#### NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES BISMARCK, NORTH DAKOTA

January 7, 2022

PI 22-01

- TO: Field Service Specialists Human Service Zones Division of Juvenile Services Tribal Social Services Nexus PATH
- **FROM:** Kelsey Bless, Permanency Administrator
- PROGRAM: Foster Care
- SUBJECT: FC Maintenance Payments Policies/Procedures 623-05 Forms 623-05-60 Entry to Foster Care 624-05-15-35-05 Case Plan 624-05-15-50
- **RETENTION**: Until manualized

## **EFFECTIVE:** Immediately

Children and Family Services updated policy to offer clarification specific to the opening of a foster care case when a child is in custody of a public agency for greater than 24-hours. Federal Social Security Act; section 479; 45 CFR Parts 1355, 1356 and 1357 requires the AFCARS federal reporting population to include children in emergency foster care, any case that exceeds 24 hours. This in turn requires every child who enters public custody for **greater than 24 hours to be registered and opened in FRAME.** Federal reporting requires inclusion of all short-term emergency placements, even if the agency is granted a temporary custody order (TCO) and the temporary custody does not continue beyond the 96-hour shelter care hearing.

The Safety Framework Practice Model encourages ND to revision how we engage with families and offer support during a crisis. Support and service may not result in the request of a temporary custody order (TCO) or the need to open an emergency foster care program in FRAME. When present danger exists and out of home placement is warranted, agency staff engage in reasonable efforts to prevent removal by identifying appropriate support for the family, which may include a temporary out of home placement with a relative or licensed foster home. A licensed foster home is a service provider and are eligible to be asked to offer shelter care ("safe bed") until the present danger can be alleviated or a decision is made regarding the need for court ordered removal from the home. If a licensed foster home does provide shelter care services, the foster parents must sign a shelter care agreement (SFN 928), which will allow for reimbursement with shelter care funds, not foster care funding.

In addition, Children and Family Services (CFS) is making a change to cases where a temporary custody order (TCO) is granted, and the shelter care hearing does not take

place <u>or</u> judicial determinations are not granted for continued foster care. Historically, foster care eligibility paperwork was required for all children who enter foster care for greater than 24 hours. Today, this policy change will no longer require the SFN 641, Title IV-E Title XIX – Application, to be submitted for children in foster care **greater than 24 hours** and discharged from foster care in **less than 96 hours**. There are no exceptions to the timeframe. If a shelter care hearing is extended beyond 96 hours, then foster care eligibility paperwork MUST be completed. CFS will not consider holidays and weekends; 96 hours = 4 days maximum.

The case manager will open the foster care program in FRAME as they normally do for all foster care episodes. The case manager must submit a SFN 630, Foster Care Placement Notification, and a copy of the temporary custody order to the CFS FCSA Eligibility Unit for eligibility determination. The CFS FCSA Eligibility Unit will review the paperwork and enter the "eligibility determination" data field as regular match (RM). All foster care placement costs will be paid through the foster care payment system with general funds and will not require a SFN 928, shelter care agreement, so long as there is a copy of a TCO granting temporary custody to the agency for greater than 24 hours and less than 96 hours.

\*\*NOTE: The SFN 630, Foster Care Placement Notification, has been revised to report placements that meet the short-term placement criteria (short stayers/emergency less than 96 hours).

Website: https://www.nd.gov/eforms/Doc/sfn00630.pdf

	FOSTER CARE PLACEMENT NOTIF NORTH DAKOTA DEPARTMENT OF HUMA CHILDREN AND FAMILY SERVICES FOSTE SFN 630 (12-2021)	N SERVICES	Clear Fields	Regular Foster Care Emergency 96-Hour Foster Care	
Name of Custodial Agency/Human Service Zone		County			
Name of Child		Date of Birth	Gender		
			Male	Female	

Lastly, Safety Framework Practice Model documentation (PCFA) are not required for cases in care less than 96 hours. A separate memo will be shared with specific to guidance on data entry in FRAME for this population. Including the dates to be entered into FRAME for the opening, care plan, and closing of a short stayer case. To make the care plan dates consistent for all foster care cases, CFS is allowing for all new entries to have the first care plan date to be the date of foster care entry (see policy for an example). This will align the quarterly Child and Family Team meetings, assist with meeting the 30-business day requirement to start a plan, and minimize data entry errors.

