



STATE OF MICHIGAN

DEPARTMENT OF HEALTH & HUMAN SERVICES
LANSING

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Children's Foster Care Policy Manuals

PROGRAM OVERVIEW

Program Orientation

The purpose of child and family services is to provide continuity, consistency and permanency in a family setting for the growing child. Permanency planning and follow through are key to eliminating negative effects 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 youth'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 homes 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 (reunification).
- When reunification is not possible, promote permanency for the child (i.e., adoption, guardianship, permanent placement with a fit and willing relative or another planned permanent living arrangement. 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 - the 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 families occurs only when families are absent, or unable or unwilling to provide minimally acceptable 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 negative effects 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 with Relatives.)
- 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 (to include CPS file clearance, criminal history check, and home study) 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 parents in improving the level of care for children in their homes in a timely manner. 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 the preferred permanent placement. Child neglect is rarely intentional. Most parents can be helped to assume responsibility and to provide care for their own children with the provision of immediately available, appropriate and intensive services.

OUTCOMES FOR CHILDREN

DHS 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 birth families.

- Increasing the number and rate of children coming into 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 of children in out-of-home placement.
- Increasing the number and rate of children reunified with their birth 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*.

FEDERAL LAWS

Public Law 96-272

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 105-89, ASFA

Public Law 105-89, "The Adoption and Safe Families Act (ASFA) of 1997," amends Part B and Part E of the Social Security Act [42 USC 620-635, and 670-679]. The basic premise of the legislation is that safety, permanency and child well-being must be the major concerns of child welfare. 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.

**Public Law 95-608,
ICWA**

Public Law 95-608, The Indian Child Welfare Act of 1978, [25 USC 1901-1963] 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 103-
382, MEPA**

Public Law 103-382, titled "Howard M. Metzenbaum Multiethnic Placement Act of 1994" [42 USC 5115a], prohibits an agency or entity that receives federal funds and is involved in adoption or foster care placements from:

- a. Denying any person the opportunity to become an adoptive or foster parent on the basis of race, color or national origin.
- b. Delaying or denying the placement of a child for adoption or into foster care on the basis of race, color or national origin of the foster parent or the child.

Public Law 104-188

Public Law 104-188, titled "Small Business Job Protection Act of 1996" [42 USC 671] clarifies the "Howard M. Metzenbaum Multiethnic Placement Act of 1994." Any consideration of race, color or national origin in a foster care placement must be considered **only** on an **individual basis** and if consideration of these factors is in the **child's best interest**.

**Public Law 91-230,
IDEA**

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 age 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 H [20 USC 1431-1445] covers infants and toddlers from birth to age 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.

A number of procedural safeguards are provided under Part B and Part H 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. (See FOM 722-11, Surrogate Parent for Educational Purposes.)

Public Law 99-509, AFCARS

Public Law 99-509, "The Omnibus Budget Reconciliation Act of 1986," amended Title IV-E of the Social Security Act [42 USC 670, et. seq.] by adding Section 679. Federal regulations, (45 CFR Parts 1355, 1356 and 1357) issued by the U.S. Department of Health and Human Services, Administration for Child and Families, require that the states submit an electronic file to the Department of Health and Human Services (DHHS) containing specific data on children:

- In foster care for whom the state child welfare agency has responsibility for placement, care or supervision; and
- Children adopted under the auspices of the state's child welfare agency. This electronic reporting system is known as the Adoption and Foster Care Analysis and Reporting System (AFCARS). AFCARS addresses policy development and program management issues at both the state and federal levels. AFCARS data enables federal and state policy makers to assess the reasons why children are in foster care and to develop remedies and strategies to prevent lengthy stays in foster care. The data also assists in research leading to improvements in the child welfare system overall. The federal AFCARS regulations also delineate specific data elements and reporting requirements and identify the financial penalties to the states for failure to comply with the reporting requirements.

Public Law 106-169, “Chafee”

Public Law 106-169, “The John H. Chafee Foster Care Independence Act of 1999,” amended Part E of title IV of the Social Security Act. [42 USC 670, et. seq.] This law increased the amount of funding to states previously provided by the federal government. The law sets no minimum age at which independent living preparation services should begin but services must begin several years before high school completion. The law also requires that independent living programs prepare youth for successful management of adult responsibilities, regardless of the permanency planning goal. See FOM 722-06, Independent Living Preparation and FOM 950, Youth in Transition (YIT) Program.

Public Law 109-239, Safe and Timely Interstate Placement of Foster Children Act of 2006

Public Law 109-239, Safe and Timely Interstate Placement of Foster Children Act of 2006, mandates states to implement the new and amended title IV-E State Plan requirements. The law seeks to improve protections for children and holds states accountable for the safe and timely placement of children into safe, permanent homes across state lines by enacting the title IV-E statutory provisions pertaining to interstate foster and adoptive home studies, reasonable efforts, permanency hearings, caseworker visits, case plans and case review system (courts).

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

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.

Public Law 109-432, Tax Relief and Health Care Act of 2006

The Tax Relief and Health Care Act of 2006, Public Law 109-432, amends sections 471 and 1123A of the Social Security Act by requiring the state agency to have procedures to verify the citizenship or immigration status of all children in foster care.

Public Law 110-351, Fostering Connections to Success and Increasing Adoptions Act 2008

Public Law 110-351, Fostering Connections to Success and Increasing Adoptions Act [42 USC 620 et seq], was signed into law on October 7, 2008. The act, also known as the Fostering Connections Act, is a compilation of child welfare reforms created to promote permanency and well-being for children in foster care. New requirements within this act are designed to connect and support relative caregivers, improve incentives for adoption, provide for tribal foster care and adoption access and improve health and educational outcomes of foster children. Additionally, the law provides states with the options for subsidized guardianship

payments for relatives, adoption assistance, kinship navigator programs, new family connection grants and federal support for youth to age 21.

STATE LAWS

To view state statutes online go to: www.legislature.mi.gov.

1935 PA 220, Michigan Children's Institute Act

1935 PA 220, (MCL 400.200 et seq.), also known as the Michigan Children's Institute Act, requires the department to accept children (up to age 17), and exercise responsibility for them up to age 19, whose parental rights have been terminated and the child has been committed to the department.

1997 PA 171, amended 1935 PA 220, (MCL 400.204(2)), requires consultation between the superintendent of Michigan Children's Institute and the child's attorney for children committed to DHS regarding issues of placement, commitment and permanency planning.

1939 PA 280, Social Welfare Act

1939 PA 280, (MCL 400.1 et seq.), also known as 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.

1939 PA 288, Juvenile Code

1939 PA 288, (MCL 712A.1 et seq.), also known as the Juvenile Code, requires that each child under the jurisdiction of the court must receive care, guidance, and control, preferably in his own home, conducive to the child's welfare... and that, if a child is removed from the control of his or her 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 his or her parent.

1988 PA 224, effective 4/1/88, amended the Juvenile Code allowing the court to exercise jurisdiction over a neglected or abused child under 18 years of age. Statutory amendments affected court procedures, court reviews, child welfare licensing, service documentation and planning for both temporary and permanent neglect wards.

1995 PA 264, Juveniles - Placement of Children, an act to amend sections 17c, 18, 18f, 19, 19a and 19b of chapter XIA, 1939 PA 288. The intent is “to prescribe the powers and duties of the juvenile division of probate court. (Family Division of Circuit Court, eff. 1/1/98)... to prescribe pleadings, evidence, practice, and procedure in actions and proceedings... to prescribe the powers and duties of certain state agencies, departments, and officers.”

1997 PA 163, amended 1939 PA 288, the Juvenile Code, and added section 13b to Chapter XIA. The act:

- Mandates increased judicial oversight of the time a child spends in temporary placement prior to permanent placement and provides an appeals process for placement changes.
- Requires the supervising agency to provide copies of all service plans and medical, mental and education reports on the child to the foster parent/relative/unrelated caregiver and requires the court to order release of medical records when parents refuse consent. See FOM 722-04, INFORMATION TO BE PROVIDED TO FOSTER PARENTS/RELATIVE/UNRELATED CAREGIVERS PRIOR TO PLACEMENT.

1997 PA 169, amended 1939 PA 288, the Juvenile Code, Sections 17, 17c, and 19b and added Section 22. The act:

- Requires petitions be filed under certain circumstances. (See FOM 722-07, Permanency Planning.)
- Requires certain procedures related to abuse/neglect proceedings.
- Mandates time requirements for hearings by the court.
- Provides additional legal representation for the child.
- Adds specific grounds for termination of parental rights in the most serious cases of child abuse and neglect.

- Requires that the State Court Administrator's Office publish an annual report evaluating individual courts on their achievements in obtaining permanency for children.

1998 PA 480, amends the Juvenile Code, sections 13a, 17c, 18f and 19, and added section 17d of chapter XIIA. The act:

- Defines “Attorney”, “Guardian ad Litem” and “Lawyer-Guardian ad Litem” as used in MCL 712A.13a(1).
- Requires the court to appoint a lawyer-guardian ad litem (LGAL) to represent a child.
- Requires the LGAL to represent the child until the child is no longer under the jurisdiction of the court or the Michigan Children's Institute.
- Defines the duties of an LGAL.
- Requires the supervising agency to review a child's case plan with the child's physician under certain circumstances and allows the physician to testify at a hearing where the court is considering the return of the child to his/her home. See FOM 722-06, PHYSICIAN REVIEW OF SERVICE PLAN.
- Allows the child's attorney and LGAL to present information to the court concerning the child.
- In addition to the LGAL, the court may appoint an attorney for the child.

1998 PA 479, amends the Juvenile Code, sections 18f, 19b, and 19c of chapter XIIA. The act:

- Requires the supervising agency to review a child's case plan with the child's physician under certain circumstances and allows the physician to testify at a hearing where the court is considering the return of the child to his/her home. See FOM 722-06, PHYSICIAN REVIEW OF SERVICE PLAN
- Adds certain criminal convictions to the grounds for termination of parental rights. See FOM 722-07, TERMINATION OF PARENTAL RIGHTS.

1998 PA 530, amends the Juvenile Code, sections 2, 6b, 13a, 19 and 19b. The act:

- Defines a “non-parent” adult (see definitions in this item).
- Grants the court the authority to issue an order that effects a non-parent adult.
- Defines the case service plan.
- Adds grounds for termination of parental rights when a non-parent adult has caused physical injury or physical or sexual abuse and the court believes that the child will suffer continued injury or abuse if returned to the home. See FOM 722-07, TERMINATION OF PARENTAL RIGHTS.

2004 PA 475, amends the Juvenile Code, sections 13a, 13b, 17d, and 18 of chapter XIA. The act:

- Requires the LGAL to review an agency case file before a hearing for termination of parental rights.
- Requires the LGAL appointed for a child to meet with or observe the child and assess the child’s needs and wishes with regard to representation and issues in the case before the following proceedings: pretrial hearing; initial disposition, if held more than 91 days after the petition had been authorized; a dispositional review hearing; a permanency planning hearing; post-termination review hearing and at least once during the pendency of a supplemental petition.
- Expands the definition of related.
- Allows a child to be placed with 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.
- Requires the Foster Care Review Board to investigate a change in placement within seven days and report its findings and recommendations within three days after completion of the investigation.
- Defines agency case file as the current file from the agency providing direct services to the child, which can include the child protective services file if the child has not been removed from the home or DHS or private child placing agency foster care file.

2004 PA 476, amends the Juvenile Code, section 19c of chapter XIA. The act:

- Requires the court to conduct a review hearing for children remaining in foster care for more than one year following termination of parental rights, no later than 182 days from the preceding review hearing before the end of the first year and no later than every 182 days from each preceding review hearing until the case is dismissed.
- Requires the court to conduct the first permanency planning hearing within 12 months from the date the child was originally removed from the home. Subsequent permanency planning hearings must be held within 12 months of the preceding permanency hearing.
- Allows a permanency planning hearing to be combined with a review hearing, if proper notice for a permanency planning hearing is provided.
- Prohibits cancellation or delay of permanency planning hearings beyond the required number of months, regardless of whether any other matters were pending.

1973 PA 116, Child Care Organization Licensing Act

1973 PA 116, (MCL 722.101 et seq.), also known as 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.

1974 PA 296, Adoption Code

1974 PA 296, (MCL 710.1 et seq.), also known as the Michigan Adoption Code, provides that a release must be given only to a child placing agency or to the 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.

1974 PA 238, Child Protection Law

1975 PA 238, (MCL 722.621 et seq.), also known as 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.

1979 PA 218, Adult Foster Care Licensing Act

1979 PA 218, also known as the Adult Foster Care Facility Licensing Act (MCL 700.701 et seq.) and 1973 PA 116, (MCL 722.111 et seq.) the Child Care Organization Licensing Act allows placement of children in a foster care family home (capacity: 1 to 6 individuals) or small group home (1 to 12 individuals) in certain situations.

1984 PA 186, Mental Health Code

1984 PA 186, (MCL 330.1498a et seq.) amended the Mental Health Code to set forth procedures for the psychiatric hospitalization of minors. The department may request psychiatric hospitalization of a minor ward as outlined in MCL 330.1498a et seq. These statutes also contain procedures for evaluation of a minor ward, obtaining consent for treatment and reviewing the continuing need for hospitalization.

1989 PA 74, Foster Care Review Board

1989 PA 74, (MCL 722.130 et seq.) permanently established the State Foster Care Review Board Program in the State Court Administrative Office and requires it to create local foster care review boards. The Foster Care Review Board Program 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 child care organization and Family Division of the Circuit Court within 30 days of the review.

1997 PA 170, Effective July 1, 1998, amends sections 4, 5, 7, and 9 and adds section 7a to the Foster Care Review Board Act. The act:

- Mandates the existence of a Foster Care Review Board (FCRB) in each county or covering multiple counties.
- Provides for creation of additional boards by the State Court Administrative Office.
- Allows for one or more alternate members to serve on review boards.
- Mandates review by the FCRB of a proposed change in foster care placement upon appeal of the foster parent (see FOM 722-03, Foster Parent's/Relative/Unrelated Caregiver's Appeal to the Foster Care Review Board).
- Allows the FCRB to report findings/recommendations to the court regarding a change of placement.
- Mandates review of a sample of permanent wards by Foster Care Review Boards.

**1994 PA 203,
Foster Care and
Adoption Services
Act**

1994 PA 203, (MCL 722.951 et seq.), also known as the Foster Care and Adoption Services Act, requires adoption attorneys to register with the Office of Children's Ombudsman. The act also requires DHS to maintain a registry of children available for adoption and a registry of prospective adoptive parents, which is the Michigan Adoption Resource Exchange.

1997 PA 172 amended the Foster Care and Adoption Services Act. The act:

- Defines "supervising agency."
- Requires specific activities take place to select a placement, including consultation with relatives as placement alternatives to foster care.
- Requires that notice of placement be provided in writing to certain persons.

- Imposes specific time and practice requirements to be provided in writing to certain persons.
- Discusses requirements for obtaining releases for the medical records of children in placement from parents, guardians or custodians.
- Requires DHS to ensure that each child have a medical provider and that this provider remain constant unless this causes an unreasonable burden for the foster parent, relative or unrelated caregiver.
- Requires the creation of a Medical Passport and outlines use and responsibilities.
- Imposes specific time and practice requirements with respect to adoption.

1996 PA 388

1996 PA 388, (MCL 600.1001 et seq.) - Chapter 10 establishes the Family Division of the Circuit Court to take the place of the Juvenile Division of the Probate Court. A reference to the former Juvenile Division of Probate Court in any statutes of this state must be construed to be a reference to the Family Division of Circuit Court.

