensing should occur within 180-calendar days of receipt of a signed application from a prospective family. Agencies must ensure their customer service delivery is adequate to achieve timely licensure by following the required time frames below:

- The inquirer must be contacted within three business days of initial inquiry to invite them to orientation.
    - Orientation must be available and offered to provide prospective foster parents the opportunity to attend within 30-calendar days of their inquiry follow-up contact.
- All prospective applicants must be provided a CWL-3889, Foster Home Application, and a CWL-4622, Foster Home Applicant Questionnaire, after attending orientation.
- Within two weeks following orientation, the agency must follow up with prospective foster parents who did not submit a signed application after orientation.
- Once an application is received the following must be completed within five business days:
    - Enroll the applicant(s) in CWLM.
    - Upload signed paper applications in CWLM, if applicable.
- Once an application is received the following must be completed within 10 business days:
    - Schedule fingerprinting.

- Complete first in-person home visit. If the first in-person home visit does not occur within 10 business days attempts to schedule the visit and identified barriers must be documented in a social work contact.
- The next available pre-service GROW training must be offered.
- Submit out-of-state child abuse and neglect inquiries, if applicable.
- Request an environmental health inspection, if applicable.

- Within 30-calendar days of the signed application, references must be contacted.
- Within 60-calendar days of the signed application date at least two in-person home visits must occur.
- Phone, video, or in-person contact must be made with each prospective foster family at least once every 30-calendar days to assess progress and reduce barriers to licensure.
- To meet the time frame of licensure within 180-calendar days, it is recommended the CWL-3130, Initial Foster Home Evaluation, be routed to DCWL for approval within 166 days after the date the application was signed.

Application Questionnaire

The CWL-4622, Foster Home Applicant Questionnaire, is the only approved applicant questionnaire. The purpose of this questionnaire is to assist the licensing agency in collecting information about the applicants and households to aid in the development of the initial foster home licensing assessment. The CWL-4622, Foster Home Applicant Questionnaire, is designed as a guide for home visit interviews after application and must not take the place of in-person interviews. Each area within the questionnaire must be explored further during in-person interviews.

Completion of the CWL-4622, Foster Home Applicant Questionnaire, by the family **is not required for licensure**. Any delay by applicants in completing this form must not delay or impede the licensing process. The assigned licensing case manager is responsible for collecting necessary information to

complete the initial evaluation and can gather information for assessment during interviews.

Agencies must not use any additional questionnaires intended to collect preliminary information needed to conduct an evaluation of suitability for foster home licensure.

The licensing case manager must meet with their supervisor at least once monthly to discuss foster home licensing tasks. Monthly consultation may be conducted in person or by video conference and must be documented in a social work contact.

POLICY CONTACT

Questions about this policy item may be directed to Recruitment and Retention Mailbox (MDHHS-recruitmentandretention-requests@michigan.gov).

LEGAL BASE

Licensing Rule

Mich Admin Code, R 400.12302

Program statement.

Mich Admin Code, R 400.12304

Recruitment and retention.

Mich Admin Code, R 400.12306

Application request.

Mich Admin Code, R 400.12307

Orientation.

Mich Admin Code, R 400.12312

Foster parent training.

ONGOING CRIMINAL HISTORY AND CENTRAL REGISTRY CHECKS

An automated process performs monthly criminal history and weekly Central Registry checks. The named licensed caregivers are cleared for arrests and criminal convictions.

Note: This activity is currently restricted to those currently listed on MDHHS systems and does not include other adults in the home. Manual criminal history and central registry checks for all other adult household members **must** be completed quarterly by the local MDHHS office and documented in the case service plan. MDHHS monitors must complete this activity for PAFC cases.

Good Moral Character Offenses

The offenses listed in BCAL Pub 673, Good Moral Character, presume a lack of good moral character for the purpose of placement of a child within the home of a relative/unrelated caregiver. The automated monthly criminal history process identifies named caregivers convicted of offenses listed in BCAL Pub 673, Good Moral Character.

MDHHS Response to Criminal History and Central Registry Match

A Foster Care Automated Central Registry Match Report or a Foster Care Automated Criminal History Match Report will be issued for each match listing the caregiver's name and offense or central registry information. Monthly match reports are sent to the local office director or district manager. The caseworker may be assigned to complete the monthly match report. Within two weeks of receipt of the report the questions on the report must be answered and the report returned to the MDHHS central office address at the bottom of the report.

OVERVIEW

The fundamental principle underlying the provision of shelter home services is to provide a safe, temporary home which promotes and prepares children to move to their planned placement.

A transitional placement program (TPP) shelter home is a family like placement as an alternative to placement in a shelter facility. A child may remain in a TPP shelter home for up to 14 days, with an option to extend up to a total of 45 days. The purpose of the TPP shelter home is to provide a family like placement while more permanent placement options are researched and identified. TPP shelter home families enter into a contract with the department, which obligates them to take placements 24 hours a day, seven days a week, when it meets the terms of their contract.

A child may be placed in the TPP shelter home any hour of the day or night with little or no information other than a court order. The child will remain in the home just long enough to allow the supervising agency time to adequately plan for the child, which could be completed in a matter of hours or days.

APPROPRIATE SHELTER HOME PLACEMENTS

Shelter homes or TPP homes are used primarily for children who cannot remain in their own home.

Note: Shelter homes are not appropriate for delinquent youth that meet the definition of an adult inmate; see JJM 410, Placement Selection and Standards for the definition of adult inmate.

Appropriate shelter home placements include:

- Children who come to the court or to the Michigan Department of Health and Human Services' (MDHHS) attention in an emergency or crisis situation and whose needs are unknown. The home serves as not only a place for care but also as an evaluative setting.
- Children who, despite having a record of truancy, have been assessed as running from an unhealthy situation. An example of this situation would be the child who is running to escape being beaten or physically abused at home.
- Children who are not an extreme truancy threat.

- Children who are not explosive or physically and sexually violent.

TRANSITIONAL PLACEMENTS

Transitional placements are to be used for immediate placement of abuse or neglect wards and for delinquent children who are not being detained but are temporarily without lodging. This placement can be used only until an appropriate placement is located and in no longer than the time limits stated below.

PLACEMENT LIMITATIONS

Placements should not be made for more than 14 days in a TPP home. If a placement must last longer than 14 days, written approval must be granted by both the county director responsible for the case and the TPP home license. Exceptions can be made for up to 30 days. No TPP placement should be made for longer than 45 total days.

See FOM 722-03, Placement Selection and Standards, for time limits and number of allowable placements in a family shelter home.

POLICY CONTACT

Questions about this policy item may be directed to the MDHHS TPP Mailbox (MDHHS-TPP@michigan.gov).

OVERVIEW

The Transitional Placement Program (TPP) provides for emergency short-term placements in a family setting until more permanent placement options can be identified.

LOCAL OFFICE RESPONSIBILITIES

Each TPP shelter home is to have a Michigan Department of Health and Human Services (MDHHS) assigned worker. This shelter home worker is responsible for working with the shelter provider to assure that the needs of each child in placement are adequately and appropriately addressed.

Note: The shelter home worker can be the licensing worker or another worker in the office. There needs to be a point of contact in each office that holds a contract.