If you have questions, contact the Field Service Specialist assigned to your area or Kelsey Bless at <u>kmbless@nd.gov</u> or 701-328-3581.

# **Foster Care Maintenance Payments Policies and Procedures 623-05**

All concepts of this<u>This</u> chapter <u>specifically applies to reimbursement of</u> <u>foster care expenditures for children in foster care determined eligible under</u> to apply for Title IV-E (<u>federalTitle IV-E of the Social Security Act</u>), emergency assistance (<u>federal</u>) and or regular match (<u>state</u> general fund) <u>funding options</u>. <u>foster care payments</u>. Payments Foster care reimbursement may only be issued to a licensed or approved provider who meets full compliance with licensing standards. Eligible and reimbursable maintenance and irregular expenditures, as outlined in this chapter, are reimbursed <u>through the foster care payment system</u> with <u>Title IV-Efederal</u> and/or state funds depending on the eligibility determination. Foster care reimbursement for children under the custody of a ND <u>Tribal Nation Tribal</u> <u>Social Service agency</u> is limited to children eligible for Title IV-E<u>federal</u> funding.

Children and Family Services Foster Care and Sub-Adopt Eligibility Unit (CFS <u>FCSA</u> Eligibility Unit) will determine eligibility for the foster care program. The custodial case manager from a Human Service Zone, Division of Juvenile Services (DJS), or <u>Tribe\_Tribal Nation</u> is responsible for obtaining the information needed to determine a child's eligibility\_for the <u>determination</u>. Detailed policy reflecting the eligibility criteria for a foster child is found in Policy Manual Chapter 447-10 "IV-E Foster Care Eligibility".

## Forms 623-05-60

Foster care payment related forms include:

1. Notice of Change, SFN 45

The Notice of Change, SFN 45, is a required form which must be completed by the foster care case manager when changes occur in the child's case; including placement, foster care status, and parent information. The intent of this form is to immediately update/alert the eligibility worker to make payment authorization adjustments accordingly. Overpayments will occur if the eligibility worker is not notified by the case manager of a placement/status change.

<u>CFS FCSA</u> Eligibility Unit staff must forward a copy of the completed form to Child Support if there is a change in health information or parent information.

2. Credit Form, SFN 827

Any payments to the Department for foster care refunds and reimbursements must be submitted with Credit Form, SFN 827. The

child's name and foster care case number must be included to ensure proper credit. An overpayment or a receivable must exist in the payment system before the SFN 827 is submitted to Fiscal Administration. Fiscal will use the service month, match code, and description of payment provided on the form to properly apply the payment.

3. Foster Care - Child Care Invoice, SFN 920

The Foster Care – Child Care Invoice, SFN 920, is required for child care providers and foster care providers when claiming child care reimbursement for foster care children in paid foster care placements.

#### 1.-Notice of Change, SFN 45

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CFS Eligibility Unit staff must forward a copy of the completed form to Child Support if there is a change in health information or parent information.

4. Irregular Foster Care Payments, SFN 1042

Foster care case managers must complete this form when the irregular payment requires special instructions, (ex: max mileage vs gas receipt), payment limitations or the irregular payment category does not require a receipt. Receipts for foster care expenditures that are not subject to special instructions or limitations will be authorized by the CFS Eligibility Unit without the requirement of prior approval. All irregular payments are subject to category maximums for every foster child in a licensed setting. The custodial agency will be responsible for any reimbursement exceeding the child's annual maximums.

## Entry to Foster Care 624-05-15-35-05

A child is considered to have entered foster care on the earlier of:

- The date of the first court order <u>granting a public agency (Human Service</u> <u>Zone, Division of Juvenile Services (DJS) or Tribal Nation) custody</u> which finds that the child has been subjected to abuse or neglect to be in need of <u>protection (CHIPS)</u>, or
- 2. The date on which the child enters placement is removed from the home and enters a foster care placement for greater than 24 hours.