2007 PA 218

2007 PA 218 (MCL 722.115 et seq.) amends 1973 PA 116, Child Care Organizations Act (MCL 722.111 et seq.) requiring:

- Finger printing of applicants for adoption and foster home licensure.
- Current foster parents comply with fingerprint clearances prior to their next license.
- Licensed child placing agencies must conduct a check for substantiated child abuse or neglect in every state where the adoptive or foster parent applicant or any adult household member has lived in the five years preceding application.

2008 PA 199

PA 199 of 2008 amends MCL 712A.19b(4) by eliminating the automatic suspension of parenting time when a termination of parental rights petition is filed, and section 19b(5) by requiring the court to

make a finding that termination of parental rights is in the child's best interests.

2008 PA 200

PA 200 of 2008 amends the permanency planning hearing process in 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. The new law:

- Requires the court to obtain the child's views of his or her permanency plan.
- Requires the court to consider out-of-state placement options.
- Aligns Michigan termination filing requirements with the federal Adoption and Safe Families Act.
- Allows the court to appoint a guardian for a child in lieu of terminating parental rights.

2008 PA 201

PA 201 of 2008, amends MCL 712A.13b to require 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. The notice must include the following information:

- The reason for the change in placement.
- The number of times the child has changed placements.
- Whether or not the child will be required to change schools due to the placement change.
- Whether or not the change will separate or reunite siblings, or affect sibling visitation.

2008 PA 202

PA 202 of 2008 amends MCL 712A.19 by allowing DHS 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.

2008 PA 203

PA 203 of 2008 amends MCL 712A.19c by allowing the court, with the written consent of the MCI Superintendent, to appoint a guardian for a child after parental rights have been terminated. The Act includes many of the same guardianship requirements as PA 200 of 2008, and adds an appeal process for individuals who cannot obtain the MCI Superintendent's consent to be a guardian.

DEFINITIONS OF TERMS

Case Service Plan

The foster care case service plan is defined by federal (ASFA) and state laws (MCL 712A.13a(1)(d), MCL 712A.18f) and meets the requirements of 471(a)(16), 475(1) and 475(5)(A) of the Social Security Act [42 USC 671 et seq.].

The foster care case service plan is a written document, developed jointly with the parent(s) or caregiver(s) of the child in foster care. The case service plan for each child:

- Is developed within 30 days from the child's removal from the home.
- Is updated and revised at 90-day intervals if a child continues placement outside of the child's home.
- Includes a description of the services offered and provided to prevent removal of the child from the home and to reunify the family.
- Includes a description of the type of home or institution in which the child is placed.
- Includes a discussion of the safety and appropriateness of the placement.
- Includes a plan for ensuring that the child receives safe and proper care, and services are provided to the parent(s) in order to improve the conditions in the parent's home to facilitate the

child's return to their own safe home or the permanent placement of the child.

- Includes a discussion of the appropriateness of the services that have been provided to the child under the case service plan.
- Where appropriate for a youth 16 or over, includes a written description of the programs and services which will help such youth prepare for the transition from foster care to independent living.
- Documents the steps to finalize a placement when the case service plan goal is or becomes adoption or placement in another permanent home.
- Includes a discussion of how the case service 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 plan goal is reunification and a discussion of how the placement is consistent with the best interests and special needs of the child.
- If the child has been placed in a foster family home or child-care institution a substantial distance away from the home of the parent(s), or in a different state, sets forth the reasons why such a placement is in the best interests of the child.
- If the child has been placed in foster care in a state outside the state in which the child parent's are located, ensures that an agency caseworker on the staff of the state in which the child has been placed or of a private agency under contract with either such state, visits the child in the foster home or institution no less frequently than every six months and submits a report on the visit to DHS.
- Incorporates the health and education records of the child including the most recent information available regarding:
 - The names and addresses of the child's health and education providers.
 - The child's grade level performance.
 - The child's school record.

- Assurances that the child's placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement.
- A record of the child's immunizations.
- The child's known medical problems.
- The child's medications.
- Any other relevant health and educational information concerning the child determined to be appropriate as further outlined in the DHS foster care policy manual.

To meet the case service plan requirements, three case service plans formats and the parent-agency treatment plan and service agreement are required by DHS:

- The initial service plan is due within 30 days from the child's removal (see FOM 722-08, initial service plan requirements).
- Updated service plans, are required at 90-day intervals for all open cases (see FOM 722-09, updated service plan requirements).
- The permanent ward service plan, is the updated service plan for all permanent wards (also known as MCI wards, state wards and permanent court wards) and is required at 90-day intervals (see FOM 722-09D, Permanent Ward Service Plan).
- The parent/agency treatment plan and service agreement (see FOM 722-08C, parent-agency treatment plan and service agreement requirements) developed by the supervising agency **and** the parent(s) or caregiver is required to be completed and updated with each case service plan, unless the child is a permanent ward, which requires the completion of the treatment plan contained within that case service plan.

Father

Michigan Court Rule (MCR) 3.903(7) defines a father 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, 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 at either the time of birth or during the child's lifetime with the state registrar.

Unrelated Caregiver

Refers to adults who are not related to a child by blood, marriage or adoption, who have a psychological/emotional bond with the child and are identified as "family" as a result of their active role in the functioning of the nuclear family.

Foster Care

Means 24-hour substitute care for children placed away from their parents or guardians and for whom DHS has placement and care responsibility. This includes, but is not limited to, placements supervised by a private child placing agency under contract with DHS, placements in foster family homes, relative's homes, group homes, emergency shelters, residential facilities, child care institutions and preadoptive 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 subsidy 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." (For a more detailed definition of a "person responsible for the child's health or welfare" see CPS Manual PSM 711-4, CPS LEGAL REQUIREMENTS AND DEFINITIONS.)

Placement Episode

A placement episode begins when a child is removed from an own-home living arrangement (01-own home, 03-legal guardian or 22-out-of-state parent) 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 (typically the parent) living in the household who assumes the most responsibility for child care. When two adult caretakers are present **and** there is doubt about which one assumes the most child care responsibility, the adult legally responsible for the children must be selected. If this rule does not resolve the question, the legally responsible adult who was a perpetrator must be selected. Only **one** primary caretaker can be selected.

Relatives

As defined in 2004 PA 475, MCL 712A.13a(j), "Relative" means an individual who is at least 18 years of age and related to the child 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.

A child may be placed with 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 must not be construed as a finding of

paternity or to confer legal standing on the putative father. For Indian children, see NAA 215.

**Secondary
Caretaker**

The adult who has routine responsibility for child care, 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 supervising the family foster care placement of a child. This may be either the local DHS office or the private child placing agency under contract with DHS to provide foster care services.

OVERVIEW

When a court orders a child to be removed from his/her home collaboration between Children's Protective Services (CPS) and foster care staff must occur in order to ensure continuity of care to the child and family and 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 licensed or approved under 1973 PA 116, 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.

MiSACWIS - Michigan Statewide Automated Child Welfare Information System

MiSCES - 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 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 Department of Health and Human Services.

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 is to 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 of 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 the youth.

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 his/her children; see [BEM 201, Minor Parents](#).

Compliance with all child placing agency 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 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 Parent](#).

American Indian/Alaskan Native Children

For American Indian/Alaskan Native children, see [NAA 230, Voluntary Foster Care Placement](#).

CASE RESPONSIBILITY AND PROGRAM TYPE

CPS Responsibility for Placement and Supervision

Prior to removal of a child from his/her home, the provision of services to an abused or neglected child and his/her 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 that 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 that 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, Initial Service Plan](#).

Immediate Placement with the Non-Offending Parent

When a non-offending parent **immediately** assumes care and custody of his/her child as the result of a CPS investigation, with or without court jurisdiction, CPS maintains case responsibility; see [PSM 715-4, Coordination with Foster Care](#) and [PSM 715-2, Removal 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 of the following criteria are met:

- The court orders removal of the child from his/her 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 child placing agency.

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 caseworker 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 he/she may be required to participate in case/treatment planning for the child.

The caseworker 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 caseworker must provide the parent with the [DHS-1450, How to Change A Custody or Parenting Time 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 caseworker **may** make a recommendation to the court via a [JC 36, Request and Order to Terminate 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 Children's Protective Services 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, FTMs, 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 722-3B, Relative Engagement and Placement](#).

Case Assignment in MiSACWIS

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 caseworker assigned to his/her ongoing case in MiSACWIS **immediately upon removal**. For removals occurring after normal business hours, case assignment must be completed in MiSACWIS by the next business day.

If the MiSACWIS 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 caseworker immediately upon removal. Additionally, the MiSACWIS case assignment date must be updated to reflect the date the notice of pending case assignment was sent.

Exception: For private Child Placing Agencies, the case assignment date must reflect the effective date of the signed DHS-3600, Individual Service Agreement. If there is a gap between the removal date and the effective date of the DHS-3600, a MDHHS foster care caseworker must be assigned to the case during that time.

Transfer to Foster Care Checklist

CPS must complete the Transfer to Foster Care Checklist in MiSACWIS 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 DHS-588, Initial Relative Safety Screen, if the child was placed with a relative upon removal. **The DHS-588 must be completed in MiSACWIS.**
- DHS-729, Confidential Notice to Friend of the Court of Children's Protective Services Disposition and Family Court Action.
- DHS-972, Foster Home Licensing Requirements for Relative Caregivers, if applicable.
- DHS-990, Relative Response and Relative Information attachments, if returned prior to case transfer.
- DHS-987, Relative Documentation.
- DHS-1105, Family Team Meeting Report, if the Family Team Meeting occurred prior to case transfer.
- DHS-1555-CS, Authorization to Release Confidential Information.
- Documentation of FIS/ES notification of removal.
- Any other reports, as applicable, not contained in MiSACWIS (for example, psychological evaluation, medical reports, school reports, etc.).

The CPS caseworker must upload the DHS-154, Children's Protective Services Investigation Report, and DHS-152, Updated Service Plan, if applicable, into MiSACWIS as soon as possible

upon approval so this information is available to the foster care caseworker.

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 (FTM) or Case Conference

The best practice to facilitating case transfer is to hold a family team meeting (FTM) with the family, CPS, and foster care staff, 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 caseworker and supervisor, the primary foster care caseworker 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.
- Safety concerns, including:

- Caseworker 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.

Parenting Time

A child removed from his/her parents' custody is required to have an initial face-to-face visit with his/her 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 through Visitation 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 through Visitation 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, Initial Service Plan](#) for the definition of can't 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 through Visitation 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 caseworker assigned to his/her case. This contact must include a private meeting between the child and the caseworker.

For all face-to-face contact requirements and the definition of private meeting, see [FOM 722-06H, Caseworker Contacts](#).

Verification of Citizenship or Immigration Status

Caseworkers must obtain and record information regarding a child's background, including his/her 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 caseworker must ask the parent to provide documentation to verify U.S. citizenship or qualified alien status; see [FOM 902, Funding Determinations and Title IV-E Eligibility](#) and [BEM 225, Citizenship/Alien Status](#) for information on the documents required to verify citizenship or immigration status.

Caseworkers 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 status.

Caseworkers must copy both sides of all verification document(s) and scan and upload the documents into MiSACWIS.

For children and/or families who are not United States citizens or qualified aliens, 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 his/her parent(s). Child support referrals are made nightly through the MiSACWIS/MiSCES 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.

See [FOM 902-13, Court Ordered Support and Reimbursement](#), for more information.

POLICY CONTACT

Questions about this policy item may be directed to the [Child Welfare Policy Mailbox](#).

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 XIA 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).

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 his/her 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 that 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**

Excluding American Indian/Alaska Native children, caseworkers may not routinely consider race, national origin, and ethnicity in making placement decisions. Any consideration of these factors must be done on an individualized basis and only when circumstances indicate that their consideration is warranted; see [SRM 403, Non-discrimination in Foster Care and Adoption Placements](#).

**American
Indian/Alaska
Native Children**

Policy outlined in [NAA 215, Placement/Replacement Priorities for Indian Children](#), must be followed for children who are identified as American Indian/Alaska Native (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, the parent(s) should be included in the following placement discussions and decisions:

- The parent(s) and the caseworker **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 parent(s) 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 caseworker must discuss all placement selection criteria with the parent(s). The parent's opinion and recommendations regarding the importance of each criteria should be given considerable weight but the final decision remains with the department.
- Once a preference by the caseworker and parent(s) is established, the caseworker 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 caseworker should facilitate contact between the parent(s) and caregiver(s) to orient the caregiver(s) to the specific needs and characteristics of the child.
 - Information about medications, allergies, cultural practices, food preferences, temperament, sleep schedules, special and/or personal toys, books or clothing that will aid in a smooth transition, and other specifics about the child should be shared with the caregiver(s).
 - In the best interest of the child, the caseworker should encourage the caregiver(s) to meet with the parent(s) to facilitate an ongoing exchange of child information.

- To the extent possible and appropriate, the caregiver(s) and parent(s) should have phone access to each other and should consult with each other about routine care, milestones, major decisions, or whenever concerns 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 preference(s).
- 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/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 relative(s) and/or sibling(s)**.

For policy on the diligent search, engagement, and placement with relatives; see [FOM 722-03B, Relative Engagement and Placement](#).

Sibling Groups

Siblings are defined as children who have one or more parent(s) in common. The relationship can be biological or through adoption, and includes siblings as defined by the AI/AN 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.

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 922-1, Foster Home Development, Licensing Variances](#).

Ongoing Efforts to Place Siblings Together

Caseworkers 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 MiSACWIS in the case service plan under supporting information.

Note: Termination of parental rights does not dissolve a child's relationship to his/her 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 known information regarding 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.

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 caseworker must discuss and document the placement preferences of the child, as age appropriate. Consideration must be given to the child's preference. If the child is not consulted, the caseworker 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 parent(s) who at that time reside outside of the 75-mile radius.
- The child is to be placed with a relative/sibling outside of the 75-mile radius.
- The child is to be placed in an appropriate pre-adoptive or adoptive home that is outside of the 75-mile radius.

If the child is placed outside the 75-mile radius, a placement exception request (PER) is required; see [FOM 722-03E, Placement Exception Requests and Approvals](#).

The Child's and Family's Religious Preferences

The caseworker 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; see [FOM 722-02, Administrative Rules](#).

Continuity of Relationships

The caseworker must consider a placement which preserves and maintains relationships with the relative network, prior service providers, friends, teachers, etc.

Permanency Plan

The case plan must include a goal of permanency. Whether the permanency plan is reunification, adoption, legal guardianship, permanent placement with a fit and willing relative(s), or another planned permanent living arrangement, evaluate the type and location of initial and ongoing placements. Every placement should be chosen with the long-term plan for the child in mind. If the plan is reunification, selection of a placement must facilitate and support return home, within weeks if possible. The ability to support the child's permanency plan, even if it changes, must guide selection of placements; see [FOM 722-07, Permanency Planning](#).

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 caregiver(s) 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 and/or willingness to relate to specific caregiver(s), etc. 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 proximity of the placement to the child's school is to be considered when placing or changing a child's placement; see [FOM 723, Educational Placement](#).

**Availability of
Placement
Resources for
Purposes of
Timely Placement**

The caseworker 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 caseworker 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.

Caseworkers must consider the factors described below and document that the factors were considered.

If any factors exist that may impact the ability of the caregiver(s) to meet the needs of the child, the caseworker 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 caregiver(s) and the agency's plan for addressing those needs.

Number, Ages, and Needs of Children in the Home

Caseworkers must realistically consider the ability of the caregiver(s) 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.

Support Systems of the Caregiver(s)

The caseworker must consider the support system for the caregiver(s) (family, friends, community) and their ability to assist during times of need. Assess participation of the caregiver(s) in trainings, support groups, or mentoring programs that offer the knowledge needed to provide for the specific needs of the child considered for placement.