The assigned worker is responsible for the overall local office TPP shelter home program. The worker and the TPP shelter home parents work together in determining the care needed by the child(ren) in the TPP placement and assist the child's worker in planning for the subsequent placement.

The shelter home worker:

- Acts as a liaison between the shelter home parents and the child's worker.
- Makes recommendations to the child's worker regarding subsequent planning.
- Reviews and approves the monthly TPP bills before forwarding them on for processing.
- Completes periodic shelter home parent evaluations.
- Assists the shelter home parents in implementing the shelter home program.
- Maintains shelter home records.
- Submits required reports.

SHELTER HOME PARENT RESPONSIBILITIES

The shelter home is to be available on a 24-hour per day, seven day per week basis. The shelter home parents are responsible for the care and safety of the child in placement. The parents role is to provide care for the child, help the child adjust to removal from their placement and assist in preparing the child for appropriate ongoing placement.

In addition to providing care and supervision, shelter home parents:

- Make all efforts to keep the child in the school of origin and provide or arrange for transportation to and from the school of origin.
- With child's worker's approval, facilitate communications and visits between the child and the child's parents.
- Make arrangements and transport for emergency and non-emergency medical and dental care.
- Notify the worker immediately of any emergency.
- Assure that the child has adequate clothing.

SAFETY AND EMERGENCY PROCEDURES

First-aid is defined as the immediate and temporary treatment given in an emergency before full medical care can be obtained. All shelter home parents should familiarize themselves with first aid, accident, and illness procedures. Whenever in doubt about the seriousness of an accident or illness, a physician should be called.

Shelter home parents are to familiarize themselves with fire, tornado, and other emergency procedures, as well as maintaining proper safety precautions within the home.

BUSINESS AND MANAGEMENT PROCEDURES

The primary responsibility for establishing and maintaining the TPP shelter home belongs to the department. TPP shelter home parents

are an integral part of the daily operation and should be aware of the management procedures. Some of these procedures necessitate the direct involvement of shelter home parents.

Establishing the Shelter Home

Prospective TPP shelter home parents are to receive a thorough and detailed orientation on the nature of the TPP program, the roles, and expectations of TPP parents and the worker before proceeding with a TPP contract.

Once the orientation and selection of TPP shelter home parents have occurred, the following procedures must be completed:

- The home must be licensed in accordance with the Child Care Organization Act, P.A. 116 of 1973 (MCL 722.111 et seq).
- The family shelter home responsibilities within this section of the policy are reviewed with the TPP parents.
- The contract template is to be reviewed with the TPP parents.
- Payment rates and procedures are to be explained to the TPP parents.
- The TPP shelter home worker must request a TPP contract from Central Office.

Other Reporting Requirements

The local county TPP shelter home worker is responsible for ensuring monthly billing and placement records are accurate and complete when they are submitted to central office for processing. .

The local county TPP shelter home worker is responsible for meeting all the requirements of the Licensing Rules for Child Placing Agencies from the Division of Child Welfare Licensing (DCWL) with respect to this program.

POLICY CONTACT

Questions about this policy item may be directed to the MDHHS TPP Mailbox (MDHHS-TPP@michigan.gov).

OVERVIEW

The Transitional Placement Program (TPP) provides for emergency short-term placements in a family setting until more permanent placement options can be identified.

PLACEMENT EVALUATION

A TPP shelter home serves as an evaluation tool, as the TPP shelter home parents observe how a child responds to various kinds of interactions within the home. TPP shelter home parents assist the child's worker in planning for the child's next, more permanent placement.

The child's worker is responsible for the child's overall treatment plans of the child. Any information that the shelter home parents can provide concerning the child will help the child's worker formulate better plans. Since the TPP shelter home parents are with the child more than the child's worker, the shelter home parents have a responsibility to participate in the child's treatment planning by sharing their feelings, observations, and ideas with the child's worker.

The TPP shelter home placement for some children can serve as a very important information resource. It is not expected that the shelter home will be providing a professional diagnostic or evaluative statement. A statement of observations by the TPP shelter home parent will be provided to the child's worker and will include the following:

- Eating habits.
- Sleeping habits.
- Personnel hygiene habits.
- Moods.
- Successful behavior management and de-escalation techniques.

POLICY CONTACT

Questions about this policy item may be directed to the MDHHS TPP Mailbox (MDHHS-TPP@michigan.gov).

OVERVIEW

A contractual services agreement must be in effect with every family who provides Transitional Placement Program (TPP) shelter home services. TPP provides for emergency short-term placements in a family setting until more permanent placement options can be identified. The processing of these contracts is the responsibility of the Bureau of Grants and Purchasing (BGP) in central office.

PLACEMENT

In order to place a child in a TPP shelter home bed, the foster care case manager must first demonstrate that the following placement search steps have been completed:

- Attempted to identify an appropriate relative placement and one was not available.
- Attempted to find a licensed foster home placement, without success.

Placement Agency Foster Care (PAFC) should work with the county offices for approval to utilize TPP shelter homes.

Placement During Business Hours

The requesting county will identify an appropriate TPP shelter home. If the TPP shelter home is not licensed by that county, the requesting county will contact the licensing county and ask for permission to utilize the TPP shelter home and the TPP shelter home will be contacted.

The requesting county must seek approval from the county director prior to requesting a TPP shelter home placement. The county providing the TPP shelter home placement must assure the county director or designee approves of the TPP shelter home placement. After approval from the county director, either the requesting county or the licensing county will contact the TPP shelter home. The county utilizing the TPP home must forward approving correspondence to the Regional Placement Unit (RPU) for tracking purposes.

Placement After Business Hours

The county will identify an appropriate TPP shelter home. If the TPP shelter home is not licensed by that county, the requesting county will contact the licensing county's on-call supervisor and ask for permission to utilize the TPP shelter homes and will contact the family. Each county must assure that the on-call supervisors have the most recent list of approved TPP shelter homes available for placement. The requesting county must send a follow-up email to the RPU indicating that the approved placement was made after hours. The email should include identifying information regarding the TPP shelter home utilized and the child's identifying information.

Borrowed Bed Requirements

If a placement in a TPP home results in the need for a borrowed bed, the TPP contract and a signed CWL-4619, Borrowed Foster Home Agreement for Transitional Placement Program Placements and CWL-4619-A, Borrowed Foster Home Agreement for Transitional Placement Program Placements, replaces the need for the tasks outlined in R400.12326, Borrowed Home. The certifying child placing agency (CPA) maintains all licensing responsibilities, including special evaluations for the duration of the borrowed foster home agreement. The foster home must continue to follow the certifying agencies' policies.

Placement Documentation

The case manager must document and add the TPP shelter home placement in the electronic case management system as a new foster home placement.

LOCAL OFFICE

The local office must do the following when identifying a new TPP shelter home:

- Ensure the home has a valid foster home license in good standing.
- Local offices must contact their Business Service Center (BSC) contract analyst to initiate a TPP contract.

- Review the contract with the family and obtain signatures.

  Note: For questions related to TPP contracting please email MDHHS TPP Mailbox (MDHHS-TPP@michigan.gov).

PROGRAM OFFICE

The program office must do the following:

- Obtain approvals from appropriate Michigan Department of Health and Human Services (MDHHS) leadership.
- Complete the request for a new contract in SIGMA and works with BGP to establish the contract.
- Coordinates with the local office to ensure contracts are signed and returned appropriately.