North Dakota recognizes a child is in foster care if:

- 1. A child meets the definition of "foster care for children" (NDCC 50-11); and
- 2. A current court order gives a public agency care, custody, and control.

Any child under the temporary custody of a public agency (Human Service Zone, DJS or Tribal Nation) and placed in foster care for greater than 24 hours must have the case record registered and the foster care program opened in the data management system.

Foster care placement and reimbursement to providers will vary depending on the best placement option for the child. ND can only issue payment to a licensed/approved provider; meaning not all foster care placements will have fiscal reimbursement. Examples of non-reimbursable foster care placements include, but are not limited to:

- A foster child is placed in an unlicensed relative home = No foster care maintenance payment will be issued for the child's care.
- Foster children returned for a trial home visit = No foster care maintenance payment will be issued for the child's care.

## Short Stayer – Less than 96 hours 624-05-15-35-06 \*NEW SECTION\*

A child removed from a parent/guardian in which custody is granted through a temporary custody order (TCO) to a public agency greater than 24 hours but less than 96 hours for a short-term placement out of the home is referred to as a short stayer. The child must be discharged from foster care within 96 hours from the time of placement out of the home.

The custodial case manager is required to submit the SFN 630 Foster Care Placement Notification and temporary custody order to the CFS FCSA Eligibility Unit. The SFN 630 will indicate the short stayer custody and placement details. A child that meets the short stayer criteria will be eligible for reimbursement through regular match (general state funds) and payment will be made through the foster care payment system.

The case manager must also open the foster care program in the case management system, enter the worker start and end dates, placement dates, etc. All cases will have a valid TCO, meaning the Department may reimburse placements costs as regular match (state funded general fund).

## <u>Please see Chapter 623-05 Foster Care Maintenance Rate Payment for more</u> <u>information</u>

## Case Plan 624-05-15-50

Each child in foster care is required by federal law to have a case plan; which must be\_a written document and a discrete part of the case record. The initial case plan must be developed within 30 <u>business</u> days of <u>child's</u> entry into foster care, <u>if the</u> <u>child is in custody for greater than 24 hours</u>. The information in FRAME captures information essential to generate the individualized case plan to meet federal foster care requirements. The signed signature sheet from the Child & Family Team Meetings (FRAME generated) must be maintained as a hard copy in the child's foster care case file.

In those limited situations where the permanency planning preprinted forms (created outside of FRAME) are allowed, the created case planning document must be signed and maintained as a hard copy in the child's foster care case file.

North Dakota utilizes the Safety Framework Practice Model guidelines where case managers are required to create a case plan including identified goals, developed with the family. Foster care case plans are viewed in three parts;

- A. Goals: Developed by the custodial agency and family when considering what an enhanced diminished parent/caregiver protective capacity would look like once change has occurred. In addition, any unmet child needs can be consolidated into a goal in the case plan. Goals should be documented using common language used by the family.
- B. Tasks: Identified tasks or change strategies assigned to each goal are documented in Tool 6. Once case plan goals have been determined, the child and family team discuss approaches or services (tasks/change strategies) that are most likely to achieve the case plan goals. Identified services and specified roles and responsibilities of providers, family members, and the case manager are put into place to assist the family in achieving the identified goals. More SFPM and case planning information can be located in policy 607-05-35-35-10-01.
- C. <u>Federal Foster Care Case Plan Requirements</u>: Title IV-E of the Social Security Act, Sec. 475, specifies what must be in a foster care case plan. The child's case plan must: Title IV-E of the Social Security Act, Sec. 475, specifies what must be addressed on behalf of the child throughout the life of the foster care case, documented in the child's foster care case file. The planning requirements must be a discrete part of the case file and meet various terms related to the child's safety, wellbeing, permanency, health, and education. The federal foster care case plan requirements must be on file including:

Be a written document and made a discrete part of the case record.