Parenting Difficulties Since Last Placement

The caseworker must consider any identified parenting concerns/difficulties that the caregiver(s) 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 caseworker must also consider the previously demonstrated ability to resolve and manage the situation. If there are ongoing parental stressors in the home, the caseworker must consider the potential impact of placing an additional child in the home prior to making the placement.

**Significant
Changes or
Stressors Since
Last Placement**

The caseworker must consider significant changes, stressors, or personal or financial difficulties recently experienced by the caregiver(s) that may affect the capacity to care for a child.

**Children's
Protective
Services and/or
Foster Home
Licensing
Complaints**

Prior to placement, caseworkers must review MISACWIS or consult with Children's Protective Services 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 caseworker must assess whether the circumstances of the complaint raise any concerns with the ability of the caregiver(s) to care for the child being considered for placement.

**Health and Age of
the Prospective
Caregiver**

The caseworker must consider the age and health status of the caregiver(s) when determining his/her ability to provide permanency for the child as well as the ability of the caregiver(s) to meet the child's current and ongoing needs.

The age and/or health of the prospective caregiver(s) 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**

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

- More than three foster children residing in the foster/unlicensed relative home.
- More than five total children, including the foster family/unlicensed relative's children.
- More than three children under the age of three residing in a foster/unlicensed relative home.
- 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 foster child identified as at high risk for perpetrating physical violence or sexual assault against other children being placed with other foster children not so determined; see *Placement of a Child Identified with High Risk Behaviors* in this item.
- Emergency or shelter care placement in excess of 30 days; see *Placement in Emergency Shelter Facilities* in this item.
- Emergency or shelter care placement more than once in a 12-month period; see *Placement in Emergency Shelter Facilities* 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 institution 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/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 that any member of the household had a criminal conviction, caseworkers 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 his/her age, development, experience, individual needs, personality, and circumstances necessitating placement, as well as any issues presented by the prospect of placement.

The caseworker 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 regarding maintaining ties to significant others.
- Child's feelings, fears, and questions.

- Clothing, pictures, toys, etc. that the child would like to take along.
- 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 caseworker must discuss the above with the child at the time of placement or as close to placement as possible.

Placement preparation also includes preparing the caregiver(s) to meet the child's needs; therefore, when a child is too young to discuss the move, placement preparation activities may include but are not limited to informing the foster parent(s)/caregiver(s) 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.

MiSACWIS Documentation

The caseworker must document placement preparation in MiSACWIS in the Placement Details section and Placement Change hyperlink.

DOCUMENTATION

For initial out-of-home placements, the following documentation requirements apply. Documentation requirements for placement changes are found in [FOM 722-03D, Placement Change](#).

Provided to the Caregiver

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

- 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 card, if applicable.
- [DHS-221, Medical Passport.](#)

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

See [FOM 801, Health Services for Children in Foster Care](#), for a complete list of documents and exceptions to the standard of promptness (SOP).

- 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 may be provided within 7 calendar days of placement.

Provided to the Unlicensed Relative Caregiver

When placement is made with an unlicensed relative caregiver, the caregiver(s) must receive these **additional** documents at or before the time of placement:

- [DHS-Pub-114, Relative Caregiving: What You Need to Know](#)
Caseworkers must document that the publication was given to the caregiver(s) in the social work contacts in MiSACWIS.
- [DHS-972, Foster Home Licensing Requirements for Relative Caregivers](#)

Caseworkers must discuss licensure with the caregiver(s). The discussion of licensure includes the completion of the DHS-

972. The caregiver(s) must sign the DHS-972 at or before the time of placement.

See [FOM 722-03B, Relative Engagement and Placement](#).

Provided to the Child

Within 30 calendar day 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 parent(s), relative caregiver(s), and/or child's parent(s); see [FOM 722-06J, Rights and Responsibilities of Children in Foster Care](#).

Completed by the Caseworker

The [DHS-3377, Clothing Inventory Checklist](#), must be completed within 30 calendar days of the child's placement with a licensed foster home placement; see [FOM 903-09, Case Service Payments](#).

If the child changes schools at the time of placement, the caseworker 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 in writing the reason for the decision within 90 days of the child's removal from his or her home. The caseworker must make the placement decision and document the reason for the decision on the [DHS-31, Foster Care Placement Decision Notice](#).

If the supervising agency places a child with a relative and approves the placement on the Relative Placement Home Study during the first 90-days a child is in care, then this is the placement decision that must be recorded on the DHS-31; see [FOM 722-03B, Relative Engagement and Placement](#).

The DHS-31 must be provided to the:

- Child's attorney, guardian, and/or lawyer-guardian ad litem (L-GAL).

- Prosecutor.
- Legal parent(s).
- Attorney(s) for the child's parent(s).
- Relative(s) who expressed an interest in caring for the child.
- Court Appointed Special Advocate (CASA).
- Tribal representative.
- Child, if developmentally/age appropriate.

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

Requests for Specific Reasons for Placement Decisions

Any of the above, within five business days, may request in writing the evidence that was used to support the placement decision on the DHS-31. The caseworker 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 that the placement decision is not in the child's best interest, the L-GAL must petition the court within 14 business days of the caseworker'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, decisions must be made to ensure developmentally appropriate parent-child contact, family continuity, stability in placement, and timely permanency. Family team meetings (FTM) 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 foster home should be facilitated by providing a child with familiar objects from the removal home, such as:

- Blanket.
- Sheets.
- Teddy bear.
- Pacifier.

These objects will provide a young child with a sense of continuity that 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 caseworker must consider a child's history of physical violence and/or sexual assault when making placement decisions.

High Risk Behavior Referral and Treatment

The caseworker must refer a child with a history of or current incidences of physically and/or sexually assaultive behaviors for an assessment with a licensed clinician for mental health services. For children receiving Medicaid, refer to the local Community Mental Health (CMH) or Medicaid Health Plan (MHP) behavioral health providers. The caseworker must utilize the information from the assessment to assist in making placement decisions and referral for treatment.

The referral for assessment must be completed within five business days of any incidents of physical and/or sexually assaultive behaviors.

Additionally, caseworkers may utilize the [MDHHS-5719, Trauma Screening Checklist \(Ages 0-5\)](#) or [MDHHS-5720, Trauma Screening Checklist \(Ages 6-18\)](#).

Initial Placement

When initially placing a child at high risk for perpetrating physical violence or sexual assault, the caseworker 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 caseworker must assess the potential safety concerns for any child within the placement. The caseworker must assess the following factors for each child in the placement:

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

Placement Change

If it is determined that a child in foster care is identified to be at high risk for perpetrating physical violence or sexual assault after initial placement, the caseworker must take into consideration the above factors to help determine whether the child can safely stay in his/her current placement.

Sibling Placements

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

Consideration can be given to placing siblings together, if the child has not posed a direct risk to his/her siblings, or to reuniting siblings once the child's behavior stabilizes and appropriate safety plans can be put into 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 caseworker must develop an appropriate safety plan with the caregiver(s) prior to or at the time of placement to ensure the safety

of all children in the home. The caseworker must provide the caregiver(s) with a written copy of the safety plan. The safety/behavioral support plan must be documented 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 caseworker must document the child's risk status in MiSACWIS in the following locations:

- The appropriate section of the Child Assessment of Needs and Strengths (CANS); see [FOM 722-09A, Child Assessment of Needs and Strengths](#).
- The Health Needs and Diagnoses tab within the child's MiSACWIS 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/mental health professional must be consulted, and she/he must determine that 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 resides in the home. Caseworkers must inquire, prior to any placement, if a juvenile adjudicated for any sex offenses resides in the home.

When a child in foster care resides in a home where a juvenile is adjudicated as a sex offender **subsequent to 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 within 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 that items that could potentially be used as weapons are locked up or out of reach.
- A written safety plan developed with the master's level clinician, the foster parent(s)/relative caregiver(s), and caseworker.
- Support/approval of the plan for the child to remain in the home obtained from the court, parent(s), lawyer-guardian ad litem and the foster care supervisor. The safety plan must be signed by the clinician, caregiver(s)/foster parent(s), parent(s), caseworker and supervisor and filed in the case file. A copy of the safety plan is given to foster parent(s)/relative caregiver(s).

A high risk placement exception request (PER) must be completed; see [FOM 722-03E, Placement Exception Requests and Approvals](#).

PLACEMENT WITH A PARENT

When a child in foster care resides in the same home as the child's parent(s), it is considered a parental home placement. A parental home includes a child placed with any of the following:

- Custodial parent(s).
- Non-custodial parent(s).
- Adoptive parent(s) after adoption is finalized.
- Legal parent(s).

- Biological parent(s) regardless of status of legal rights.
- Out-of-state parental home.

Example: A child is placed with his/her grandparents and the child's mother moves into the grandparents' home. The placement episode ends, and the child is living in a parental home placement. If the mother moves from the home, new legal findings must be made for this new removal episode to be considered for title IV-E eligibility.

New legal findings must be made if a parent moves in or out of the home; see [FOM 902, Funding Determinations and Title IV-E Eligibility](#), and [FOM 901-7, Service Types and Living Arrangements](#). These findings must include whether:

- Continuation in the home is contrary to the child's welfare.
- Reasonable efforts to prevent removal were either made or not required.

Note: Youth residing in a parental home placement on their 18th birthday, regardless of legal status, are not eligible for Young Adult Voluntary Foster Care; see [FOM 722-16, Young Adult Voluntary Foster Care](#).

Parental Placement of an MCI Ward

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

The caseworker must consult with the MCI superintendent when considering re-establishing a relationship between a state (MCI) ward and the child's former legal parent(s).

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

Note: Youth who are residing in a parental home placement on their 18th birthday, regardless of their legal status, will be ineligible for Young Adult Voluntary Foster Care (YAVFC), as they are not considered to be in an out-of-home placement on their 18th birthday.

Placement with the former legal parent(s) 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 (the child or a sibling).
 - 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 a MCI Ward Request](#). The DHS-594, along with the required supporting documentation, must be submitted to:

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

Release of Information for Supporting Documentation

The former legal parent(s) must sign a [DHS-1555-CS, Authorization to Release Confidential Information](#), in order for the caseworker to release any assessments/reports to MCI that were not authored by or on behalf of MDHHS. This includes reports from services that were provided as part of reasonable efforts to prevent removal or preserve or reunify the family during a children's protective services (CPS) or foster care case. Documents which require a signed DHS-1555-CS in order to be provided to MCI include, but are not limited to, the parent's:

- Medical records.
- Mental health records.
- Substance abuse treatment records.
- Education records.

Documents authored by MDHHS, or on behalf of MDHHS by a placement agency foster care (PAFC) provider, child caring institution (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 and supporting documentation. If the MCI superintendent concludes that placement with the former legal parent(s) is in the child's best interest, the MCI superintendent will send written approval to the requesting caseworker. The caseworker may then place the youth with the former legal parent(s). The caseworker must comply with replacement procedures in [FOM 722-03D, Placement Change](#) when placing the youth with the former legal parent(s). 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 caseworker.

Documentation in MiSACWIS

If the MCI superintendent approves placement with the former legal parent(s), when the placement is entered into MiSACWIS, the caseworker 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 parent(s). If the youth is approved for an independent living stipend while placed with the former legal parent(s), the caseworker must select *independent living* as the service type and *independent living allowance* as the service description when entering the child'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.

**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 [DHS-588, Initial Relative 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 must be renewed annually.
- The MDHHS county director or local office designee must review and approve the DHS-588 and DHS-3130A prior to the placement recommendation.
- The court must approve the placement and issue an order finding that 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 caseworker must submit a licensing referral to the certification worker 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 that 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 [DHS-588, Initial Relative Safety Screen](#) and [DHS-3130A, Relative Placement Home Study](#) within 30 days of placement; see [FOM 722-03B, Relative Engagement and Placement](#).
 - The DHS-588 and DHS-3130A must be reviewed and approved by the county director or local office designee.
 - The DHS-3130A must be renewed annually; see [FOM 722-03B, Relative Engagement and Placement](#).

Note: Approval of the DHS-588 or the DHS-3130A does not denote approval of the placement; it documents approval of the placement recommendation.

- If the caregiver chooses to become licensed, the caseworker must submit a licensing referral to the certification worker within one business day of the caregiver's request.

INTERVENTION IN INSTITUTIONAL AND FACILITY PLACEMENTS

Federal guidelines require that children in out-of-home care be placed in the least-restrictive, most family-like setting. Significant evidence supports the idea that children grow best in families. While there is an appropriate place for the use of intervention in a residential setting in the continuum of foster care services, it should be used only for children with specialized mental or behavioral health needs and only for as long as clinically necessary.

Placement in a Residential Setting

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

- The child's needs cannot be met in a less-restrictive placement.
- The facility provides services and programming that meets the child's specific needs.
- All community resources have been exhausted.
- The facility is the least restrictive placement to meet the child's needs.

Prior to placement in a residential treatment, the caseworker must:

- Conduct a family team meeting (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 placement exception request (PER); see [FOM 722-03E, Placement Exception Requests and Approvals](#).

Placement in Emergency Shelter Facilities

Emergency shelter facilities 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 Child Assessment of Strengths and Needs (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 facility for more than 30 calendar days or more than one time in a 12-month period unless circumstances exist that allow for an exception; see [FOM 722-03E, Placement Exception Requests and Approvals](#).

Institutional Placement of a Child under 10 Years of Age

Placement of children less than 10 years of age in an emergency shelter placement or residential treatment facility requires an approved residential placement exception request (PER) by the business service center director. Approvals will not be granted for periods of more than three months. [See FOM 722-03E, Placement Exception Requests and Approvals](#), for exception process.

**Inpatient
Psychiatric
Hospitalization*****Requests for Emergency Admission***

The parent(s), guardian(s), 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 placement agency foster care (PAFC) provider, a child caring institution, a foster parent, or a 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 foster child resides.

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

Requests for General Admission

A foster child 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 (MA) 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 MA reimbursement is expected.

**Placement in Jail,
Correctional, or
Detention Facilities**

Neglect/abuse 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 caseworker 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 caseworker 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 caseworker'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 caseworker 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 caseworker's objection.

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

LEGAL AUTHORITY**Federal Laws*****Fostering Connections to Success and Increasing Adoptions Act of 2008, 42 USC 620 et seq.***

Emphasizes the preservation of the sibling bond 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 infection, acquired immunodeficiency syndrome (AIDS) or other serious communicable disease.

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

Provides the Michigan Children's Institute (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

Questions about this policy item may be directed to the [Child Welfare Policy Mailbox](#).

OVERVIEW

Absent Without Legal Permission (AWOLP) is when a child 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.

For delinquent youth, see [JJ4 410, Placement Decision Making Guidelines](#), for additional information.

Youth participating in Young Adult Voluntary Foster Care (YAVFC) who, without permission, fail to return to their paid provider, are considered AWOLP. For additional information regarding YAVFC payments on AWOLP youth, see [FOM 722-16, Ineligible Placements](#).

NOTIFICATION

Immediately

Foster parents, relative/unrelated caregivers, parents, and/or residential facility staff must **immediately** notify law enforcement agencies (state police, local police, or the sheriff's department) **and** the supervising agency when a 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 caseworker 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 youth as missing and endangered.

Upon notification, private child placing agency providers must **immediately** notify the MDHHS monitoring worker of the child absence and within one business day must document the notification in the social work contacts in MiSACWIS.

Within 24 hours

Within 24 hours of the child's absence, the supervising agency must notify:

- The court of jurisdiction.
- The parents, if appropriate.
- Lawyer-guardian ad litem (LGAL).