BUREAU OF GRANTS AND PURCHASING

BGP is to:

- Review the SIGMA request to ensure it is complete.
- Process the TPP contract and send the TPP contract to program office for signature and review.

  Note: The TPP parents should have signed the contract copy.

- Distribute to the local office for signature and then the executed contract is sent to the contractor and program office.

MANAGEMENT OF FORMS AND PROCEDURES

The DHS-2597, Personal Property List, is used by the TPP shelter home as an intake record of a child's personal belongings, as well as a release record. The form serves to avoid confusion as to the ownership of personal property as children are entering and leaving a shelter home. This form is completed in the home by the TPP shelter home parents and later filed in the local office records and uploaded into the electronic case management system.

PROGRAM EVALUATION

The program evaluation must be completed annually by the local office staff overseeing the TPP shelter home. It is an evaluation of activities and performance, a report of significant changes in the home or family, and a planning tool for both staff and the shelter home parents. A copy is to be retained in the local office and uploaded into the electronic case management system provider record. The evaluation must be completed and forwarded to program office annually.

The following is a guideline for the completion of the evaluation that must be completed quarterly:

- Name, TPP Shelter Home.
- Fiscal year.
- Name of the staff completing the report.

The statistical section of the program evaluation should be completed as follows:

- Total number of children served.
- The average number of days children are placed.
- The average age of children placed.

Parent involvement and growth should describe the TPP shelter home parent's involvement with the children and the shelter home parent's ability to provide care for children needing emergency placement. Information should be included regarding the parent's relationship and cooperation with staff.

Shelter home utilization should describe significant events in the home and speak to the effectiveness of the home, including the most appropriate age, gender, and characteristics of children to be placed in the home.

PAYMENT FORMS AND PROCEDURES

The TPP shelter home parents are responsible for completing the MDHHS-5974, Procurement Contract Invoice, and the TPP placement tracker forms each month.

These forms should be provided to the local office, who should review the forms for accuracy. After reviewing the forms, the forms should be forwarded to the BSC contract analyst.

Payment forms are due no later than the 15th day of each month for services provided in the preceding month. Payment forms must be completed for the entire calendar month.

BSC contract analyst will complete any SIGMA responsibilities associated with contract payments for a TPP shelter home. The MDHHS-5974, Procurement Contract Invoice, is provided to the TPP shelter home contractor by program office and must be utilized for all billings to ensure that the appropriate funding source is being used.

CHILD MAINTENANCE ITEMS

Board and care payments are initiated in accordance with the policies and instructions located in FOM 903-01, Payment Overview.

The maximum payments and criteria authorization for case services are listed in FOM 903-09, Case Service Payments.

PROGRAM SERVICE ITEMS

Bed hold is $245 per contracted bed per month. The purpose of the bed subsidy is to assure that the TPP bed is available when needed for a child. Payment is initiated on the MDHHS-5974, Procurement Contract Invoice.

The TPP placement rate is $114.48 per day, in addition to the standard daily rate; see FOM 903-03, Payment for Foster Family/Relative Care. Payment for the TPP daily rate is entered in the electronic case management system, choosing *TPP-Transitional Placement Program* when entering the placement and the payment authorization. TPP payment authorizations must be routed to Joanne Metcalfe for approval.

POLICY CONTACT

Questions about this policy item may be directed to the MDHHS TPP Mailbox (MDHHS-TPP@michigan.gov).

OVERVIEW

A priority of the Michigan Department of Health and Human Services (MDHHS) is to improve the success of foster youth transitioning into adulthood from the state's foster care system. The goal is to help young adults make the transition from foster care to independence, which is the ability to take care of oneself physically, socially, economically, and psychologically.

Federal law mandates that state and local governments offer an extensive program of education, training, employment, and financial support for a young person leaving foster care. Participation in such programs must begin several years before high school completion and continue, as needed, until the youth is discharged from foster care, establishes independence, or reaches 23 years of age.

Independent Living Preparation

Independent Living (IL) is an ongoing process of maturation, skill development, and assuming responsibility for self. IL services should provide practical experiences that are designed to assist youth in developing the skills needed for a successful transition to adulthood; see FOM 722-03C, Older Youth: Preparation, Placement, and Discharge, for all requirements of IL preparation.

ELIGIBILITY CRITERIA

In Michigan, Federal funding under the John H. Chafee Foster Care Program for Successful Transition to Adulthood is called Youth in Transition (YIT) funding. Federal law defines YIT eligible youth as those who experienced foster care after the 14th birthday and who are under age 23; see FOM 721, Foster Care, for the definition of foster care. An eligible youth can receive YIT-funded goods and services.

Determination

A YIT eligibility determination must be completed in MiSACWIS prior to any funding approval. When a youth's eligibility changes, a new determination must be completed. Examples of eligibility changes are when a case goes from open to closed or from an ineligible placement to an eligible placement.

Age

A youth who has been placed in a MDHHS supervised foster care placement after his/her 14th birthday, and meets all other criteria, is eligible for YIT-funded goods and services until his/her 23rd birthday.

Eligible Placements

A youth who has been in an eligible foster care or juvenile justice placement through the MDHHS, is eligible for YIT-funded services. Eligible placements include:

- Licensed foster family homes.
- Relative provider homes.
- Group homes.
- Emergency shelters.
- Child caring institutions.
- Independent living and semi-independent living placements.

Ineligible Placements

YIT is not available while the youth is in one of the ineligible placements.

Facilities

A youth placed in an ineligible facility listed below may be eligible for YIT funding if released to an eligible placement.

- A public or private secure placement facility.
- A non-secure public child caring institution for more than 25 children.
- Detention facilities, forestry camps, training schools, or other facilities operated primarily for the detention of children determined to be delinquent.
- Jail.

Parental Home

A youth who continues to reside in the parental home, regardless of removal and out-of-home placement of siblings; see FOM 722-01,

Placement with Respondent/Adjudicated Parent and Siblings in Foster Care.

A youth removed from one parent and placed immediately with a non-offending parent, regardless of removal and out-of-home placement of siblings; see FOM 722-01, Placement with a Non-Offending Parent and Siblings in Foster Care with Court Jurisdiction.

A youth who has reunified with a parent is YIT eligible if he/she was in a MDHHS supervised eligible placement at some point after his/her 14th birthday and meets all other criteria for eligibility.

SPECIAL ELIGIBILITY SITUATIONS

Juvenile Justice

A youth who has or had an open juvenile justice case and is, or was, placed in an eligible placement under the supervision of MDHHS after the 14th birthday is eligible for YIT-funded services until the 23rd birthday. This may include a youth who has never had an open abuse/neglect case. It may also include a youth committed to MDHHS and supervised under the County of Wayne's contract with a Community Management Organization (CMO).

A youth in a secure setting or who is incarcerated is not eligible while in those placements.

AWOLP/ Runaway

If a youth is Absent without Legal Permission (AWOLP) but returns to an eligible living arrangement the youth is eligible to receive YIT funds, provided he/she meets all other eligibility criteria.

Immigrant Youth Not Documented

A youth who is court ordered under the care and supervision of the department is eligible, whether or not he/she is a citizen or legal resident of the United States.