- <u>Include aDetailed Reasonable/Active Efforts: A</u> description of <u>efforts and</u> services offered and provided to prevent removal of the child from the home and to reunify the family.
- 1.2. Court Requirements: Copy of court hearings, affidavit details, documented efforts made by the agency to achieve the defined permanency goal for the family (reunification, guardianship, relative, etc.)
- 2. A description of the type of home or institution in which the child will be placed, discussion of safety and appropriateness of the placement, how the responsible agency plans to carry out court requirements (i.e. reasonable efforts).
- 3. Least Restrictive Setting: Detailed plans designed to achieve a safe placement for the child in the least restrictive (most family-like) setting available and in close proximity to the home of the parent(s) when the case goal is reunification. Including details of how the placement is consistent with the best interests and special needs of the child.
- 4. Placement Location: A description of the type of foster care placement (relative, licensed foster home or residential facility) in which the child will be placed. Details stating why the placement is in the best interest of the child if placement is a substantial distance from the home of the parent(s), in a different state, or outside of the Tribal service area. If the child is placed out of the community, state, tribal service area the case manager must arrange to ensure monthly face-to-face visitation is completed with the child.
- 5. Reasonable and Prudent Parenting: A description documenting how the foster care provider is following the reasonable and prudent parent standard. Including if the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities.
- 3.6. Safe & Proper Care: Assure Assurances for the child to receives safe and proper care; that including services are provided to the parents, child, and foster parents in order to improve conditions in parents' home, facilitate return of child to their own safe home or the permanent placement of the child. It must include the most recent information available pertaining to child's health and education records, including a discussion of the appropriateness of the services that have been provided to the child as reflected in FRAME.
- 7. Appropriate Services: A detailed description of any child unmet needs and how the agency is ensuring timely and adequate services are received.
- 4.8. Address visitations-Visitation schedule: A detailed description of the approved visitation schedule between the Foster foster child and his/her parent(s), and his/her siblings in an effort to maintain family connections. The timeframes for these visits must be appropriate and meet the needs of the foster child and his/her family.
- 5.—Include discussions of the appropriateness of the services that have been provided to the child as reflected in the data management system, FRAME.
- 6.9. Include discussions of how the plan is designed to achieve a safe placement for the child in the least restrictive (most family-like) setting available and in close proximity to the home of the parent(s) when the case goal is reunification and a discussion of how the placement is consistent with the best interests and special needs of the child.

- 7.<u>10.</u> Include details stating (if applicable) why the placement is in the best interest of the child if placement is a substantial distance from the home of the parent(s), in a different state, or outside of the Tribal service area. If the child is placed out of the community, state, tribal service area the case manager must make arrangements to complete the monthly face-to-face visitation with the child. Courtesy case management is allowed for children placed out of state.
- 8.—Include the most recent information available pertaining to child's health and education records, including:
- 9.11. Educational Information
  - a. Names and addresses of child's school/s of attendance;
  - b. Child's current grade;
  - c. Child's school record;
  - d. A specific educational stability plan providing assurances:
    - i. The custodial case manager must take Each foster care placement takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time of a foster care placement change is considered.
    - School of origin decisions must reinforce the child's best interest.
      School of Origin: The foster child's school of origin may change depending on their foster care placement. If a foster child's placement changes, the school of origin would be considered the school in which the child was enrolled at the time of the placement change. Example: The foster child was enrolled in District A when he/she entered foster care. The child was placed in a foster home of school District B when it was determined to be in the child's best interest for the child to remain in District A.
    - ii.iii. The foster care case manager has coordinated and communicated per federal regulations of Every Student Succeeds Act (ESSA) with the designated school district "foster care liaison", to ensure that the child remains in the school in which the child is enrolled at the time of foster care placement; or, if remaining in such school is not in the best interests of the child, assurances by the child welfare and educational agencies to provide immediate and appropriate enrollment in a new school, with request to transfer all educational records for the child.
    - iii.iv. Each school age child in foster care is enrolled as a student (or in the process of enrolling), or is a full-time \*elementary or secondary school student; or, is incapable of attending school on a full-time basis due to the medical condition of the child. If the child is incapable of attending school on a full-time basis, regularly updated information, must be included in the <u>child's</u> case plan that supports this determination; and
    - iv.v. Any other pertinent educational information appropriate and necessary for case planning.
- 13. Medical Information

- a. Name and address of primary medical professionals;
- b. A record of child's immunizations;
- c. The child's known medical problems;
- d. The child's medication; and
- e. Any other pertinent medical information appropriate and necessary for case planning.