**Within One
Business Day**

- 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).

Supervising Agency

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

- Update MiSACWIS with an AWOLP placement.
- Document action taken to locate the child in MiSACWIS.
- Complete the [DHS-3198A, Unauthorized Leave Report to Court/Law Enforcement](#).
 - Send a copy of the DHS-3198A, Unauthorized Leave Report, to the court.
 - Provide a copy of the DHS-3198A, Unauthorized Leave Report, to the local law enforcement agency to ensure that 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, Unauthorized Leave Report, and a current photo of the child to MiSACWIS.
- 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 that the child's AWOLP status reported to the National Center for Missing and Exploited Children (NCMEC), as an AWOLP contact in the social work contacts in MiSACWIS.

Private Child Placing Agency Caseworkers

The private child placing agency caseworker must take the following actions within one business day of the child's absence:

- Inform the MDHHS monitoring worker that a copy of the DHS-3198A, Unauthorized Leave Report, and a current photo of the child has been uploaded to MiSACWIS.

MDHHS Caseworkers and Monitoring Workers

The MDHHS caseworkers and monitoring workers must take the following actions within one business day of the child's absence:

- Confirm the child has been classified as missing and endangered on Law Enforcement Information Network (LEIN).

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

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

Note: If local law enforcement refuses to place child on LEIN, the caseworker must document in MiSACWIS and forward information to the Child Locator Centralized Unit.

- Document all contacts in MiSACWIS.

DILIGENT SEARCH

Within Two Business Days

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

- Review all available information in the case file/MiSACWIS records for information on the potential location of child. For example, family members, unrelated caregivers, friends, known associates, churches, or a neighborhood center.
- Contact the school that the child last attended to verify that the child is not in attendance and determine if there are friends/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 search and search social networking sites; for the child, the child's parents, known relatives and acquaintances, if applicable.
- Document results of all contacts in MiSACWIS.
- Forward any new contacts or results to the court and law enforcement.

MDHHS Caseworkers Only

- Complete automated systems checks (e.g. BRIDGES, Secretary of State) for the child and known family members.

MDHHS Monitoring Worker Responsibilities

As soon as possible, but within two business days of notification, the MDHHS monitoring worker or designee must commence a diligent search for the child by completing the following actions:

- Complete automated systems checks, for example, BRIDGES and Secretary of State, to search for the child or known family members.
- Review any additional MDHHS case files/MiSACWIS 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 new information to the court, law enforcement and the supervising agency.

Diligent Search Checklist

Caseworkers may use the [DHS-991, Diligent Search Checklist](#), as a guide for the search. If the DHS-991, Diligent Search Checklist, is used, the caseworker must upload the completed form to MiSACWIS.

**Ongoing AWOLP
Diligent Search**

At a minimum, the assigned caseworker and (if applicable) the MDHHS monitoring worker must complete a diligent search every calendar month until the child is located. The assigned caseworker

must document all efforts to locate a child and any child-initiated contacts in the case service plan.

The caseworker must continue to notify law enforcement of any new information to aid in their efforts to locate the youth.

CHILD LOCATOR CENTRALIZED UNIT

The Child Locator Centralized Unit will:

- Receive an email notification generated by MiSACWIS that the child is AWOLP.
- Review the electronic case file for completeness.
- Notify local office via reply email of determination or need for additional information.
- Determine if the child/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/youth's information on the Child Locator Website, the assigned caseworker must complete the [DHS-710, Clearance to Publish Children AWOLP on MDHHS Web and NCMEC Web](#), and obtain the required signatures. The chart below summarizes the required signatures by legal status:

Legal Status	Authorized to Consent to Publication
Temporary Court Ward	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.
State Ward	Michigan Children's Institute (MCI) Superintendent.
Permanent Court Ward	Court of jurisdiction.

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

Child Locator Analyst
Education and Youth Unit
235 S. Grand Ave., Suite 514
Lansing, MI 48909
Fax: 517-335-7789
Email: MDHHS-ChildLocatorUnit@michigan.gov

Not all children who are AWOLP will be placed on the Child Locator Website. In general, the following children/youth will not be placed on the website:

- Youth age 18 years and older.
- Youth age 17 and the placement is known but not approved, such as a biological parent or unapproved relative.
- Child with an open juvenile justice case.

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

WHEN AN AWOLP YOUTH IS LOCATED

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

- Notify the NCMEC that the child has been located.

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

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

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

Return from AWOLP Conversation Guide

Caseworkers may utilize the [DHS-5333, Conversation Guide on Return from AWOLP](#), during the discussion with the youth.

If it is suspected that the youth was a victim of human trafficking, the caseworker 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 MiSACWIS, with the purpose categorized as *Interview w/youth on Return from AWOLP*. Specific details of the conversation should be documented in the *Additional Narrative* section of the social work contact.

Youth Returning to Placement on the Same Day

When a youth is located or returns to placement the same day he/she went AWOLP, placement in MiSACWIS is not updated. For these situations, the incident should be documented as an AWOLP social work contact, including the conversation that is required with the youth on his/her return from AWOLP.

Note: In the event the caseworker already entered the AWOLP placement in MiSACWIS, the supervisor must change the AWOLP 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 [AWOLP Policy Mailbox](#).

OVERVIEW

If a child must be removed from his/her 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. Due diligence must be exercised to 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 (MDHHS and private child placing agency caseworkers) and licensing (MDHHS and private child placing agency certification workers). Multiple program types may overlap during the lifetime of a case, therefore the caseworker with primary case management responsibility, at the time the policy directive is required, is responsible for completing the task, unless otherwise specified.

DEFINITION OF RELATIVE

A relative is defined as an individual who is at least 18 years of age and related to the child 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.

A stepparent, ex-stepparent, **or** the parent who shares custody of a half-sibling shall be considered a relative for the purpose of placement. Notification to the stepparent, ex-stepparent, or the parent who shares custody of a half-sibling is required as outlined in [FOM 722-03, Placement Selection and Standards](#).

A child may also be placed with 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).

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

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). Caseworkers must pursue the identification and notification of relatives and document the initial and ongoing efforts in the investigation report and **each** case service plan.

Relative Search Forms

[DHS-991, Diligent Search Checklist](#) is a tool that must be used in the search for relatives.

[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. Caseworkers must document all relative search contacts on the DHS-987, Relative Documentation.

Note: CPS caseworkers must upload the DHS-987, Relative Documentation, into MiSACWIS 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 she/he 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 caseworker 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 MiSACWIS.

RELATIVE PLACEMENTS

When children are placed in out-of-home care, preference must be given to placement with a relative. Safety assessments, safety planning (when appropriate), and background checks must occur for all non-licensed homes prior to placement. Caseworkers 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 Support](#).
- Expectations and process of foster home licensure.
- Available support and resources; see [DHS-Pub-114, Relative Caregiving: What You Need to Know](#), in this item.

Emergency 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 and there is an **immediate** need for a placement resource.

Emergency relative placements are made based on the results of the DHHS 5770 Relative Placement Safety Screen. The Relative Placement Safety Screen **must be completed prior to an emergency placement**. All Relative Placement Safety Screens must be completed in MiSACWIS; 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 for which there is a felony conviction in the last five years.
 - A drug-related offense for which there is a felony conviction in the last five years.
- A caregiver or any 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 Relative Placement Safety Screen 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 Relative Placement Home Study; see *Central Registry Removal, Amendment, or Expunction*, and *Relative Placement Home Study*, in this item for more detail.

The Relative Placement Home Study 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 caseworker must review the denied Relative Placement Safety Screen with his/her supervisor to determine if placement would be appropriate upon further assessment via the Relative Placement Home Study. The result of this review must be documented in the initial case service plan.

If it is determined that further assessment is warranted, the Relative Placement Home Study must be completed within 45 calendar days of removal. If the placement recommendation on the Relative Placement Home Study is approved, the child must be placed with the relative. All placement change criteria must be followed; see [FOM 722-3, Placement Change](#).

Subsequent or Planned Placements

Caseworkers must complete a Relative Placement Safety Screen for **all** adult relatives who express an interest in placement, within five business days of the relative's written request for placement consideration.

If the relative meets the requirements on the Relative Placement Safety Screen, then he/she must be fully assessed on the Relative Placement Home Study **prior to placement**; see Relative Placement Home Study in this item, for timeframes for completion.

Note: Relatives who meet all the requirements on the Relative Placement Safety Screen except for central registry are **not** disqualified from placement consideration. Placement may be made upon central registry removal, amendment, or expunction and director approval of the Relative Placement Home Study; see *Central Registry Removal, Amendment, or Expunction, and Relative Placement Home Study*, in this item for more detail.

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. Caseworkers 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 caseworker must follow all placement change policy outlined in [FOM 722-03, Placement Selection and Standards](#).

Multiple Relatives Interested in Placement

If multiple relatives express an interest in placement, caseworkers are encouraged to hold a family team meeting (FTM) with the immediate family and all the 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 Relative Placement Home Study. 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 Relative Placement Home Study.

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

Out-of-State Relative Home Study Requests

If an out-of-state relative requests placement consideration, then the caseworker **must** request a home study to be completed through ICPC; see [ICM 130, Interstate Foster Care Procedures](#).

The caseworker 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.

CLEARANCES

Identity

The identity of the prospective primary caregiver 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.

Prior CPS Investigations

Prior CPS history must be reviewed for all prospective caregivers prior to placement. The assessment is completed on the Relative Placement Safety Screen and the Relative Placement Home Study 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 Placement Safety Screen or Relative Placement Home Study in this policy for details.

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 Relative Placement Safety Screen and the Relative Placement Home Study.

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 Relative Placement Home Study **and** the expunction of the caregiver/adult household member's central registry history.

Caseworkers must include the following supporting information in the Relative Placement Home Study:

- 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.

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 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 Relative Placement Safety Screen and the Relative Placement Home Study. Documentation guidelines are outlined in [SRM 700, Law Enforcement Information Network \(LEIN\)](#).

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.

Good Moral Character Convictions

A caregiver or an adult household member with a conviction listed in the [CWL Pub 673, Good Moral Character](#), or [BEM 705, Crime Codes](#), (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 Relative Placement Safety Screen and the Relative Placement Home Study 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 Placement Safety Screen or Relative Placement Home Study in this policy for details.

Registered Sex Offender

All caregivers and household members aged 12 years and older must have his/her name and address searched on the Michigan Public Sex Offender Registry prior to placement.

Placement is prohibited if anyone (adult or minor) residing in the home 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 Relative Placement Safety Screen and Relative Placement Home Study and any correspondence received pertaining to the request must be uploaded in MiSACWIS.

Note: Results received after the approval of the Relative Placement Safety Screen must be documented in an addendum on the Relative Placement Safety Screen.

The Michigan Department of Licensing and Regulatory Affairs has created a guide, [How to Obtain Clearances from Other States Required by R 400.8125\(9\)](#) that may be used to assist in obtaining clearances from other states.

**Responsibility for
Completion**

Initial placements occurring after hours: CPS caseworkers 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 caseworkers must request CPS history, central registry history, and criminal history background checks for all caregivers and household members from the MDHHS monitoring caseworker. 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 caseworkers must check iCHAT, MPSOR, and NSOPW and evaluate the information that is available to them prior to making an emergency placement. The MDHHS monitoring caseworker must share all verified criminal history, CPS investigation history, and central registry history with the private child placing agency caseworker; see [FOM 914, Placement Resources: MDHHS Responsibilities](#).

Expiration Date

Clearances must be current whenever a placement is made. 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 Relative Placement Safety Screen or Relative Placement Home Study.

**UNLICENSED
PLACEMENT
LIMITATIONS AND
EXCEPTION
REQUESTS**

Placement exception requests (PERs) are completed when there is a need to waive certain placement standards to maintain sibling and caregiver bonds or to meet the medical, emotional, and psychological needs of children in care.

A placement should not be made with an **unlicensed** relative caregiver if it will result in one of the placement compositions listed below. Exceptions to these limitations may be made on an individual basis, when it is determined to be in the best interest of the child being placed.

If an exception exists then a PER must be completed, reviewed, and approved using the approval process in MiSACWIS.

**Placement
Limitations**

- More than three foster children in the **unlicensed** relative caregiver's home.
- More than five total children, including the **unlicensed** relative caregiver's birth and/or adopted children.
- More than three children under the age of three residing in the **unlicensed** relative caregiver's home.

For all other placement limitations and placement exception requests; see [FOM 722-3, Placement Selection and Standards](#).

**Placement
Exception Request
Approval Path*****MDHHS Supervised Cases - Wayne County Only***

When a PER is required, the following approval path must be utilized for Wayne County cases supervised by MDHHS:

MDHHS caseworker completes and routes the PER --> MDHHS supervisor reviews and routes the PER --> MDHHS district manager reviews and approves the PER.

Private Child Placing Agency Supervised Cases - Wayne County Only

The following approval path must be utilized for Wayne County cases supervised by private child placing agency providers:

Private child placing agency caseworker completes and routes the PER--> Private child placing agency supervisor reviews and routes the PER --> Private child placing agency director reviews and routes the PER --> MDHHS district manager reviews and approves the PER.

Private Child Placing Agency Supervised Cases - Kent County Only

The following approval path must be utilized for cases supervised by a private child placing agency provider operating under the child welfare continuum of care model in Kent County:

Private child placing agency caseworker completes and routes the PER--> Private child placing agency supervisor reviews and routes the PER --> Private child placing agency director reviews and approves the PER.

MDHHS Supervised Cases - All Other Counties

When a PER is required, the following approval path must be utilized for cases supervised by MDHHS:

MDHHS caseworker completes and routes the PER --> MDHHS supervisor reviews and routes the PER --> MDHHS county director reviews and approves the PER.

Private Child Placing Agency Supervised Cases - All Other Counties

The following approval path must be utilized for cases supervised by private child placing agency providers:

Private child placing agency caseworker completes and routes the PER--> Private child placing agency supervisor reviews and routes the PER --> Private child placing agency director reviews and

routes the PER --> MDHHS county director reviews and approves the PER.

RELATIVE PLACEMENT SAFETY SCREEN

The MDHHS 5770 Relative 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 Relative Placement Safety Screen must be completed and approved prior to, but no more than 30 calendar days before a child's placement. **All adult relatives who express an interest in placement must be screened using the Relative Placement Safety Screen.**

The Relative Placement Safety Screen consists of the following:

- Home visit.
- Verification of identity.
- Review of prior CPS investigation history.
- Central registry clearance on all caregivers and adult household members.
- Statewide criminal history background check on all caregivers and adult household members.
- Michigan Public Sex Offender Registry clearance on all caregivers and household members aged 12 years old and older.
- Placement consideration assessment and recommendation.

Note: If a safety concern is identified but does not prohibit placement, then the caseworker must establish a safety plan with the relative. Safety plans must be documented on the Relative Placement Safety Screen.

Responsibility for Completion

CPS is required to complete and approve the Relative Placement Safety Screen for initial placements.

The supervising agency is required to complete and approve the Relative Placement Safety Screen for subsequent placements.

All Relative Placement Safety Screens must be completed and approved in MiSACWIS.

Supervisor Approval

The Relative Placement Safety Screen 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.

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 on the hard copy of the MDHHS 5770 and in MiSACWIS.

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

MISACWIS Approval

Supervisors are required to electronically approve the Relative Placement Safety Screen, 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 Relative Placement Safety Screen.

For subsequent placements, supervisors must approve the Relative Placement Safety Screen within 5 business days from the date the Relative Placement Safety Screen is routed for review.