Tribal Youth

A youth placed and supervised by a tribal child welfare court may be eligible for YIT funds provided he/she meets all other eligibility requirements.

Married youth

A married youth may be eligible for YIT funds provided he/she meets all other eligibility requirements.

Incarcerated Youth

An incarcerated youth is not eligible to receive YIT funds. When a youth is no longer incarcerated, he/she may receive YIT funds if he/she meets all other eligibility criteria.

Closed cases

A youth whose case is closed and met all the eligibility criteria for YIT during the time he/she was under MDHHS supervision, is eligible for YIT if currently between the ages of 18 and 23.

In some cases, a youth whose case is closed and who fits the above criteria but is 16-17 years old may be eligible. Exceptions may be made if all the following criteria are met:

- The youth met the eligibility criteria for YIT while his/her case was open.
- A YIT-funded item or service was accessed prior to the case closing.
- Requested YIT services will support the youth through the stages of transition.
- Requested YIT funds will be used to gain access to goods and services designed to assist the youth to:
  - Successfully prepare for, achieve, and maintain an independent living situation.
  - Prepare the youth for functional independence.
  - Ensure the youth's physical, social, economic, and psychological needs are met; see FOM 722-03C, Older Youth: Preparation, Placement, and Discharge.

- Prior to YIT funding approval for a youth with a closed case, an assessment of need must be completed. This is documented on the DHS-5305, Request for Youth in Transition Funds Checklist.

Out-of-State/County Residency

- **Open Case:** If a youth is placed in another state, the state of origin must fund the identified independent living services for that youth while the case is open. The originating state is also responsible for foster care maintenance payments and case planning, which includes a written description of the programs and services that will be provided to help a child age 14 or over prepare for the transition from foster care to independence.
- If a youth with an open case moves to a new county from his/her county of origin, the county of origin must cover YIT expenses.
- **Closed Case:** A youth 18-22 years-old who has a closed foster care or juvenile justice case but was eligible for YIT-funded services while the case was open is eligible for YIT funding in a new state or county to which he/she moves. The county or state in which the youth currently resides is responsible for providing closed case YIT services regardless of the county or state in which the foster care or juvenile justice case was open.
- If a youth with a closed case is age 16 or 17 and found eligible for YIT funding, he/she must be served in the county or state in which he/she resides.

YOUTH SERVICE PLANS

For an eligible youth who is currently in care, the case service plan must identify goals and methods for achieving them in the following areas:

- Education, including obtaining a high school diploma or GED, and post-secondary and vocational education.
- Employment, including job placement and retention training.

- Interactions with dedicated adults in approved mentoring relationships.
- Relationship skills.
- Life skills, including preventive health care, substance abuse prevention, sexual responsibility, sexual assault, dating violence, and responsible parenting.
- Housing.

Young people must actively participate in developing their service plan and accepting responsibility for the successful completion of the plan; see FOM 722-08C, Parent-Agency Treatment Plan and Service Agreement.

When a youth uses YIT funding, the need for that specific item or service must be documented on the DHS-5305, Request for Youth in Transition Funds Checklist. Additionally, when completing the service plan, all independent living services and supports that were provided during that report period must be documented in the Child Assessment of Needs and Strengths (CANS) for youth in care due to abuse/neglect and in the JJ Strengths and Needs Assessment for juvenile justice youth. This includes all services or goods provided with YIT funds, the outcome of those services and any barriers to achieving identified goals.

Assessment of a youth's benefit from services provided with YIT funds is an ongoing process and should be documented in future reports. For a youth receiving independent living services from a YIT-contracted agency, a youth service plan must be completed to address the goals and services in the same manner as identified for the case service plan.

PRIVATE CHILD PLACING AGENCY FOSTER CARE PLACEMENT

If a youth is placed through a private child placing agency, YIT funds will not be authorized until it is verified that the service is not covered by the Private Agency Foster Care (PAFC) contract.

A private child placing agency provider is required to provide daily living/IL skills training.

APPROVED EXPENSES

All expenditures must support the youth in achieving self-sufficiency and be documented in the youth's service plan. YIT funds may be used to provide services that are not available from other funding sources or agencies. YIT funds may be used to provide goods and services listed below after all other resources for the same goods or services have been exhausted.

Education

High school education support, services, and supplies.

- Tutoring.
- Summer school to retake a class or to accelerate studies.
- Books and supplies for classes such as lab fees, calculators, and uniforms.
- Expenses for school-sponsored **educational** field trips.
- Fees/expenses related to extra-curricular activities such as clubs, athletics, theater, or music.
- Senior expenses: senior pictures, class ring, senior fees, graduation invitations, cap and gown, yearbook and diploma plaque.

  Some senior expenses are reimbursable through case services. YIT can pay the balance on these items. Only an additional $50 can be accessed in the case of prom expenses.
- Prom dress or prom tuxedo rental, including shoes and accessories, for **senior** prom up to $150 for youth who are not eligible to use case services.

Pre-college expenses.

- College applications - up to a total of $150.
- SAT/ACT fees - up to three of each test.
- SAT/ACT preparation classes.
- Dormitory holding fees/deposit prior to being Education and Training Voucher (ETV) eligible.

Adult education.

- GED program and test.
- Tutoring for GED.
- Study skill training.
- Alternative education programs.
- Non-ETV funded college coursework.
- Non-ETV funded vocational coursework.

  Note: YIT funding is not to be used for post-secondary education expenses for students who are receiving ETV funding or attending an ETV eligible institution and are otherwise eligible for ETV funding. For example, a youth who is attending a university and loses temporary eligibility for ETV due to low grades, is not eligible to receive YIT for tuition payment; see FOM 960, Education and Training Voucher (ETV) Program.

  Youth who have reached the 5-years allowed maximum of ETV funding cannot access YIT funding to cover post-secondary expenses.

- Computer/Tablet – a maximum lifetime limit of $1,500 will be allowed for the purchase of a computer or tablet, and related accessories (accompanying software, printer, carrying case, etc.)

  Note: A youth receiving ETV funding, or who is otherwise eligible for ETV, may not use YIT funding for post-secondary computer needs**.**

Vocational and Employment Services

- Birth certificate - for closed cases only.
- State identification card or driver's license.
- Certification courses such as electronic, plumbing, first aid, lifeguard, cosmetology, etc.

- Interview clothing - a maximum of $250.
- Uniforms and footwear.
- Job skill training classes that relate directly to the youth's goal.
- Vocational equipment such as tool set, or cosmetology kit.
- License/certification fees.

Independent Living Training

Training for skills such as cooking, laundry, accessing community resources, learning how to use public transportation, budgeting, banking, financial management, etc.

Parenting

Classes, trainings, etc.

Mentoring and Family Connection

- Connecting a youth to a mentor and mentoring program.
- Family connection services not covered by family reunification services funding.

Housing

There is a lifetime limit of $1,500 for first month's rent and security deposit. Prior to providing assistance, the caseworker must verify the suitability of the living arrangement and the youth's ability to maintain the residence (e.g. ability to make future rent payments), and document this information in the service plan or a DHS-5305, Request for Youth in Transition Funds Checklist.

YIT funds may not be used to fund ongoing room and board expenses.