Any other relevant health and education information concerning the child determined to be appropriate and necessary for case planning.

(\* The term "elementary or secondary school student" can include youth who are attending school in accordance with the State home school law, or youth who are seeking his/her GED through an independent study program in accordance with State law.)

**<u>NOTE</u>**: The above information related to education and medical must be reviewed and updated at the time of each placement of the child in foster care. Also, included is a requirement that such records be supplied to the foster parents or foster care providers.

## Additional Case Planning Requirements Include:

Permanency Goal:

- a.—If the child's permanency plan/goal is adoption or placement in another permanent home, federal law (ASFA) requires the plan must include:
  - i. Documentation of the steps the agency is taking to find an adoptive family or other planned permanent living arrangement for the child, to place the child with an adoptive family, a fit and willing relative, a legal guardian, or in another planned permanent living arrangement, and to finalize a legal guardianship.
  - ii. At a minimum such documentation must include child specific recruitment efforts such as the use of state, regional, and national adoption exchanges including electronic exchange systems to facilitate orderly and timely in-State and interstate placements.
- b.—If the child's permanency plan/goal is another planned permanent living arrangement (APPLA) the case plan must include:
  - i. Documentation of intensive, ongoing, and unsuccessful efforts made to return the child home or secure placement for the child with a fit and willing relative, a legal guardian, or an adoptive parent, including the utilization of search technology to find biological family members.

## b.—Documentation ensuring the foster care provider is following the reasonable and prudent parent standard.

Documentation that the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities.

- 14. Age 14 Specific Case Plan Requirements:
  - a. A foster child who has attained 14 years of age, must be given the opportunity to participate in the development and any revisions of their individualized plan, which must include a written description of programs and services to help the child prepare for their transition to a successful adulthood. The case manager must assist the child in developing goals to meet their independent living needs.
  - b. Review and annually sign a copy of the ND Foster Youth Rights (DN 402) (see 624-05-15-50-49).
  - c. Personal invitation of two additional members to join the Child & Family Team, chosen by the child, who are not foster parents of, or a case manager for, the child.
    - i. Custodians may reject an individual selected by a child to be a member of the Child & Family Team at any time if there is good cause to believe that the individual would not act in the best interest of the child.
    - ii. One individual selected by the child to be a member of the child's team may be designated to be the child's advisor and, as necessary, advocate, with respect to the application of the reasonable and prudent parent standard to the child.
- 15. Age 16 Requirements
  - a. Minimum age 16 to determine a permanency goal of another planned permanent living arrangement (APPLA). If selected, the case must have
    - i. Documentation of intensive, ongoing, and unsuccessful efforts made to return the child home or secure placement for the child with a fit and willing relative, a legal guardian, or an adoptive parent, including the utilization of search technology to find biological family members.
    - ii. Child must verify with the court he/she is age 16 or greater, he/she has the desired permanency outcome of APPLA, he/she believes APPLA is the best permanency plan
  - b. Age 16 and identified as "likely to age out of foster care"; will be considered a Chafee Transition Program "Priority 1" participant. Children age 16+ are required to be referred to the Chafee Transition Program (SFN 1613) for assistance to the case manager in assessing and addressing the needs for a child's transition to a successful adulthood.

- 16. Age 18 Foster child: A foster child who is nearing 18 years of age must have a. A developed individualized transition plan (SFN 494) (see 624-05-15-10)
  - b. A documented review of a health care directive (see 624-05-15-50-46).

17. Adoption as the Permanency Goal: If the child's permanency plan/goal is adoption, federal law (ASFA) requires the case plan details must also include:

- a. Documentation of the steps the agency is taking to find an adoptive family, to place the child with an adoptive family, and action made to finalize the adoption.
- b. Documentation of specific recruitment efforts such as the use of state, regional, and national adoption exchanges.
- 15.18. High Risk Youth (at risk of harming self or others): Each child's case plan must include strategies for how the custodial agency will manage behaviors or emotional needs which place the child in a high-risk category. Upon identification of such behaviors or emotional needs, a safety plan must be developed immediately for implementation. A safety plan must be developed and distributed to all appropriate parties, specifically including the foster parents.