Distribution

A copy of the Relative Placement Safety Screen 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 Relative Placement Safety Screen except for central registry are **not** disqualified from placement consideration. Placement may be made upon completion and approval of the Relative Placement Home Study; see *Clearances* in this item.

If the placement recommendation on the Relative Placement Safety Screen is denied, then a DHS-31, Foster Care Placement Decision Notice, is required to be provided to the relative with a copy of the Safety Screen, **within five business days of the denial**; see Foster Care Placement Decision Notice in this item. Caseworkers must complete a social work contact in MiSACWIS documenting that the DHS-31, Foster Care Placement Decision Notice, and Relative Placement Safety Screen 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 Relative Placement Home Study allows caseworkers to identify strengths and barriers that may impact a child's placement. The Relative Placement Home Study 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

Caseworkers must begin the Relative Placement Home Study by reviewing the Relative Placement Safety Screen. 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 Relative Placement Safety Screen review must be documented on the Relative Placement Home Study.

Responsibility for Completion

Placement decisions are the responsibility of the foster care program; therefore, the supervising agency is responsible for completing and approving the Relative Placement Home Study. Relative Placement Home Studies completed by an alternate unit within the supervising agency must be reviewed by the primary foster care caseworker and approved by the foster care supervisor.

Obtaining Required Information

Caseworkers must attempt to obtain the required information for each segment of the home study by asking questions of the prospective caregiver and other information sources. Caseworkers cannot rely solely on the caregiver's self-report; all members of the household, including children, must be interviewed. Additionally, the caseworker's observations must be included as part of the final recommendation.

MISACWIS Documentation

The Relative Placement Home Study must be completed in MiSACWIS 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 Relative Placement Home Study as *Date Home Study Completed*. The completion date is the date the caseworker submits the Relative Placement Home Study to the foster care supervisor for review in MiSACWIS.

Supervisor Approval

A foster care supervisor is required to review and approve the Relative Placement Home Study in MiSACWIS within 14 calendar days of the date the home study was completed.

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.

Director approval must be obtained in MiSACWIS within 14 calendar days of the date the home study was completed.

Denied Placement Recommendation

If the placement recommendation on the Relative Placement Home Study is denied, 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 caseworker **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](#).

If the placement recommendation on the Relative Placement Home Study is denied **before** the child is placed in the caregiver's home,

then a DHS-31, Foster Care Placement Decision Notice, is required to be provided to the relative, with a copy of the Relative Placement Home Study **within five business days of the denial**; see Foster Care Placement Decision Notice in this item. Caseworkers must complete a social work contact in MiSACWIS documenting that the DHS-31, Foster Care Placement Decision Notice, and Relative Placement Home Study 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 Relative Placement Home Study **including all clearances** must be completed and approved annually (within 365 days of the previous Relative Placement Home Study completion date) for unlicensed caregivers. **An approved Relative Placement Home Study is valid for one year.**

Changes in an Approved Caregiver's Household

Because an approved Relative Placement Home Study is valid for one year, a new Relative Placement Home Study **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 (e.g. returns home) but returns to the caregiver's home during the year.
- The caregiver moves to a new residence during the year.
- A new household member is added during the year.

For these situations, caseworkers are only required to reassess the placement using the Relative Placement Safety Screen. The Relative Placement Safety Screen must be completed as soon as

possible within 30 calendar days of the change/move to ensure safety criteria continue to be met.

Exception: Temporary Breaks and Caregivers Enrolled to be Licensed

Temporary Breaks- 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 Relative Placement Home Study or Relative Placement Safety Screen is **not** required.

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

Caregivers Enrolled to be Licensed- completion of a Relative Placement Safety Screen is **not** required for caregivers who are enrolled to be licensed. Caregivers are only required to have the criminal history background check and central registry clearance completed. The results of the criminal history background check and central registry check must be documented in an addendum to the Relative Placement Home Study.

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](#)
 - Caseworkers must document that the publication was given to the caregiver in the social work contacts in MiSACWIS.
- [DHS-972, Foster Home Licensing Requirements for Relative Caregivers](#)
 - Caseworkers must discuss licensure with the caregiver, the discussion of licensure includes the completion of the DHS-972, Foster Home Licensing Requirements for Relative Caregivers.

- The caregiver is required to sign the DHS-972 at or before the time of placement.
- [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.

See [FOM 801, Health Services for Children in Foster Care](#), for a complete list of documents and exceptions to the standard of promptness (SOP).

- 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 SOP.

Upon Placement Change

For documents that must be completed and/or provided upon a placement change; see [FOM 722-3, 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 his/her home. MCL 722.954a.

If the supervising agency places a child with a relative and **approves** the placement on the Relative Placement Home Study 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 Relative Placement Safety Screen or the Relative Placement Home Study, a DHS-31, Foster Care Placement Decision Notice, is required to be provided to the relative caregiver, with a copy of the denied Relative Placement Safety Screen or Relative Placement Home Study, within five business days of the denial. Caseworkers must complete a social work contact in MiSACWIS documenting that the DHS-31, Foster Care Placement Decision Notice, and Relative Placement Safety Screen/Relative Placement Home Study 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 the child is developmentally/age appropriate.

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

RELATIVE LICENSURE

For information on relative licensure; see [FOM 923, Relative Licensing](#).

American Indian/ Alaskan Native Children

For caregivers of American Indian/Alaskan Native children as defined by the Indian Child Welfare Act, foster home licensing is optional. Caseworkers must refer to [NAA 200, Identification of an Indian Child](#) and [NAA 215, Placement Priorities for Indian Children](#) for policy requirements.

**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:

- Relative Placement Safety Screen.
- 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 DCWL licensing standards or 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](#).

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.

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 caseworker 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 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 Casey Life Skills Assessment must be completed within 90 days of a youth turning 14, and annually thereafter.

For youth who are 14 or older when they enter care, the assessment should be completed within 90 days of entering care. The Casey Life Skills Assessment can be accessed at the [Casey Life Skills](#) homepage.

For youth who are placed in residential, it is the residential case worker who ensures the Casey Life Skills Assessment is completed.

If a youth is functioning at a level that the Casey Life Skills Assessment cannot be utilized, the caseworker should identify another validated tool appropriate to the youth's functional needs, and request this be used by sending it to the [Child Welfare Policy Box](#) or the [Juvenile Justice Policy Box](#).

Independent living preparation skills are assessed for each youth as being adequate or inadequate on the Child Assessment of Needs and Strengths or the Juvenile Justice Strength and Needs Assessment see; [FOM 722-08B, Foster Care - Child \(Re\) Assessment of Needs and Strengths](#)

For youth age 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.
- Educational support.
- Employment services.
- Housing education/assistance.
- Mentoring - a youth must be connected to an adult who will guide and support him/her as a parent would after his/her case is closed.

Youth Involvement

To prepare for independent living, the youth must be offered the opportunity to participate in quarterly family team meetings; see [FOM 722-06B, Family Team Meeting](#). Youth must be involved in the development of his/her 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 caseworker 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 foster parent/caregiver or caseworker, to be a part of his/her case planning team. The team members' role is to be the youth's advisor and advocate for his/her 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 his/her case plan by participating in semi-annual transition meetings, applicable family team meetings, and the 90-day discharge meeting; see [FOM 722-06B, Family Team Meeting](#).

Note: 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 child. The caseworker 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 Family Team Meeting 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 caseworker 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 caseworker must assess the youth, with the Casey Life Skills Assessment, 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 Child Assessment of Needs and Strengths or the Juvenile Justice Strength and Needs Assessment, and the Casey Life Skills Assessment. 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 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 caseworker 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 caseworker has personally observed that the living situation provides suitable social, emotional, and physical care.
- The youth has adequate financial support to meet his/her housing, clothing, food, and miscellaneous needs.
- An evaluation of the youth's need for supervision. The caseworker must have face-to-face contact with the youth as described in [FOM 722-06H, Case Contacts](#), or [JJ2 270, Visit 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 [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.

Caseworker Responsibility

Caseworkers 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 caseworker 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 it becomes necessary to stop payment of the stipend as provided for in the agreement, the caseworker must evaluate the continued adequacy of the youth's living conditions. It may be necessary to explore other placement options.

**PLACEMENT IN AN
ADULT CARE
FACILITY**

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. The Division of Child Welfare Licensing (DCWL) may authorize, through an exception process, placement in a licensed adult foster care family home or in a licensed adult foster care small or medium group home. This would be allowable if the youth has a developmental disability, mental illness, or physical handicap that limits him/her to such a degree as to require complete physical assistance with mobility and/or the activities of daily life.

The supervising agency retains supervisory responsibility for any youth placed in an adult facility.

Placement Criteria

The placement must meet the following criteria:

- Is in the best interests of the youth.
- Has the approval of the youth's parent, guardian, or MCI Superintendent.
- Has the capacity to meet the youth's identified needs.
- The youth's psycho/social 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 caseworker will reevaluate the placement quarterly to determine that these criteria continue to be met, and document this in the case service plan.

**Request for
Authorization**

A request for authorization to place a youth who is less than 18 years old in adult foster care must be submitted in writing to DCWL and Adult Foster Care and Home for the Aged Licensing Division

(AFC/HA). The request must be signed by a supervisor from the supervising agency. 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 psycho/social 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 AFC/HA Licensing Division will review the request and make a decision. The DCWL decision is final. A letter will be sent to the supervising agency and the adult foster home indicating approval or denial of the request. Placement in the adult foster home must not occur without 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 MCI Wards until Age 20

Youth committed to Michigan's Children's Institute (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.

To use limited term and emergency foster care funding for former MCI wards, youth must agree to services and sign the following documents:

- Permanent Ward Updated Service and Treatment Plans.
- Independent living agreement.

Services to Title IV-E Youth after Age 18

Temporary court and state wards who chose not to participate in YAVFC **and** are receiving title IV-E funding may remain in foster care and title IV-E funding may continue if the youth meets the following criteria:

- A full-time student in high school or in the equivalent of vocational or technical training.

- Can be reasonably expected to complete high school or vocational or technical training before age 19.

Eligibility continues if the youth stays in school/training and ends 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 on the youth's 18th birthday; 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 23; see [FOM 950, The Youth in Transition Program](#).

Education and Training Voucher

The Chafee Education and Training Vouchers 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 workers may be able to access Youth in Transition funds for driver's education courses, see [FOM 950, Youth in Transition Program](#).

State Identification Card

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

Consumer Credit Reports

Caseworkers 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

For youth who are 16 years and older and need employment skills training, a referral should be made to the local Michigan Works! Agency (MW!A) for participation in any available youth employment programs. A [DHS-348, Michigan Works!/Workforce Innovation and Opportunity Act Agency Referral](#) should be utilized.

Voter Registration Information

At least 90 days prior to a youth turning 18, and annually thereafter, the caseworker will provide voter registration information. Updated brochures can be found at the [Secretary of State website](#).

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 Young Adult Voluntary Foster Care 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 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 him/herself?
- 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/or medical care?

Requests for Case Closure against Recommendation

If the youth requests case closure prior to the age of 21, against caseworker recommendation, the caseworker 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 caseworker's recommendation.

Foster Care Case Closure Without Permanency

All children under the supervision of the Michigan Department of Health and Human Services (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 AWOLP for more than 6 months who have had no contact with the supervising agency.
- Youth who refuse to cooperate with the caseworker.

- 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 days since the last case service plan was completed, this can be documented in a social work contact.
- Consultation with a permanency resource monitor.

Permanency resource monitors are available to review permanency paperwork for accuracy. Permanency resource monitors can provide consultation and technical assistance on cases to determine the most appropriate permanency goal for a case. Permanency resource monitors can also provide training on all permanency goals, check on the status of pending approvals, and work with caseworkers to ensure that extraordinary efforts were made on a case that is unable to achieve permanency.

Discharge Criteria for State Wards (Act 220 or Act 296)

Although a youth can remain in care until the 21st birthday, a youth committed to the state Michigan Children's Institute (MCI) remains a ward of the state until age 19 or until the youth is discharged sooner by the superintendent of the Michigan Children's Institute. Reasons for early discharge include:

- Adoption.
- Marriage (applicable only 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, caseworkers 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, caseworkers must complete the [DHS-1476, Early Discharge of MCI Ward](#), and submit 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 caseworker.

90-Day Discharge Planning Meeting

A 90-Day Discharge Planning meeting must be held between 60 and 90 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, caseworkers must inform youth of any additional services, such as local resources, that may be available after case closure.

Housing Resource Referral

All youth age 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 are required to serve both homeless and runaway youth. Former foster youth are a specified population for homeless youth services through their transitional living program. Contractors are required to 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 [Michigan Department of Health and Human Services \(MDHHS\) Foster Youth in Transition - Housing](#) homepage.

Referral Process

The caseworker 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](#).

The homeless youth and runaway contractor is required to 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 absent without legal permission (AWOLP). However, the contractor may meet with the youth, the caseworker, 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, caseworkers 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 (FCTMA)**

Most youth who exit care after turning 18 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
(SSI)**

Youth with disabilities receiving title IV-E foster care benefits usually cannot become eligible for Supplemental Security Income (SSI) until foster care payments have ended. The Social Security Administration (SSA) recognizes that SSI financial support and health benefits help ease the transition from care. To help with this transition, SSA will accept an SSI application from a youth in care up to 90 days before payments are expected to end.

Caseworkers must ensure a timely transition by facilitating the SSI application process at SSA with the youth; see [FOM 902-10, SSI Benefits Application and Determination](#).

**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 the Michigan Department of Health and Human Services 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 caseworker must provide to the parents/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](#).

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](#).

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 caseworker must consider the following placement options, in order, whenever a placement change is necessary:

1. If the child's permanency goal is reunification, the caseworker 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 and/or with a suitable relative, if return to the parental home cannot occur.

Exception: The placement change of an American Indian/Alaska Native (AI/AN) child must follow the established placement priorities in [NAA 215, Placement/Replacement Priorities for Indian Child\(ren\)](#).

PLACEMENT CHANGE REASONS

A child's placement may not be changed prior to providing the caregiver notice and opportunity to appeal the placement change unless:

- The foster parent/caregiver requests the child be moved.
- 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 his or her home.
- The change in placement is less than 90 calendar days after the initial placement and the new placement is with a relative.

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 that 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; see *Suspected Abuse/Neglect by the Caregiver* in this item.

- It is determined that it is in the child's best interest to be moved; see *Best Interest* in this item.

Suspected Abuse/Neglect by the Caregiver

When a caseworker suspects that 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 emotional well-being or physical safety in the caregiver's home, a CPS complaint and a licensing complaint must be made immediately; see [FOM 722-13, Referrals to CPS](#). Additionally:

- If the caseworker believes that the child is at a substantial risk in the home, then child must be moved immediately.
 - If the child is moved due to the allegations, the caregiver has the option of appealing the decision to the Foster Care Review Board (FCRB). The appeal does not prevent the move; see *Caregiver Appeal* below.
- The caseworker must comply with the policy requirements outlined in [FOM 722-13A, Maltreatment in Care - Foster Care Responsibilities](#).
- If the child's placement is maintained in the home during the investigation, the caseworker 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 an appropriate relative available for placement.

- There is an available placement that will reunite a separated sibling group.

If the caseworker and supervisor determine that it is in the child's best interest to change placements:

- An 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 a change of placement is made.
- If the child is an MCI/state 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 has the option of appealing the decision to the Foster Care Review Board (FCRB); see *Caregiver Appeal to the Foster Care Review Board* in this item.

FAMILY TEAM MEETING

A family team meeting (FTM) is required to 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](#).

NOTIFICATION OF MOVE

Parent

The caseworker must notify the child's legal parent(s) of all placement changes.