YIT funds may not be used to acquire real property, including houses, trailers, or land.

Youth must be in out-of-home care at the age of 18 to utilize YIT for first month's rent and security/utility deposit and can use it between the ages of 18-23.

Start-Up Goods

There is a lifetime limit of $1,000 for start-up goods, which may include things like furniture, cleaning, hygiene, and household goods.

Youth must be in out-of-home care at age 18 to utilize YIT for start-up goods and can use it between the ages of 18-23.

If a youth is a parent or expecting a baby, there is an additional $500 allowed for start-up goods, to be used specifically for items needed for the baby. Examples include car seats, cribs, strollers, etc.

When a father requests funds for start-up goods for his child, verification of legal parentage must be provided. Acceptable forms of documentation include affidavit of parentage, child support order, birth certificate with the father's name identified, or a court order naming the youth as the legal father.

No more than 30 percent of the state's YIT allocation may be spent on housing, including first month's rent/deposits and start-up goods.

Medical and Health

- Preventive health care (pregnancy, smoking avoidance, substance abuse, hygiene, and nutrition). Pre-natal appointments and tests not covered by Medicaid or other health insurance.

Mental Health

- Behavioral health services **for youth with a closed case only.** Health insurance must be accessed prior to utilizing YIT**.**
- Interpersonal/communication or relationship-building classes.

Membership Fees

- For memberships such as sports, community organizations, associations.

Transportation

- Transportation for educational or employment purposes.

- Gas cards or reimbursement for gas when used for a documented transportation need to employment, education or other activity related to self-sufficiency.
- Bus cards.
- Medical, including counseling transportation (closed case services only).
- Driver's training courses and testing.

  Note: For State wards, driver's training must first be accessed through Case Service Payment. YIT can pay the balance over $300 maximum allowable under Case Service Payment; see FOM 903-9, Case Service Payment.

Vehicle Purchase

- Vehicle purchase if county allocation allows it and it does not prevent other youth from being served.
- There is a $5,000 lifetime authorization limit to purchase, not lease, a vehicle. A DHS-720, YIT Exception, must be completed and signed by the county director or designee when the purchase is over the general $600 limit.
- The vehicle must be used as a primary means of transportation to support the youth's employment, education, or independent living goals.
- The youth must have a valid driver's license and valid automobile insurance or an estimate for automobile insurance.
- The youth must demonstrate the ability to maintain any payments, insurance or other expenses associated with owning a vehicle.
- A vehicle inspection by a licensed mechanic that assesses the mechanical condition of the vehicle is required. The mechanic must use the Kelly Blue Book (KBB) rating system for the condition of the vehicle, and rate as Excellent, Very Good, Good, or Fair.
- Verification of the Kelly Blue Book value of the car, supporting the purchase price of the vehicle in the assessed condition.

Note: If the assessed condition is not supported by the purchase price, YIT cannot be used to purchase the vehicle.

- Documentation for the mechanic's inspections and the KBB or NADA value must be maintained in the case files and uploaded into MiSACWIS.
- Supervisor approval is required prior to the purchase of the vehicle.

Vehicle Insurance

- There is a lifetime limit of a 6-month payment for vehicle insurance.
- The youth must provide three estimates for comparison. The youth is not required to accept the least expensive option.
- Payment for vehicle insurance is only available for a vehicle titled in the youth's name.

Vehicle Repair

- Prior caseworker approval for the cost of repairs as estimated by a certified mechanic is required unless an emergency occurs outside regular MDHHS work hours.
- The vehicle must be registered in the youth’s name, or there must be sufficient documentation that the vehicle is the primary transportation used by the youth for work, school, or independent living activities.
- The cost of repairs may not exceed $900, and if over $600 a DHS-720, YIT Exception, must be completed and signed by the county director or designee.
- There is a lifetime limit of $900 for vehicle repairs.

Coalition Building

- Funds to plan for local programming of transitional/independent living services to youth.
- Funds to coordinate an existing program.
- Funding is limited to payments for coffee and meals at state rates within the current guidelines.

- Expenses for youth groups or peer support groups related to independent living.

  Note: Peer support groups must not have fewer than four youth per group.

- Reimbursable for youth supervised by MDHHS only. Youth supervised by a private child placing agency are not eligible.

- Development and piloting of new initiatives with prior written approval of the central office IL service YIT analyst.

ITEMS NOT COVERED BY YIT FUNDS

- Entertainment appliances or expenses; televisions, video games, stereos, concert tickets, etc.
- School trips that are not associated with education (for example spring break trip).
- Special recognition gifts to youth unless the gift is an allowable expenditure that helps the youth meet his or her goals.
- Orthodontia.
- Vacation travel.
- Pageants and fashion shows.
- Graduation parties or gifts.
- Birthday party, wedding, or baby shower expenses.
- Court costs, probation fines and costs, parking/traffic tickets.
- Matching funds for AmeriCorps members.
- Services that can be funded through alternative sources such as school districts or private child placing agencies.

Sales Tax

Sales tax is not to be paid on purchases made by MDHHS on behalf of a youth, with two exceptions:

- Reimbursement to youth for YIT eligible purchases that included sales tax.
- Sales tax due for the purchase of a vehicle.

BULK PURCHASES

Local offices may purchase items in bulk such as bus passes/tokens, and gas cards, however all expenditures of YIT must be tied to an individual youth. If a local office chooses to buy items in bulk, the following rules apply:

- The item must be able to assist the youth in meeting the goal of self-sufficiency.
- The purchase should be made based upon the prior year's expenditures on similar items.
- Documentation must exist that comparative research on similar products was completed supporting the bulk purchase.
- The county must follow ACM 423, Bulk Purchases.
- In addition to following ACM 423, a YIT request must be completed for each item distributed from a bulk supply.

GIFT CARDS FOR YOUTH

While it is important to recognize a youth's birthday or special achievement, YIT funds cannot be used to purchase a gift, unless the gift is a YIT-approved item that can be linked to a specific goal for the youth.

YIT may be used to purchase gift cards when found appropriate, When an individual gift card is redeemed for a youth, the receipt itemizing the purchase made with the gift card must be uploaded into MiSACWIS and YIT request must be completed. Gift cards should be purchased in denominations of $25 or less. All gift cards must be redeemed within the fiscal year purchased. Local county offices must follow ACM 423, Bulk Purchases, and monitor how many gift cards are purchased and how many have been utilized.

ACCESSING YIT FUNDS

Local offices may access YIT funds only for reimbursable goods and services listed above. YIT funds must **not** be used for goods and services normally covered under the foster care rate or reimbursed by foster care. Reimbursable goods and services are those goods and services **not** covered under the age-appropriate rate for foster care (scheduled uniform rate), determination of care supplements for foster care, or special needs items covered by case services payments.

- **Open Case:** A youth will access YIT funds through the assigned foster care worker or juvenile justice specialist.
- **Closed Case**: A youth will access YIT funds through the last assigned foster care worker or juvenile justice specialist or local MDHHS office in the county where the youth currently resides.

Documentation

All YIT funding requests must include documentation that other funding sources were researched and were not available.

YIT requests are entered into MiSACWIS for open cases, and a service authorization must be completed. For a youth with a closed case, a non-CPS intake and service authorization must be entered and approved in MiSACWIS.