#### Notice of Child Proceedings

Foster parents, pre-adoptive parents, or relatives providing care for the child must be provided with written notice of and a right to be heard in any proceeding held with respect to the child during the time the child is in the care of such foster parent, pre-adoptive parent or relative caregiver. Email or letter notice constitutes written notice, if there is documentation of the letter or email on file.

For assistance in generating the child's foster care case plan on FRAME, please refer to the FRAME user manual.

## \*\*\*Abbreviated Required Data Entry for a Case Plan \*\*\*

Every child in foster care, greater than 24 hours, is required to have their case plan (care plan) entered in the case management system. have an approved case plan which is a written document that is made a discrete part of the case record. For child in foster care on a short-term basis (less than 30 days), an abbreviated case plan is allowable. An abbreviated case plan must contain Case managers must document pertinent information such as a description of services provided to prevent removal of the child from the home and to safely reunify the family, efforts engaged by the agency to ensure child safety and to maintain family connections. For children who are discharged from foster care in less than 30 days, case managers must indicate why the placement and permanency plan achieved in a short timeframe is/was in the best interest of the child.

All case plans must take into account the child's safety, permanence, and wellbeing. An approved case plan must be in FRAME before the foster care case can be closed.

The ND data management system requires limited information be entered to open/close the case if in care less than 30 days. Custodial case managers must:

- 1. Open Service Period
- 2. Open the foster care program with assigned worker
- 3. Court order covering the placement duration date
- 4. Reason for foster care entry
- 5. Placement/s
- 6. FC Permanency goal
- 7. Clinically diagnoses condition
- 8. Care Plan

## Care Plan Example

- 1. Child enters foster care:
  - Removal/FC Entry Date: March 1st
    - PCFA initial meetings/calls with parents: March 8, March 15, and March 30
    - FC CFTM Initial: Formal meeting scheduled for April 7th
  - Foster Care Closure: March 30th
- 2. Entry Dates:
  - Care Plan Effective Date: The first care plan is open effective the date of entry, March 1<sup>st</sup>
  - Care Plan End Date: This will remain blank as long as care plan is in current status.
  - Care Plan Review Date: Will auto-populate 90 days from the effective date to allow for payment.
  - Initial FC CFTM Date: Enter the date of March 1<sup>st</sup> indicating in the notes "child entered care".
- 3. The agency will approve the initial case plan as "current status" to allow for payment.
- 4. SFPM documentation is managed outside of the data management system, case managers must record anything that occurs throughout the month of activity details, meetings, calls in case activity logs. SFPM documents are not required for children who are in foster care for less than 96 hours.
- 5. If still in care, the second care plan will indicate the initial CFTM meeting date (Initial CFTM on April 7th with an effective date of April 7<sup>th</sup>). The next review date will auto-populate 90 days from the effective date to allow for payment going forward.
- 6. Click Approve when finished.
- 7. Copy a draft care plan for the next period to be updated as information changes in the case.

## **NOTE: High Risk Youth (at risk of harming self or others)**

Great emphasis is placed on youth in foster care receiving safe and proper care. Each child's case plan must include strategies for dealing with any behaviors or emotional needs which place him/her in the high risk category. Upon identification of such behaviors or emotional needs, a safety plan must be developed immediately for implementation. A safety plan must be developed and distributed to all appropriate parties, specifically including the foster parents.

## Case Plan Reviews 624-05-15-50-03

Detailed in the Title IV-E of the Social Security Act, Sec. 475(5), the <u>a</u> case review system means arequires states to identify <u>a</u> procedure for assuring that <u>each</u> child has a <u>fully executed</u> case plan with documentation found in the child's case record. (FRAME) 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 If the child has been placed in a foster family home or child care institution a substantial distance from the home of the parents of the child, or in a State different from the State in which such home is located, sets forth the reasons why such placement is in the best interests of the child, and If the child has been placed in foster care outside the State in which the home of the parents of the child is located, requires that, a case manager (from either State) visit such child in the home or institution where the child is placed, and every month, submit a report on the visit to the State agency (Children and Family Service Division).