- Notification for planned placement changes must occur prior to the placement change so that the parent(s) have the opportunity to participate in selection of the next placement; see [FOM 722-03, Placement Selection and Standards](#).
- For emergency placement changes, the caseworker must notify the child's legal parent(s) immediately but no later than one business day following the placement change.

Exception: For youth who are absent without legal permission (AWOLP), the caseworker must inform the legal parent(s) 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 and safety is jeopardized. The [DHS-30, Foster Parent Notification of Move](#), must be used to notify the caregiver of the intent to move the child.

The DHS-30 also 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 must be uploaded to MiSACWIS in the document hyperlink in the child's placement record.

MCI Superintendent

If the child is an MCI/state 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 of the change in placement using the [DHS-69, Foster Care/Juvenile Justice Action Summary](#). The DHS-69 must be uploaded to MiSACWIS in the document hyperlink in the child's placement record. See *Documentation* in this item for the standards of promptness.

Foster Care Review Board

The caseworker must notify the State Court Administrative Office (SCAO) Foster Care Review Board (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 Notification of Move](#), must be sent to the FCRB.

Foster Care Review Board Program
Michigan Hall of Justice
P.O. Box 30048
Lansing, MI 48909
Phone: 517-373-3122
Fax: 517-373-8922

Note: If the MCI superintendent has denied the caregiver's request for consent to adoption and decides that the child must be moved, the caseworker must inform the FCRB when providing notification. The FCRB will not review these appeal requests. The FCRB will inform the caregiver that they must contact the MCI superintendent or an attorney regarding their options for appeal of the consent decision.

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, 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. If the child is being supervised by a private child placing agency, the agency must notify the MDHHS local office within 24 hours of notification from FCRB of the caregiver's appeal.

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.

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 ward is an MCI/state ward.

- If the FCRB finds that 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 for reason number 5), 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 is required to 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 and evidence will be considered. The court will make a finding on the record regarding the child's placement.

If the court finds that 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 that the child should remain in the same placement, it will enter an order continuing the placement. The court may also order that the child be returned to the caregiver,

even if the child has been 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 and/or remain in the same placement and/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, Court Ordered Placement Exception](#).

MCI/State Wards

In the case of an MCI state 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 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 caseworker must update the child's placement MiSACWIS. 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.

Provided to Previous Caregiver

The caseworker must provide the [DHS-30, Foster Parent Notification 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.

Provided to New Caregiver

Any time placement is made the following documents must be provided to the new caregiver at or before the time of placement:

- 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.](#)

Note: The caseworker is not required to provide the DHS-Pub-268 when placing the child in a child caring institution or temporary break placement.

- Medicaid card.
- Medicaid Health Plan card, if applicable.
- [DHS-221, Medical Passport.](#)

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

See [FOM 801, Health Services for Children in Foster Care](#), for a complete list of documents and exceptions to the standard of promptness (SOP).

- 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 SOP.
- [DHS-3307, Placement Outline and Information Record.](#)

Note: For emergency placements, the DHS-3307 may be provided within 7 calendar days of placement.

Provided to Unlicensed Relative Caregiver

When placement is made with an unlicensed caregiver, the caregiver must receive the following documents **in addition to** those listed above:

- [DHS-Pub-114, Relative Caregiving: What You Need to Know.](#)
- [DHS-972, Foster Home Licensing Requirement for Relative Caregivers.](#)
- [DHS-Pub-843, Foster Care Provider Payment Handbook.](#)

See [FOM 722-03B, Relative Engagement and Placement.](#)

CASEWORKER CONTACTS

The caseworker must have at least two face-to-face contacts per month with the child for the first two months following a placement change. The first face-to-face contact must take place within five business days of the placement move. For placement change contact standards see [FOM 722-06H, Case Contacts.](#)

TEMPORARY BREAKS

The caseworker must update the child's placement in the placement section of MiSACWIS when the child enters any of the following temporary breaks:

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

See [FOM 903-07, Temporary Breaks/Bed Hold Payments.](#)

If the child returns to the placement he/she was in prior to the temporary break, the following information is **not** required to be provided to the caregiver:

- [DHS-30, Foster Parent Notification of Move.](#)
- [DHS-3307, Placement Outline and Information Record.](#)

- DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment card.
- The child's Medicaid card.
- Child's Medicaid Health Plan card (if applicable).
- [DHS-221, Medical Passport](#), if there have been no changes since the DHS-221 was last provided to the caregiver.
- Education records.
- [DHS-Pub-114, Relative Caregiving: What You Need to Know](#).
- [DHS-972, Foster Home Licensing Requirement for Relative Caregivers](#).
- [DHS-Pub-268, Guidelines for Foster Parents and Relatives Caregivers for Health Care and Behavioral/Mental Health Services](#).

Caseworker Contacts for Temporary Breaks

The caseworker 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 5 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 that he/she was in prior to the temporary break, the placement change timeframes and documentation requirements in this item apply; see *Documentation* in this item.

LEGAL BASE

State

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

Change in foster care placement.

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](#).

OVERVIEW

Caseworkers 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 MiSACWIS. 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.

Contracted child placing agencies operating under the child welfare continuum of care model in Kent county must follow the placement exception approval paths outlined in [FOM 915A, Child Welfare Continuum of Care Program Requirements](#).

In bifurcated counties, the MDHHS child welfare director reviews and/or grants approvals for PERs in place of the county director. Bifurcated counties in which the county child welfare director reviews and/or grants approval for PERs include:

- Genesee
- Ingham
- Kent
- Oakland
- Macomb
- Wayne

Note: In Wayne County, the district manager may serve as a designee for the child welfare director for final approval of a placement exception request.

VERBAL APPROVAL

When verbal approval for a PER has been given prior to placement, documentation and approval within MiSACWIS must be completed within 30 calendar days from the date of the 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 split reasons below must be documented in a PER and approved by a second line manager.

- 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.
- Other. Siblings are split for a reason other than those listed above.

The explanation that supports the split sibling placement must be documented 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.

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 caseworker completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS second line manager reviews and approves the PER.

Approval Path for PAFC Supervised Cases

1. PAFC caseworker completes and routes the PER.
2. PAFC supervisor reviews and routes the PER.
3. PAFC second line manager reviews and approves the PER.

PLACEMENT LIMITATIONS

A placement exception request (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/or 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 being offered to the family to support additional children in the home.
- Name(s), age(s), sex, 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.
 - 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/or foster home licensing complaints within the last 12 months, including disposition or findings, details of any corrective action plan(s), and whether corrective action plans have been completed.
- Indicate all bedroom sizes, dimensions, occupants and proposed occupants in each bedroom, and bed/crib size/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 caseworker completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS county director or child welfare director reviews and routes the PER.
4. DCWL consultant reviews and routes the PER.
5. DCWL director reviews and approves the PER.

PAFC-Supervised Cases

1. PAFC caseworker 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 or child welfare director reviews and routes the PER.
5. DCWL consultant reviews and routes the PER.
6. DCWL director reviews and approves the PER.

**Approval Paths for
Unlicensed
Relatives*****Wayne County MDHHS-Supervised Cases***

1. MDHHS caseworker completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS district manager reviews and approves the PER.

Wayne County PAFC-Supervised Cases

The following approval path must be utilized for Wayne County cases supervised by PAFC providers:

1. PAFC caseworker completes and routes the PER.
2. PAFC supervisor reviews and routes the PER.
3. PAFC director reviews and routes the PER.
4. MDHHS district manager reviews and approves the PER.

MDHHS-Supervised Cases in All Other Counties

1. MDHHS caseworker completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS county director or child welfare director reviews and approves the PER.

PAFC-Supervised Cases in All Other Counties

1. PAFC caseworker 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 or child welfare director reviews and approves the PER.

**PROXIMITY TO THE
CHILD'S FAMILY**

A PER must be completed if the child is placed 75 miles from the home from which the child entered custody for one of the following reasons:

- 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 his/her parents who reside outside of the 75-mile radius.

- The child is to be placed with a relative/sibling outside of the 75-mile radius.
- The child is to be placed in a pre-adoptive or adoptive home that is outside of the 75-mile radius.

The explanation that supports the placement exception reason must be documented in the narrative section of the PER.

Approval Path for MDHHS-Supervised Cases

1. MDHHS caseworker completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS county director or child welfare director reviews and approves the PER.

Approval Path for PAFC-Supervised Cases

1. PAFC caseworker 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 or child welfare director reviews and approves the PER.

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 foster children not so determined without an appropriate assessment concerning the safety of all children in the placement. 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 his/her 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 caseworker completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS county director or child welfare director reviews and approves the PER.

Approval Path for PAFC-Supervised Cases

1. PAFC caseworker 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 or child welfare director reviews and approves the PER.

INTERVENTION IN A RESIDENTIAL FACILITY

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.

Placement of a child or dual ward into a CCI must be approved every 90 days prior to the following PER type time frames:

- Initial placement in a residential facility.
- Three months from the date of initial placement.
- Six months from the date of initial placement.
- Nine months from the date of initial placement.

Note: If the residential PER requires multiple PER reasons, the appropriate PER approval path must be followed; see the Residential Placement Exception Reasons in this item.

**Approval Path for
MDHHS-
Supervised Cases**

1. MDHHS caseworker completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS program manager reviews and routes the PER.
4. MDHHS county director or child welfare director reviews and approves the PER.

**Approval Path for
PAFC-Supervised
Cases**

1. The PAFC caseworker 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 or child welfare director reviews and approves the PER.

**Placements for 12
or More Months**

No child may receive intervention in a child caring institution (CCI) for more than 12 months without prior approval from the Business Service Center (BSC) director. The BSC director must approve CCI placements that exceed 12 months from the date of the initial placement and every three months until the child's discharge from the CCI placement.

Approval Path for MDHHS-Supervised Cases

1. MDHHS caseworker completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS program manager reviews and routes the PER.
4. MDHHS county director or child welfare director reviews and routes the PER.
5. BSC director reviews and approves the PER.

Approval Path for PAFC-Supervised Cases

1. PAFC caseworker 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 or child welfare director reviews and routes the PER.
5. BSC director reviews and approves the PER.

Documentation

All applicable residential placement exception request reasons in MiSACWIS must be checked and the reason for the exception request must be documented in the narrative section of the PER.

Initial Interventions

For initial interventions in a residential setting, the following must be documented in the narrative section:

- Description of the youth's needs which require intervention in a residential setting.
- Efforts to maintain the youth in the community, including support services the youth is receiving.
- Treatment services available at the facility to address the youth's needs.
- Identified family for placement and efforts being made to assist the family in participating in the youth's treatment program.

Continued Intervention Beyond Three Months

For intervention in a residential setting lasting three or more months, the following must be documented in the narrative section:

- The youth's behaviors/needs that require continued intervention in a residential setting and an explanation regarding why the youth's treatment needs cannot be met in a less restrictive setting.
- The youth's progress in treatment since the last request.
- Any seclusions and restraints since the last request.
- Identified family for placement and involvement in the youth's treatment since last request.

**TREATMENT
FOSTER CARE****Initial Referral**

When a youth is referred to the Treatment Foster Care Program, an approval must be obtained through a PER. The youth may be placed in the treatment foster home for the following reasons:

- Youth is being discharged from intervention in a psychiatric hospital/facility.
- Youth is stepping down from a residential placement into the community and requires a highly structured placement.
- Youth 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 youth is receiving any services from an 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 youth requires placement beyond 12 months:

- Anticipated next placement.
- Expected discharge date.
- Current length of stay.
- Specific reasons for extension request.

Approval Path

- Services that have been provided to the youth to date.
- Services to be provided to move towards discharge.

The following approval paths are used for initial referrals and extensions.

MDHHS-Supervised Cases

1. MDHHS caseworker completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS program manager reviews and routes the PER.
4. MDHHS county director or child welfare director reviews and approves the PER.

PAFC-Supervised Cases

1. PAFC caseworker 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 or child welfare director approves the PER.

**RESIDENTIAL
PLACEMENT
EXCEPTION
REASONS**

Multiple PER reasons can be included within a residential PER. Approval must be obtained from the highest level required of the included PERs. If several approvals are required within one PER, the approver must provide comments when routing whether the PER is approved and route it to the next person. The last person must complete the PER by using the approval function.

Residential PER reasons must be routed and approved as indicated below.

**Pre-Ten Placement
Exception Request**

A pre-ten PER must be approved by the Business Service Center (BSC) director for children under 10 years of age to be placed in a CCI or emergency shelter placement. Approval must be 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.

Note: After the BSC director 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](#).

The pre-ten PER must include the following information:

- 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/needs that require intervention in a residential setting.
- The results of the fetal alcohol spectrum disorder (FASD) pre-screening; see [FOM 802, Mental Health, Behavioral and Developmental Needs of Foster Children](#). If a full FASD diagnostic evaluation was completed, those results must also be included.
- Documentation supporting the reasons more time is required to achieve treatment objectives and the progress the child is making.

Areas of Impairment

In addition to the information required in the PER, the following supporting documentation must be in the case service plan and demonstrate impairment in each of the following areas:

- **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/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 caseworker completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS program manager reviews and routes the PER.
4. MDHHS county director or child welfare director reviews and routes the PER.
5. BSC director reviews and approves the PER.

Approval Path for PAFC-Supervised Cases

1. PAFC caseworker 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 or child welfare director reviews and routes the PER.
5. BSC director reviews and approves the PER.

Initial Shelter Placement of Children Under Age 10

If a child under the age of ten is placed in an emergency shelter, the caseworker must submit a request in writing to the BSC director for approval. The request must contain all the information required above for a pre-ten residential treatment PER. For more information on emergency shelter placement exception requests, see *Emergency Shelter Facilities* in this item.

Placement of a Dual Ward

Placement of a dual ward into a residential abuse/neglect facility or juvenile justice facility requires approval through a placement exception request (PER).

Approval Path for MDHHS-Supervised Cases

1. MDHHS caseworker completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS program manager reviews and routes the PER.
4. MDHHS county director or child welfare director reviews and routes the PER.
5. Juvenile Justice Assignment Unit (JJAU) reviews and routes the PER.
6. DCWL reviews and approves the PER.

Approval Path for PAFC-Supervised Cases

1. PAFC caseworker 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 or child welfare director reviews and routes the PER.

5. JJAU reviews and routes the PER.
6. DCWL reviews and approves the PER.

Placement of an Abuse/Neglect Ward into a Juvenile Justice Residential Program

Abuse/neglect youth cannot be placed in a **secure** juvenile justice (JJ) residential facility. Cross placement of an abuse/neglect youth into a non-secure juvenile justice residential facility 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 MDHHS Division of Child Welfare Licensing (DCWL) prior to placement. The PER must be approved by DCWL 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 and/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 why placement into a JJ facility is appropriate for the youth.
- How the youth's needs will be met in the facility.

After the PER for a JJ facility has been approved in MISACWIS, a residential record must be created by the Juvenile Justice Assignment Unit (JJAU). To create the residential record, the

MDHHS foster care caseworker or monitoring caseworker must email the following information to [JJAU mailbox](#):

- Youth's first and last name.
- MISACWIS person ID.
- MISACWIS case ID for the open foster care case.
- Provider name.
- Provider ID.
- Placement begin date.
- Service type.
- Service description.
- Name and phone number of caseworker and supervisor to contact with any questions.

Approval Path for MDHHS-Supervised Cases

1. MDHHS caseworker completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS program manager reviews and routes the PER.
4. MDHHS county director or child welfare director reviews and routes the PER.
5. DCWL reviews and approves the PER.

Approval Path for PAFC Supervised Cases

1. PAFC caseworker 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 or child welfare director reviews and routes the PER.
5. DCWL reviews and approves the PER.