For youth with a current or former subsidy case, a paper form of the DHS-4713 can be completed in lieu of a service authorization.

The DHS-5305, Request for Youth in Transition Funds Checklist, is required to be completed for every YIT request processed at the county level. Once approval for the expenditure is obtained at the local level, the DHS-5305 must be placed in the financial section of the case file and uploaded to the *service authorization* section of MiSACWIS.

Reimbursement Without Prior Approval

All YIT expenditures require prior MDHHS supervisor approval. However, in the event a youth submits a reimbursement request for a YIT eligible expense without documentation of prior approval, a

DHS-720, Youth in Transition Exception Request Form, can be completed and sent to the YIT Analyst in the Education and Youth Services Unit. Exception requests must be sent within 12 months of the purchase, must include all supporting documentation, and are subject to availability of funds.

Reasonable Availability

Local offices must not expend YIT funds on goods and services that are available from other (state/federal) sources. However, these goods and services must be reasonably available. Contact the YIT analyst for assistance whenever a question regarding reasonableness arises, for example, a youth placed on a six-month waiting list, depending on the service and the youth's needs, may not be reasonable.

Lifetime Limit

There is no lifetime limit for each youth, except in the case of start-up goods, first month's rent/security deposit, vehicle purchase/insurance/repair, and computer. However, discretion should be used in disbursing funds to ensure that every eligible youth is provided appropriate services.

NATIONAL YOUTH IN TRANSITION DATABASE (NYTD)

Monitoring of services and funding, required as part of the application for and use of YIT, occurs through MiSACWIS. The NYTD/YIT Eligibility tab within a youth's case captures the following:

- The number and characteristics of youth receiving services.
- The type and quantity of services being provided.

Outcomes are measured by cohorts of youth who take the National Youth in Transition Database (NYTD) survey bi-annually through age 21. The survey shows outcomes of educational attainment, employment, avoidance of dependency, homelessness, non-marital childbirth, incarceration, and high-risk behaviors.

HUMAN TRAFFICKING SCREENING

Youth receiving YIT funded goods or services must be screened when there is a reasonable cause to believe that he or she may be a victim of human trafficking; see SRM 300, Human Trafficking of Children, for the indicators.

INDEPENDENT LIVING CONTRACTOR PAYMENTS

The DHS-3469, Statement of Expenditures, must be used by contracted agencies/persons who are providing services for eligible youths. For each youth who received a YIT service/payment, a completed YIT request, including type of service received, must be attached to the DHS-3469.

FUNDING AND PAYMENT

Local Office Allocation

YIT funds are allocated to each of the MDHHS county offices for distribution. These funds are available for the provision of IL-related goods and services to eligible youth. County offices may use a portion of these funds to contract services. However, plans must be developed to ensure that eligible youth who are not using contractual services continue to have access to goods and services.

Payments to Contractors

Non-standard contract language must be reviewed and approved by the YIT analyst, who will then submit it to the Bureau of Grants and Purchasing.

Payments for goods and services will not be made to a contractor until the contract is signed by both MDHHS and the contractor. Goods and/or services conveyed to a youth by a contractor are ineligible for payment if those goods and/or services were rendered on a date prior to both parties signing the contract.

Fiscal Monitoring

Each county is responsible for managing and tracking the YIT allocation.

Payments

For non-contractual expenditures of YIT funds, see ACM 426, Youth in Transition Payments.

MDHHS workers are required to use the MDHHS-5602, Payment Request, to authorize payments for each eligible youth. Supervisory signature, indicating approval of the purchase, is required. The original invoice and/or receipts must be obtained and uploaded into MiSACWIS, then sent with the YIT request to the Accounting Services Center. Copies of invoice/receipts should be uploaded into MiSACWIS, to the person's active case.

Residential foster care providers must enter the YIT request into MiSACWIS and then forward it to the MDHHS monitor when YIT-funded services are provided. Allocation of funds is made at the beginning of the fiscal year to each county through the MDHHS Child Welfare Field Operations Administration.

EXCEPTION REQUESTS

All payments up to $600 per request may be authorized by caseworker and supervisor for eligible youth, provided they are approved expenditures as defined in FOM 950.

Services exceeding $600 require prior written approval from the county director or designee. A DHS-720, Youth in Transition Exception Request Form, must be completed and signed by the county director or designee. First month’s rent and security deposit have a lifetime limit of $1,500 and does not require an exception approval. In addition, start-up goods have a lifetime limit of $1,000 ($1,500 for a parenting youth) and does not require an exception approval.

If the request for a resource, service, or reimbursement is not specifically stated as an approved expenditure in the YIT policy, the DHS-720, and the supporting documentation regarding the expenses, must first be sent to the YIT program office. Requests should be sent to the YIT email box, provided at the end of this section.

Once the DHS-720 is signed by the YIT program office, it is sent to the county director or designee for signature.

All exception requests must be uploaded into MiSACWIS along with all supporting documentation.

Contractual expenditures of YIT funds must comply with contract requirements as established by the Bureau of Grants and Purchasing and the Overpayment, Collections and Psych Hospital Reimbursement Division of MDHHS. Documentation and reporting requirements are established by the YIT program office. Other requirements may be established by individual (MDHHS) initiated contracts.

LEGAL BASE

Federal

Social Security Act, 42 U.S.C. 675(1)(B)

Social Security Act, 42 U.S.C. 675(1)(D)

Social Security Act, 42 U.S.C. 671(a)(9)(C)

Social Security Act, 42 U.S.C. 677

POLICY CONTACT

Questions about this policy item may be directed to the MDHHS-YIT mailbox.

OVERVIEW

The Chafee Education and Training Voucher Program (ETV) provides resources specifically to meet the education and training needs of youth transitioning out of foster care. This program provides vouchers of up to $5,000 per fiscal year (amount to be determined by available federal and state funds) to eligible youth attending post-secondary education and vocational programs.

ELIGIBILITY CRITERIA

Youth eligible for the ETV program include:

- Youth who are or have been in an eligible foster care placement, on or after their 14th birthday, through the State of Michigan.
- Youth adopted from foster care or placed in a relative guardianship from foster care after attaining age 16.

Note: Eligible youth must have a high school diploma or GED and be attending, at least part-time, an accredited post-secondary institution.

Age

There are no minimum age restrictions for the ETV program. A youth must be participating in the ETV program on or before the 21st birthday to remain eligible until the he/she attains 26 years of age. Continued eligibility requires enrollment in a post-secondary education or training program and satisfactory progress toward completion of that program.

Adopted Youth

A youth who was adopted or placed in a permanent legal guardianship is only eligible for the ETV program if the adoption or guardianship was finalized on or after the 16th birthday.

Juvenile Justice

Youth with a current or previous delinquency case who was placed in an eligible placement under the supervision of the Michigan Department of Health and Human Services (MDHHS) are eligible to receive an ETV, provided they meet all other eligibility requirements.

Eligible Placements

Eligible foster care placements include:

- Licensed foster family homes.
- Relative provider homes.
- Group homes.
- Emergency shelters.
- Licensed childcare institutions.
- Pre-adoptive placements.
- Independent living placements.

A child caring institution must be licensed or approved by the state.