The periodic North Dakota requires custodial case managers to host a formal quarterly review of each child's case, which is (North Dakota reviews are conducted quarterly and referred to as the Child & Family Team Meeting (CFTM). A CFTM outline was created for custodial case managers to follow in efforts to capture required updates and planning specific to:

- 1. Discussions of agency involvement/reasons the family is receiving case management.
- 2. Review or update the current present danger or safety plans.
- 3. Discussion of the Protective Capacities Progress Assessment (PCPA) (Tool 7) specific to parent/caregiver enhanced capacities, diminished capacities, selfawareness of what must change and areas of agreement or documented disagreement with parents regarding what must change.
- 4. Visitation Planning
- 5. Family Connections
- 6. Review of Children's Needs (Tool 5)
- 7. Determine and assess the steps the agency is taking to ensure the child's foster care provider is following the reasonable and prudent parent standard and to ascertain whether the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities to achieve normalcy.
- 8. Discussion of timely permanency
- 9. Discharge planning

<u>10. Agreement from the team members whether or not they agree with the plan</u> and sign the PCPA (Tool 7).

Note: Foster parents, pre-adoptive parents, or relatives providing primary care for the child must be provided with notice of and a right to be heard in any Child & Family Team meeting or court hearing with respect to the child.

Administrative Reviews:

<u>Children and Family Services Field Service Specialists (FSS) are required to attend</u> <u>at least one Child & Family Team Meeting every six months to engage in</u> <u>administrative review of the case.</u> <del>) determines</del> <u>FSS's are required to:</u>

- 1. Determine the safety of the child,
- <u>Review the continuing the continued necessity</u> for and appropriateness of the placement,
- <u>3. Ensure the extent of compliance with the case plan federal requirements as</u> compared to the Safety Framework Practice Model case plan criteria,
- 1.4. <u>Discuss</u>, and the extent of progress which has been made toward alleviating the causes which <u>led to the necessitated the</u> foster care placement., and projects a likely date when the child may be returned to and safety maintained in the home or placed for adoption or legal guardianship.

The periodic review will also determine and assess the steps the agency is taking to ensure the child's foster family or child care institution is following the reasonable and prudent parent standard and to ascertain whether the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities to achieve normalcy.

Foster parents, pre-adoptive parents, or relatives providing care for the child must be provided with notice of and a right to be heard in any review Child & Family Team meeting) or hearing with respect to the child.

The FRAME case management system is designed to capture the information required to generate create the Child & Family Team Meeting Report. Hard copies of the FRAME information can be generated and copies made for distribution. Please refer to the FRAME User Manual for technical assistance.

In addition to the requirements outlined above, federal the following items

The goal(s) of placement. Goals must be time framed and detailed. A child's permanency goal must be reviewed at each Child & Family Team meeting.

Identification of the specific circumstances which necessitated and cause the separation of the child from the family. Refer to the Agency View and Family View of Situation in the FRAME Case Plan.

3.—Identification of the specific services to be provided by the agency in alleviating or helping to alleviate the conditions which led to the placements;

project the date(s) by which each of these goals is to be accomplished. Refer to the Family Risk Assessment (FRA) located with the FRAME.

- 4.—Identification of the specific actions to be taken by the <u>parents</u> in correcting the conditions which led to the placement and the date by which each of these activities is to be accomplished. Refer to the Goals and Tasks sections of the Family Risk Assessment (FRA) within FRAME.
- 5.—Identification of the specific actions, when appropriate, to be taken by the <u>child</u> in correcting the conditions which led to placement and the date by which each of these activities is to be accomplished. Refer to the Goals and Tasks section of the Family Risk Assessment (FRA) within FRAME.

Identification of the specific services to be provided by the foster parents to the child. Refer to the Goals and Tasks section of the Family Risk Assessment (FRA) within FRAME.

7.-Anticipated length of placement stated in months.

8.-Written plan for visitation stating frequency, location and participation.

Specific information addressing the health, safety, and well-being of the child. Refer to the Life Domains and Safety Plan in the Family Risk Assessment (FRA) within FRAME.

This information is included in the child's case plan on FRAME. Refer to the FRAME user information for technical assistance.