**Placement of a
Juvenile Justice
Ward into an
Abuse/Neglect
Residential
Program**

Cross-program placement of a juvenile justice youth in an abuse/neglect residential facility requires written court order and approval from the MDHHS Division of Child Welfare Licensing (DCWL) through a PER. The Juvenile Justice Assignment Unit (JJAU) must review the PER and the court order; see [JJ7 700, Juvenile Justice Assignment Unity Placement Process](#). The PER narrative must include a list of all placement efforts, including program name, person contacted, date of referral and reason for rejection. The initial residential PER must include a copy of the court order.

Approval Path for MDHHS-Supervised Cases

1. MDHHS caseworker completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS program manager reviews and routes the PER.
4. MDHHS county director or child welfare director reviews and routes the PER.
5. JJAU reviews and routes the PER.
6. DCWL reviews and approves the PER.

Approval Path for PAFC Supervised Cases

1. PAFC caseworker 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 or child welfare director reviews and routes the PER.
5. JJAU reviews and routes the PER.
6. DCWL reviews and approves the PER.

**Change in
Residential Facility**

When a youth is moved from one residential facility to another, a change in residential placement must be approved through a PER. The following must be documented in the narrative section of the PER:

- Document the reason the youth is moving to another CCI.
- Describe the behaviors that the youth is exhibiting which require intervention in a residential setting.
- Describe the specific treatment that the youth will be receiving at the new facility to better meet his/her needs.
- Describe the planned next placement and what efforts are being made to assist the family in participating with the child's treatment program.

If a youth changes residential facilities within the first 90 days of the initial residential PER, a new initial residential PER will auto generate for the remaining timeframe. If the youth moves after the initial 90 days, the appropriate PER must be manually generated on the new placement for the remaining timeframe.

Approval Path

For any change in residential facility, 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 youth is receiving treatment in a residential facility 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 facilities, including program name, person contacted, date of referral, and reason for rejection.

Note: After the MDHHS Division of Child Welfare Licensing (DCWL) approves the PER, the service authorization to the provider must be routed to the MDHHS Federal Compliance Division (FCD); see [FOM 903-08, Payment Requiring Special Processing](#).

Approval Path for MDHHS-Supervised Cases

1. MDHHS caseworker completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS program manager reviews and routes the PER.
4. MDHHS county director or child welfare director reviews and routes the PER.
5. DCWL reviews and approves the PER.

Approval Path for PAFC-Supervised Cases

1. PAFC caseworker 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 or child welfare director reviews and routes the PER.
5. DCWL reviews and approves the PER.

**Admission Outside
of the Contracted
Bed Capacity**

If admission of an abuse/neglect or juvenile justice youth for intervention in a residential facility will exceed the contracted bed capacity, but treatment in the facility is in the youth's best interest, a PER must be completed.

Approval Path for MDHHS-Supervised Cases

1. MDHHS caseworker completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS program manager reviews and routes the PER.
4. MDHHS county director or child welfare director reviews and routes the PER.
5. DCWL reviews and approves the PER.

Approval Path for PAFC-Supervised Cases

1. PAFC caseworker 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 or child welfare director reviews and routes the PER.
5. DCWL reviews and approves the PER.

**ONE-TO-ONE
SUPERVISION**

If a youth requires a short-term one-to-one intervention to stabilize the youth's behaviors and ensure safety, a PER must be approved prior to implementing the service. If a CCI is requesting one-to-one supervision, the request must be in writing from the CCI on their letterhead. The narrative in the PER must include the following:

- Description of the child's needs that require one-on-one supervision.
- Description of the facility's attempts to meet the child's needs with the current ratio and treatment approach.
- The number of hours requested.
- The approved hourly rate.

**Approval Path for
MDHHS-
Supervised Cases**

1. MDHHS caseworker completes the routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS program manager reviews and routes the PER.
4. MDHHS county director or child welfare director reviews and routes the PER.
5. DCWL reviews and approves the PER.

**Approval Path for
PAFC-Supervised
Cases**

1. PAFC caseworker 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 or child welfare director reviews and routes the PER.
5. DCWL reviews and approves the PER.

**EMERGENCY
SHELTER
FACILITIES****Initial Placement**

Placement in an emergency shelter facility for up to 30 calendar days must be approved by the Business Service Center (BSC) directors.

Initial Shelter Placement of Children Under Age 10

If a child under the age of ten requires an emergency shelter placement, the caseworker must submit a request in writing to the BSC director for approval. The request should contain the same information required for pre-ten placement of a child in a residential facility; see *Pre-Ten Placement Exception Request* in this item.

**Time Limit for
Placement**

Children must not be placed in an emergency or shelter facility for more than 30 calendar days unless one of the following circumstances exist that allow for an exception:

- Children who have 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.
- Children whose 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, a PER must be completed for approval to extend the emergency shelter placement beyond 30 days.

Children must not remain in an emergency shelter facility for more than 45 days.

Approval Path

MDHHS-Supervised Cases

1. MDHHS caseworker completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS county director or child welfare director reviews routes PER.
4. BSC director reviews and approves the PER.

PAFC-Supervised Cases

1. PAFC caseworker 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 or child welfare director reviews and routes the PER.
5. BSC director reviews and approves the PER.

Repeated Placement

Children must not be placed in an emergency or temporary facility more than one time within a 12-month period. An exception may be made for:

- Children who are absent without legal permission (AWOLP).
- Children facing a direct threat to their safety, or who are a threat to the safety of others such that immediate removal is necessary.

- Children whose behavior has changed so significantly that a temporary placement for the purposes of assessment is critical for the determination of an appropriate placement.

If one or more of these circumstances exist, a PER must be completed.

Children under the age of 15 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 thirty calendar days.

Approval Path for MDHHS-Supervised Cases

1. MDHHS caseworker completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS county director or child welfare director reviews routes PER.
4. BSC director reviews and approves the PER.

Approval Path for PAFC Supervised Cases

1. PAFC caseworker 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 or child welfare director reviews and routes the PER.
5. BSC director reviews and approves the PER.

**COURT-ORDERED
JUVENILE
DETENTION**

If a youth is court-ordered to remain in detention for more than 30 calendar days, a PER must be approved prior to the 30th calendar day.

Note: Youth must be removed from detention when the court order for detention ends; see [JJ4 470, Detention Alternatives, Detention and Jail Requirements](#).

**Approval Path for
MDHHS-
Supervised Cases**

1. MDHHS caseworker completes and routes the PER.
2. MDHHS supervisor reviews and routes the PER.
3. MDHHS county director or child welfare director reviews and approves the PER.

**Approval Path for
PAFC-Supervised
Cases**

1. PAFC caseworker 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 or child welfare director approves the PER.

JOB AIDS

The following job aids are available on this topic in the MiSACWIS Communications Website and can be accessed by logging into MiSACWIS and selecting Help & Training → MiSACWIS Communications Website → MiSACWIS → Placement.

- PER PAFC Approval Path and Calculating PER Timeframes.
- PER MDHHS Approval Path and Calculating PER Timeframes.
- 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 Mailbox](#).

OVERVIEW

When the placement is safe and, in the child's, best interest, every reasonable effort must be made to maintain the placement. Caseworkers 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 in MiSACWIS.

APPROVED ABSENCES FROM PLACEMENT

The following are reasons for which a child may be approved for an absence from the 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 and do not require a placement change. If the child is staying with a licensed caregiver, a capacity change does not need to occur.

Note: These will not require placement changes or capacity changes to licensed foster homes.

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 caseworker prior to the absence anytime a child will be away from their placement for three or more days. Inform the child's Legal 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

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 MiSACWIS.

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 caseworker.
- The placement must be considered intact by the caregiver and return to the placement is planned.
- The 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 MiSACWIS.

Absences for six to 14 days:

- Foster care supervisor approval is required for the absence and must be documented in a caseworker contact.
- The placement must be considered intact by the caregiver and return to the placement is planned.
- The 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 MiSACWIS.

Absences for 15 consecutive days or more:

- The county director or designee must approve the absence for both Michigan Department of Health and Human Services (MDHHS) and private agency supervised cases.
- The caseworker must write a memo to the county director or designee containing 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 caseworker has confirmed with the caregiver that 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.

See [FOM 903-07, Temporary Break/Bed Hold Payments](#) for more information.

Temporary Breaks

See [FOM 903-07, Temporary Breaks/Bed Hold Payments](#) for more information.

Documentation

The caseworker must document approved absences in a case contact in the social work contact in MiSACWIS.

Note: This includes the planned length of the absence(s).

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](#).

OVERVIEW

The following policy details Michigan Department of Health and Human Services (MDHHS) and private child placing agency 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 case that are stored electronically in the Michigan Statewide Automated Child Welfare Information System (MiSACWIS).

Physical case file: all hard copy documents stored in a physical file. For cases serviced by a private child placing agency contracted by MDHHS, this would include physical files at the MDHHS local office and the private child placing 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, 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 private child placing agencies must maintain all case documentation in the child's electronic case record in MiSACWIS.

MDHHS and private child placing agencies must upload documentation according to the guidelines in the MiSACWIS Job Aid: Uploading Documents. This job aid can be found by logging into MiSACWIS, clicking Help & Training > MiSACWIS Communications Website > Documents and Forms.

Prior to upload in MiSACWIS, MDHHS and private child placing agencies must ensure all content from the paper document is visible and legible in the scanned image.

In addition to maintaining case documentation in MiSACWIS, 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 [JJ2 255, Case Record Requirements](#).

For additional requirements for Indian Child Welfare Act (ICWA) cases, see [NAA 225, Case Record](#).

Documentation Completed in MiSACWIS

MDHHS and private child placing agencies must maintain all forms, reports, assessments, and other documentation completed by MDHHS or the private child placing agency in MiSACWIS.

MDHHS and private child placing agencies must generate **and save** all finalized documents. Saving a document in MiSACWIS 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.

Completed in MiSACWIS

Forms, reports, assessments, and other documents completed in MiSACWIS do not need to be maintained in the physical case file after they have been generated and saved in MiSACWIS.

- The full document does not need to be scanned and uploaded if it is generated entirely from data elements contained in MiSACWIS.
- If a signature page is present, the signed signature page must be scanned and uploaded to MiSACWIS and maintained in the physical case file.

Completed or Modified Outside of MiSACWIS

Forms, reports, assessments, and other documentation completed outside of MiSACWIS must have the full document uploaded to MiSACWIS.

- **This includes documents which are partially completed and generated in MiSACWIS but also contain information that was added or modified after generation of the document.**
- MDHHS and private child placing 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 MiSACWIS. 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 MiSACWIS **and** a hard copy must be maintained in the physical case file.

Legal Documents

All legal documentation must be scanned and uploaded to MiSACWIS **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 MiSACWIS. After upload to MiSACWIS, these documents may be destroyed.

Vital Records, Photographs, and Mementos

MDHHS and private child placing agencies must scan and upload vital records, photographs, and mementos into MiSACWIS 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 private child placing 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.

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.

LEGAL AUTHORITY**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 caseworker 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 caseworker 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, Initial Service Plan, FOM 722-09, Updated Service Plan or FOM 722-09D, Permanent Ward Service 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.

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 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; 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.

REVIEW OF PRIOR CPS AND FOSTER CARE RECORDS

Prior to developing the case service plan, caseworkers 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 caseworker 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 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 caseworker 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, 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 which 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 and Service Agreement 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 parent-agency treatment plan and service agreement **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 caseworker, 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 caseworker must:

- Document the reasons why the parent is not involved or refuses to sign the Parent-Agency Treatment Plan and Service Agreement; see FOM 722-08C, Parent-Agency Treatment Plan and Service Agreement.
- 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 caseworker making 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 caseworker 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 caseworker 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 caseworker 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 caseworker must engage the parent in the case service plan regardless of how long that parent will be incarcerated.

The caseworker must make monthly contact with the incarcerated parent through face-to-face contact, letter, email, or phone contact.

Upon locating the incarcerated parent, the caseworker must send the incarcerated parent a letter that explains the purpose of the case service plan and request the following information:

- Whether he or she wishes to remain a parent to the child, and to identify any relatives who may be interested in placement.
- The parent's views of his or her needs and strengths.
- The services and work opportunities available to the parent.
- To describe his or her plan to provide care and custody of the child upon release from incarceration.
- To add the caseworker to his or her call/visitor list so the parent and caseworker may communicate via telephone/in person.

The caseworker must assess the incarcerated parent's needs and strengths and document them in the family assessment of needs and strengths in MiSACWIS.

The caseworker 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, they must be documented in the parent-agency treatment plan and service agreement (PATP).

Note: Caseworkers are not required to arrange for service providers outside of the facility to deliver services within the facility, but must utilize those services if they are 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 caseworker 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 caseworker and keep the other copy for the parent's reference. In addition, the caseworker must enclose a DHS-1555-CS, Authorization to Release Confidential Information, and request the parent sign and return the form. This will allow the caseworker to verify the parent's compliance with the case service plan through contact with service providers and prison records. The caseworker must evaluate an incarcerated parent's compliance with, and benefit from, services in the same manner as non-incar-

cerated parents. Caseworkers 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 in the near future, the caseworker must identify any additional services the parent needs prior to reunification with the child, and update the case service plan accordingly.

Family Team Meetings

Caseworkers 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 - Incarcerated Parent Participation.

Non-Parent Adult

Consideration must be given to the boyfriend/girlfriend or living together partner (LTP) of the parent; 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 close 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

Youth age 14 and older must be involved in the development of the case service plan; see FOM 722-03C, Preparation, Placement, and Discharge of Older Youth. 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, Quality Visits.

Caregivers

Caregivers are to be actively involved in the case service planning; see FOM 722-06H, Caseworker Contacts with Caregivers.

**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, Caseworker Contacts with Treatment and Service Providers.

GENOGRAMS

A genogram is a diagram outlining the history of behavior patterns, relationships, major events, and the dynamics of a family's members in order 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 Child Welfare Training Institute (CWTI) website and following the navigation path below:

<http://www.michiganchildwelfaretraining.com/>

Training Materials --> Adoption -->

- Week 1: Genogram Activity
- Week 3: Genogram, Genogram Symbols, Genogram Overview, Genogram Interview, Genogram Interpretation

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

caseworker to thoroughly assist the family in accessing and participating in necessary services that are culturally appropriate, remedial and rehabilitative in nature; see NAA 205, Active Efforts.

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 his/her home. These provisions require a 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 his/her 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 removal of the child from his/her home.
- The agency has made efforts to finalize a permanent placement for the child (such as, return home or adoption) in a timely manner.

The court may also find that:

- The supervising agency has not made reasonable efforts.
- A lack of efforts by the agency to prevent 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 parent-agency treatment plan and service agreement; see FOM 722-08C, Parent-Agency Treatment Plan and Service Agreement.

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 parent 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 caseworker 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 caseworker 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 caseworker must document:

- The reasonable efforts provided to the family to prevent removal of the child from his/her home.
- Why it was not possible to provide reasonable efforts to the family prior to removal.
- The likely harm to the child if s/he were separated from the parent(s), guardian or custodian.
- The likely harm to the child if s/he were returned to the parent(s), guardian or custodian.

The CPS caseworker must complete documentation in MiSACWIS within five working days of placement; see FOM 722-01, Children's Protective Service Transfer to Foster Care Information/Placement Outline.

The foster care caseworker must include this information in the initial service plan provided to the court; see FOM 722-08, Initial Service Plan, Reasonable Efforts.

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 his/her own home. When the child is removed in an emergency because of 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 in 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 has had rights to the child's siblings involuntarily terminated, regardless if there is 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, 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 caseworker must seek approval from his/her 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.