Ineligible Placements

Eligible placements do **not** include the following:

Facilities

- A public or private secure facility.
- A non-secure public child caring institution for more than 25 children/youth.
- Detention facilities, forestry camps, training schools, or other facilities operated primarily for the detention of children/youth determined to be delinquent.
- Jail.

A youth in one of these facilities may be eligible for ETV funding after release, *if* he/she is released to an eligible placement listed above.

Parental Home

A youth who continues to reside in the parental home, regardless of removal and out-of-home placement of siblings; see FOM 722-01, Placement with Respondent/Adjudicated Parent and Siblings in Foster Care.

A youth removed from one parent and placed immediately with a non-offending parent, regardless of removal and out-of-home placement of siblings; see FOM 722-01, Placement with a Non-

Offending Parent and Siblings in Foster Care with Court Jurisdiction.

MICHIGAN YOUTH LIVING OUT OF STATE

Open out-of-state foster care cases: The state responsible for placement and care is obligated to provide a voucher to an eligible youth.

Closed out-of-state foster care cases: The state in which a former foster youth resides is responsible for providing the eligible youth with a voucher. This provision, however, does not apply to a former foster care youth who is already receiving an ETV and moves to another state for the sole purpose of attending an institution of higher education. In that instance, the youth's original state of residence must continue to provide an ETV to the youth for as long as he/she remains eligible for the program.

ELIGIBLE INSTITUTIONS

Eligible youth must attend an institution of higher education, as defined by the federal Higher Education Act of 1965 (20 USC 1001(a)), that provide any of the following:

- Awards a bachelor's degree or is not less than a two-year program (associate's degree) that provides credit towards a degree.
- Provides at least one year of training towards gainful employment.
- Provides vocational training for the purpose of obtaining gainful employment and has been in existence for at least two years.

The institution must also meet all three of the following criteria:

- Admits as regular students only persons with a high school diploma or equivalent, or persons who are beyond the age of compulsory school attendance.
- Be designated as a public, private, or non-profit institution.
- Be accredited and authorized to operate in that state.

GPA

A student may receive ETV funds if he/she is in good standing and making progress towards completing a program or graduating. A student must maintain a cumulative 2.0 Grade Point Average (GPA) or higher. If the GPA goes below a cumulative 2.0, the student will not be awarded ETV funds again until it is brought to a 2.0 or above.

If a youth attends a technical/vocational program that does not provide a GPA the youth must have passing marks by the program's standards. If it goes below passing marks in a technical/vocational program, the student will not be awarded ETV funds again until they are passing.

MAXIMUM VOUCHERS ALLOWABLE

A youth cannot receive ETV funding for more than five years. These allowable five years are not required to be consecutive.

POST SECONDARY SCHOOL ENROLLMENT

An eligible youth can attend school on either a full-time or part-time basis to receive an ETV. No minimum number of credit hours is required to receive ETV funds. However, the ETV grant amount will vary depending on the number of enrolled credit hours.

An eligible youth must not drop or have an incomplete from more than one class in a semester. If he/she does, the student will not be awarded ETV funds again until a semester is completed without dropping a class or having an incomplete from more than one class.

ETV AND OTHER FUNDING SOURCES

An eligible youth may receive a Pell grant, Tuition Incentive Program (TIP), and ETV funds at the same time.

Youth in Transition (YIT) funds cannot be used to supplement the ETV program. A youth who receives an ETV cannot use YIT funds

to pay for **any** post-secondary expenses. A youth receiving ETV may access YIT funds for other needs not related to post-secondary attendance. Such requests must be carefully reviewed prior to approval.

ALLOWABLE EXPENSES

Allowable expenses include but are not limited to:

- Tuition, fees, and registration.
- Books and supplies.
- Computer - a maximum of $1,500 will be allowed for the purchase of a computer, including accessories, not more than once in a five-year period.
- Transportation.
  - Insurance.
  - Travel expenses such as gas.
  - Vehicle repair and maintenance.
    - The vehicle must be registered in the youth's name.
    - The cost of repairs must not exceed $900.
  - Vehicle purchase.
    - The vehicle must be used as a primary means of transportation to support the student's educational goal.
    - The youth must have a valid driver's license, registration, and insurance.
    - The youth must demonstrate the ability to maintain any payments, insurance, or other expenses associated with owning a vehicle.
    - A vehicle inspection by a licensed mechanic is required that supports the purchase price.
- Room and board.
- Phone expenses - phone purchases must not exceed $100, and monthly phone bill is not to exceed $100 per month.

- Daily living expenses, such as groceries.
- Child care expenses for a student who is a parent.
  - Based on the number and age of the student's children and may not exceed the reasonable cost for childcare in the community where the youth lives.
  - May be covered for class attendance, periods of study, fieldwork, internships, and commuting time.
  - Youth should first apply for MDHHS Child Daycare assistance prior to utilizing ETV.
- Accommodations related to the student's disability, such as a personal assistant or specialized equipment that is not paid from another source.
- Expenses related to the student's work experience in a cooperative education program.
- Student loan fees or insurance premiums on the student loan.

Items Not Covered by ETV Funds:

- Entertainment appliances or expenses; televisions, video games, stereos, concert tickets.
- Vacation travel.
- Graduation parties or gifts.
- Birthday party, wedding, or baby shower expenses.
- Court costs, probation fines and costs, parking/traffic tickets.
- Beauty products (nails, hair dye, etc.) other than basic personal hygiene products.

DISTRIBUTION OF FUNDS

The amount awarded to an eligible youth is dependent on the availability of federal and state funds but will never exceed $5,000 in a year. The term 'year' applies to the state fiscal year beginning on October 1 and ending the following year on September 30. The

total possible amount is split into two separate awards and distributed in two separate semesters.

If the eligible youth owes the school payment, the ETV will first be applied to that payment, to ensure the student remains in good financial standing. Remaining ETV funds may be used for any of the allowable expenses listed above.

ETV funds are distributed based on a youth's individual needs and priorities outlined in his/her cost of attendance. A check is written to the vendor (for example, a property owner) and mailed to the youth. When funding is being used for daily expenses, checks may be written directly to the youth. In all cases, a youth must provide receipts/documentation as proof that the money was used on costs of attendance items/services as indicated in his/her individual plan.

A student is awarded on a per-semester basis. A student may apply for the second semester of the ETV award with the following documentation:

- Proof of successful completion of the semester at the post-secondary institution.
- Verification of current enrollment in a post-secondary institution.
- Required receipts and/or documentation of the ETV expenditures.
- Transcripts showing a cumulative GPA of at least 2.0 and that no more than one class was dropped in a given semester.
- An updated class schedule for the next semester.

Documentation of Education Expenses

All documentation and/or receipts must verify that ETV funding was used for educationally relevant items or daily expenses that supported the student in completing his/her education.

If a student cannot provide all the above documentation after the first semester of the fiscal year, he/she will not be awarded the second semester's ETV funds. The student may reapply the following fiscal year, if he/she has the proper documentation.

HUMAN TRAFFICKING SCREENING

Any youth receiving ETV funds who no longer has an open foster care case must be screened, using the MDHHS-5524, MDHHS Human Trafficking Screening Tool, Closed Cases.

Youth receiving ETV funds who have an open foster care case must be screened, using the MDHHS-5523, MDHHS Human Trafficking Screening Tool, Ongoing Cases, when there is reasonable cause to believe that he or she may be a victim of human trafficking; see SRM 300, Human Trafficking of Children.

WHERE TO APPLY FOR THE ETV

Samaritas
Attn: ETV
729 W. Michigan Ave, Suite 200
Jackson, MI 49201
Phone toll-free: 1-877-660-6388
Fax: 517-789-6809
Web: https://mietv.samaritas.org/

LEGAL BASE

Social Security Act, 42 U.S.C. 677

Higher Education Act, 20 U.S.C.

The Preventing Sex Trafficking and Strengthening Families Act, P.L. 113-183

OVERVIEW

The Family Incentive Grant (FIG) is funding allocated by the legislature to support foster parents licensed by the Division of Child Welfare Licensing (DCWL), prospective foster parents enrolled by DCWL, and relatives or unrelated caregivers with placement. Appropriate expenditures include home improvement purchases or services required to meet DCWL licensing standards, relative approval requirements, reimbursement for physical exams required for foster family applicants, and items needed to ensure child safety.

FIG reimbursement is available to all public and private foster care child placing agencies and their providers on a first come, first-served basis and priority is given to relatives. Once FIG funds are exhausted, the reimbursement of payments to facilitate licensing and relative approval will end**.**

ELIGIBLE PURCHASES AND SERVICES

FIG funds can only be used to assist with a home improvement purchase or service to facilitate the initial licensure of a foster home, to correct a DCWL licensing non-compliance standard (licensed homes only), meeting relative approval requirements, address a safety concern, or for payment for the required physical exam for the licensing applicant(s).

Funding is available for caregivers with placement regardless of licensing status.

Examples of eligible purchases and services include but are not limited to:

- Egress windows.
- Home repair and structural concerns.
- Mold remediation.
- Well and septic repairs, replacement, and required permits or pumping.
- Appliances and appliance repair.
- Car seats.

- Cribs and beds.
- Plumbing repairs.
- Extermination services.
- Removal of bars on windows and replacement with locking window bars.
- Furnace installation or repair.
- Interior and exterior doors.
- Medically necessary items, such as, air purifier, wheelchair ramp, air conditioner, or vehicle modification.
- Lock boxes and gun safes.
- Items needed for appropriate child proofing, such as, outlet covers, cabinet locks, or gates.

Approved home improvements requests over $500 may require the family to contribute up to 50% of the total cost.

Beds, Mattresses, Cribs

Reimbursement for beds, mattresses, and cribs is limited to relatives with placement and unrelated licensed foster parents if the purpose is to reunite siblings or take a sibling group.

Note: FIG provides reimbursement for eligible expenditures and is not intended to provide emergency funding. Other emergency funding sources should be pursued prior to requesting FIG funds.

Egress Windows

Reimbursement for egress windows is limited to requests for a bedroom in the basement. The exception request must support the need to have a bedroom in the basement.

INELIGIBLE EXPENDITURES

The following items are **not** allowable expenses for FIG funds:

- Vehicles.

- Rent or mortgage payments.
- Interpretation fees.
- Items for a caregiver's other family/household members.
- Labor costs for services providers.
- Pre-owned items.
- Items not related to child safety or licensing rule compliance, such as replacement of dirty or worn carpet, clothing, toiletries, and other personal items.

FIG provides reimbursement for eligible expenditures and is not intended to provide emergency funding. Payment vouchers submitted for ineligible items will be denied reimbursement for the ineligible expenditure amount.

APPLICATION PROCESS

A completed MDHHS-5829, Family Incentive Grant (FIG) and Unlicensed Relative Caregiver Funding, and supporting documentation for all FIG requests must be submitted by email to MDHHS-FIG Mailbox (MDHHS-FIG@michigan.gov) with the following information in the subject line:

Family Last Name/Michigan Department of Health and Human Services (MDHHS) County Office or Placing Agency Name/FIG Request.

A response will be sent by return email within 7-10 business days.

SUPERVISOR OVERSIGHT

Oversight by foster care/licensing supervisors is required to ensure the appropriate use of funds, including verification that an expenditure is eligible for FIG reimbursement. It is important to ensure that relatives being licensed or approved will be caring for children over a time-period that warrants the expenditure.

RECEIPTS

Verifiable receipts with a legible date of purchase or service are required for reimbursement. Written estimates cannot be used as receipts. Receipts must reflect appropriate purchases or services

within the current fiscal year. Items not essential to the home repair project on the receipts are excluded from the reimbursement total. All verifiable receipts must document the total cost for the expenditure or service has been paid in full and clearly indicate that the balance due is zero.

Physical/Medical Exams

For reimbursement for physical/medical exams, receipts from a physician's office or medical clinic must include the full name of the foster care licensing applicant. In addition, documentation must be provided that states a physical/medical exam for each foster parent applicant was conducted at the physician's office or medical clinic.

REQUESTS FOR REIMBURSEMENT

All requests for reimbursements must include the vendor's name, Statewide Integrated Governmental Management Application (SIGMA) vendor ID number and address code, supporting documentation for FIG reimbursement, including attachment of the approved MDHHS-5829 to the MDHHS-FIG Mailbox (MDHHS-FIG@michigan.gov).

MDHHS Supervised Cases

A copy of the receipt or billing statement indicating the total cost must be included with the request for reimbursement.

Private Child Placing Agency Supervised Cases

Private child placing agencies that choose to first reimburse the caregiver or service provider will then submit the payment documentation to the MDHHS-FIG Mailbox (MDHHS-FIG@michigan.gov) for reimbursement to their agency.

The following supporting documentation must be included with the request:

- Copy of the check reimbursing the caregiver or paying the service provider.
- Copy of receipt or billing statement indicating the total cost.

The agency invoice should be on agency letterhead billing MDHHS for the amount indicated on the receipt. The agency invoice must include:

- Full name of the foster parent(s).
- Item/service expenditure.
- Total dollar amount. Receipt(s) must match the total amount approved.

  Note: The private child placing agency can request payment be made directly to the service provider. In these cases, agencies must follow the instructions for MDHHS cases.

SUBMITTING REIMBURSEMENT REQUESTS

Reimbursement requests, including all required documentation, must be submitted by email to MDHHS-FIG Mailbox (MDHHS-FIG@michigan.gov) with the following information in the subject line:

Family Last Name/Michigan Department of Health and Human Services (MDHHS) County Office or Placing Agency Name.

STATEWIDE INTEGRATED GOVERNMENTAL MANAGEMENT APPLICATION

Payees/vendors must be enrolled on SIGMA Vendor Self Service (VSS). For Further Assistance regarding SIGMA visit www.Michigan.gov/SIGMAVSS or call 888-734-9749.

WHEN REIMBURSEMENT IS NO LONGER NEEDED

When FIG reimbursement requests have been approved but will not be used, case managers must send an email to MDHHS-FIG Mailbox (MDHHS-FIG@michigan.gov) to withdraw the request so the funds can be used by other families.

LEGAL AUTHORITY

2021 PA 87, Section 574(1)

POLICY CONTACT

Questions about this policy item may be directed to the MDHHS-FIG Mailbox (MDHHS-FIG@michigan.gov).