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 described efforts 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; and
- The reasonable efforts being made to place the child for adoption or in another permanent placement in a timely

manner; see FOM 722-10, Dispositional Review Hearing and FOM 721.

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 his/her 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 of the following:

- Services provided to the parent(s), child(ren) and foster parent/relative caregivers in order to improve the conditions in the parent's home to facilitate a safe return of the child(ren) to his or her own home or the permanent placement of the child(ren). The foster parent/relative caregivers is (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 his/her 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, Concurrent Permanency Planning. The assigned caseworker 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 caseworker 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 caseworker 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 caseworker 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 caseworker, 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 caseworker, 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 722-03B, Family Team Meeting Case Service Plan Development/Reassessment.

**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, Dispositional Review Hearing.

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 caseworker 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.

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, 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 Indian 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 youth, families and caregivers in case planning through a facilitated meeting of family and their identified supports.

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 case-worker initiates a detailed discussion about the process of a 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 age 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 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 MiSACWIS 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	<p>Initial Case Plan (ISP) - within 30 calendar days before the case plan due date.</p> <p>Note: This FTM may be combined with the CPS Case Opening (ISP) FTM.</p> <p>Updated Case Plan (USP) - within 30 calendar days before the case plan due date.</p> <p>Permanent Ward Service Plan (PWSP) - within 30 calendar days before the case plan due date.</p>
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	<p>At least three business days prior to a planned change of placement or no later than three business days after an unplanned placement change.</p> <p>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.</p>
Semi-Annual Transition Meeting	<p>Within 30 calendar days after the youth's 14th birthday and every six months thereafter.</p> <p>For youth 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.</p>
90-Day Discharge Planning Meeting	<p>Youth 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.</p> <p>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.</p>

FOSTER CARE	
Type	Time Frame
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 days to discuss a youth'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

Youth may select up to two adults, who are not the youth's foster parent/caregiver or caseworker, to be a part of his/her case planning team. The team members' role is to be the youth's advisor and advocate for his/her permanency, wellbeing, and normalcy, through the application of the [Rights and Responsibilities of Children and Youth in Foster Care](#); see [FOM 722-6J, Rights of Children in Foster Care](#). The team member will assist the youth in developing his/her 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 youth, at any time, if the supervising agency has good 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 youth, in the case service plan.

Additional Participants

Additional participants in the semi-annual transition meeting should include all persons the youth identifies as supportive; it is not meant

to be a one-on-one meeting with the youth. Participants may include but are not limited to the following:

- Foster parents.
- Biological parents.
- Relatives.
- Court Appointed Special Advocate (CASA).
- Education planner.
- Permanency Resource Monitor (PRM).
- Lawyer guardian ad litem.
- Michigan Youth Opportunities Initiative coordinator.
- Therapists.
- The youth's friends.
- School staff.
- Employers.
- The youth's supportive adult(s), if applicable.
- Tribal representatives for American Indian children.
- Anyone the youth 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 youth's transition plan. A copy of the DHS-901, Semi-Annual Transition Plan Report, must be given to the youth and all individuals responsible for assisting the youth. The original plan must be uploaded into MISACWIS.

Note: Progress toward the youth'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.
- Financial management skills.
- Review of the youth's credit report.
- Emotional/mental/physical health.

- Substance abuse.
- Participation in age and developmentally appropriate activities.
- Other areas that will assist the youth 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 youth 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 MiSACWIS using the FTM hyperlink and all of the appropriate forms must be completed for each type of meeting.

90-DAY DISCHARGE PLANNING

All youth 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 youth's exit from care. The discharge plan is established during the 90-day discharge planning meeting. The meeting is held for all youth exiting foster care, regardless of permanency goal. **A youth'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 youth-driven and the youth must be involved in every aspect of the plan development. This meeting must include the youth's support network; it is not meant to be a one-on-one meeting with the youth. The youth's [two] case planning team members and any additional participants that the youth 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 youth and any individuals responsible for assisting the youth. The original plan must be uploaded into MISACWIS. The DHS-902 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](#).

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 MiSACWIS 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 meetings.

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 Family Team Meeting 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 age 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 his/her 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 his/her 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)/youth 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, FTM 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, youth, 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 MiSACWIS. 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, should be distributed to case members during the first pre-meeting discussion.

Location

If safety permits, the FTM may take place at the parent, youth, 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 caregiver 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 722-02, Placement Preparation](#), and [FOM 722-03, Placement Change](#).
- **Visitation Plan:** the visitation plan must be discussed and documented prior to the conclusion of a FTM. The visitation plan must meet all requirements outlined in [FOM 722-06I, Parenting Time Requirements](#).
- Recapping.
 - Each FTM member must be aware of any steps they are to take and the time line 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 FTM

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 MISACWIS.

The caseworker must enter the FTM information in MiSACWIS 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.

**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).

**LEGAL STATUS AND
SWSS FAJ CODES**

Dual wards include the following legal statuses with corresponding SWSS FAJ legal status codes:

- **52** - A youth **committed** to DHS following termination of parental rights by a Family Division of the Circuit Court with jurisdiction over the youth under Act 220 or Act 296 (44) and **committed** to DHS under the Youth Rehabilitation Services Act (1974 PA 150) (46).
- **90** - A temporary neglect court ward (42) and delinquent court ward (40). The delinquency case may be supervised by the court or **referred** to DHS for placement and care. For payments, this youth is treated as a delinquent court ward (40).
- **91** - A permanent neglect court ward **referred** to DHS for adoption planning and services under MCL 400.55h (41) and delinquent court ward (40). The delinquency case may be supervised by the court or **referred** to DHS for placement and care. For payments, this youth is treated as a delinquent court ward (40).
- **92** - A temporary neglect court ward (42) and **committed** to DHS under the Youth Rehabilitation Services Act (1974 PA 150) (46). For payments, this youth is treated as a state ward delinquent Act 150 (46).
- **93** - A permanent neglect court ward **referred** to DHS for adoption planning and services under MCL 400.55h (41) and **committed** to DHS under the Youth Rehabilitation Services Act (1974 PA 150) (46). For payments, this youth is treated as a state ward delinquent Act 150 (46).
- **94** - A youth **committed** to DHS following termination of parental rights by a Family Division of the Circuit Court with jurisdiction over the youth under Act 220 or Act 296 (44) and delinquent court ward 40. The delinquency case may be supervised by the court or **referred** to DHS for placement and care. For payments, this youth is treated as a delinquent court ward (40).

**CASEWORKER
RESPONSIBILITIES**

When a youth has an open foster care case **and** the youth has been referred or committed to DHS for delinquency placement and supervision, **all reporting and case work policy requirements for the foster care program and juvenile justice program must be followed.** Regardless of whether the assigned worker is a foster care worker, juvenile justice specialist or is assigned to cover both programs, compliance with foster care policy is required when a youth has any form of abuse/neglect wardship. Compliance with juvenile justice policy is required when a youth is referred or committed to DHS for delinquency wardship.

Note: If a policy item exists for both programs, the more restrictive policy is the policy by which compliance will be measured.

Example: Juvenile justice policy (JJ2 230) requires the caseworker to “arrange for a medical examination within 30 calendar days of out-of-home placement if there has been no examination completed within the previous 12 months,” *but* foster care policy (FOM 801) requires the “every child entering foster care must receive a comprehensive medical examination including a behavioral/mental health screen within 30 calendar days from the child's entry into foster care, regardless of the date of the last physical examination.” Since the foster care policy is more restrictive than the juvenile justice policy, the foster care policy must be followed.

**One Assigned
Caseworker**

If one caseworker is assigned to the case, the caseworker must complete all foster care worker responsibilities *and* juvenile justice specialist responsibilities outlined below.

**Two Assigned
Caseworkers**

If both a foster care worker and juvenile justice specialist are assigned to the case, service provision and visitation must be coordinated regularly to ensure policy compliance. The assigned foster care worker is responsible for all foster care worker responsibilities outlined below and the assigned juvenile justice specialist is responsible for all juvenile justice specialist responsibilities outlined below.

Foster Care Worker Responsibilities

Once a youth is determined to be a dual ward, the assigned foster care caseworker must assume the following responsibilities:

- Ensure the foster care case record contains all documentation for the youth for both foster care and juvenile justice programs.

Note: CPS records should be retained separately, but must include all documentation necessary to ensure cross-program coordination and collaboration for service planning.

- Ensure court orders regarding all open programs, including the juvenile delinquency case, are obtained, recorded in SWSS FAJ, and filed in the youth's case record.
- Document juvenile delinquency case information in the foster care case service plan and all other appropriate reports.
- Attend all court hearings regarding the juvenile delinquency case, even when the delinquency case is supervised by the court or a care management organization (CMO) provider, and provide the court with the appropriate reports as requested.
- Coordinate services for the youth and his/her family with other professionals involved, which may include, but is not limited to:
 - Court probation officer or juvenile justice specialist.
 - Attorney/lawyer-guardian ad litem for the youth.
 - Prosecuting attorney.
 - Treatment facility staff.
 - Law enforcement.
 - Service providers.
 - Tribal professionals, as applicable.
 - CMO provider (Wayne County only).

Juvenile Justice Specialist Responsibilities

Once a youth is determined to be a dual ward, the assigned juvenile justice specialist must assume the following responsibilities:

- Ensure the delinquency case record contains all documentation for the youth for both foster care and juvenile justice programs.
Note: CPS records should be retained separately, but must include all documentation necessary to ensure cross-program coordination and collaboration for service planning.
- Ensure court orders regarding all open programs, including the foster care case, are obtained, recorded in SWSS FAJ, and filed in the youth's case record.
- Document foster care case information in the delinquency case service plan and all other appropriate reports.
- Attend all court hearings regarding the foster care case and provide the court with the appropriate reports as requested.
- Coordinate services for the youth and his/her family with other professionals involved, which may include, but is not limited to:
 - Foster care worker.
 - Attorney for the youth.
 - Lawyer-guardian ad litem.
 - Prosecuting attorney.
 - Treatment facility staff.
 - Law enforcement.
 - Service providers.
 - Tribal professionals, as applicable.
 - CMO provider (Wayne County only).

**Juvenile
Delinquency
Petition Filed on
Abuse/Neglect
Ward**

When a foster care worker receives notice that a delinquency petition has been filed regarding a youth on his/her case load, the foster care worker must complete the following activities within five business days:

- Notify his/her supervisor.
- Make contact with the court or petitioner to obtain further information on the youth's appointed attorney, delinquency

offense, and petitioner's recommendations to the court, including the date of the next delinquency hearing.

- Make contact with the youth in his/her current placement. If the youth has been detained in detention or jail, follow policies:
 - FOM 722-03, Placement Limitations for Jail, Correctional or Detention Facilities.
 - FOM 902-11, Determination of Medical Assistance Eligibility.
 - FOM 903-02, Payment for Detention Care.
 - FOM 903-07, AWOLP/Detention Bed Hold to ensure continuity of placement, if possible.
- Obtain a copy of the delinquency petition and file in the legal section of the youth's case record.
- Update SWSS FAJ legal module, funding determination module, and Medicaid as necessary.
- Meet with the juvenile justice specialist, if one is assigned, to coordinate case service plans, visitation requirements and responsibilities.

**Abuse/Neglect
Petition Filed on
Juvenile
Delinquent Ward**

When a juvenile justice specialist receives notice that a neglect petition has been filed regarding a youth on his/her case load, the juvenile justice specialist must complete the following activities within five business days:

- Notify his/her supervisor.
- Make contact with the court or petitioner (or CPS or foster care worker, if assigned) to obtain further information on the youth's lawyer-guardian ad litem, issues of neglect and/or abuse, and petitioner's recommendations to the court, including the date of the next neglect hearing.
- Make contact with the youth in his/her current placement.

- Obtain a copy of the neglect petition and file in the legal section of the youth's case record.
- Update SWSS FAJ legal module.
- Complete the steps outlined in FOM 722-01, Entry Into Foster Care.
- Meet with the CPS or foster care worker, if one is assigned, to coordinate case service plans, visitation requirements and responsibilities.

SUPERVISOR RESPONSIBILITIES

When a supervisor receives notice that a youth has become or may become a dual ward due to the filing/adjudication of a juvenile delinquency or abuse/neglect petition, the supervisor must ensure the following:

- Assigned caseworker has program-specific training and an appropriately sized case load to complete the duties required to service a dual ward case if both programs are assigned to the same caseworker. A second worker may be assigned to complete the other program responsibilities.

Note: In situations where the court retains jurisdiction of the delinquency case or the delinquency case is being serviced by a care maintenance organization (CMO) such as in Wayne County, there may be a foster care worker and a court probation officer and/or CMO caseworker assigned to the youth's case.

- Assigned caseworker has a security profile in SWSS FAJ for all necessary programs using the DHS-60, Staff Profile Security Profile.

Note: When a foster care worker and a juvenile justice specialist are assigned to the same case in SWSS FAJ, one must be identified as the primary worker and the other must be identified as the secondary worker. This is a technical requirement of SWSS FAJ and does not determine the assigned responsibilities of either caseworker. For SWSS FAJ technical guidance, refer to SWSS FAJ Tools and Help located at <http://inside.michi->

gan.gov/dhs/Tools/techstaff/was/swssfaj/Documents/Dual-Ward-Legal-Status.pdf.

- Juvenile delinquency court order(s) are reviewed for title IV-E eligibility requirements and any necessary actions to allow eligibility are completed.
- Assigned caseworker has met Indian Child Welfare Act (ICWA) requirements and any necessary actions to determine eligibility are completed.
- Coordination and collaboration between programs, even when the court maintains supervision of the delinquency case, must occur by reviewing case documentation regularly and during caseworker supervision. Any evidence of service duplication or need for additional services as a result of cross-program coordination must be addressed with the caseworker.

PAYMENTS

Payments for dual wards are determined by the delinquency case, not the abuse/neglect case. See FOM 901-9, Payment Source Guide to assist in determining the appropriate funding source and payment system for dual wards.

SSI BENEFITS DETERMINATION

Dual wards may be eligible for Supplemental Security Income (SSI). See FOM 902-10, PR - SSI Benefits Determination.

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, Foster Care - 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 referred to the Homeless Youth/Runaway program up to two months prior to case closure and the youth's transition from foster care to the transitional living program. See FOM 722-15, Housing Resource Referral.

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 caseworker 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, and TransUnion), by the credit reporting technician (CRT), 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, and TransUnion), by the CRT, on the youth's behalf, within 60 calendar days of entering care.

**Credit Reporting
Technician
Responsibilities**

Credit reports will be requested by the Credit Reporting Technician (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 caseworker to review with the youth. If a credit report is not returned, the CRT will send a letter to the caseworker confirming that no such report exists.

The CRT is located in central office at the following address:

Credit Reporting Technician
Adoption and Guardianship Assistance Office
235 S. Grand Ave, Ste. 612
Lansing, MI 48909
MDHHS-CreditReporting@michigan.gov

**Caseworker
Responsibilities**

If a credit report is returned, the caseworker must review the findings with the youth and assist him/her in identifying and addressing any discrepancies in the report; see *Resources* in this item. The report must be uploaded in MiSACWIS and the original report must be given to the youth.

If a letter confirming that a credit report does not exist is returned, the caseworker must upload a copy of the letter in MISACWIS 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 caseworker must assist any youth age 18 years old and older with obtaining his/her credit report from each of the three nationwide consumer credit reporting agencies (Equifax, Experian, and TransUnion), annually. A free consumer credit report may be requested online from the three credit reporting agencies by going to AnnualCreditReport.com.

The caseworker's responsibilities include:

- Assisting the youth in completing the online verification form.
- Reviewing the findings with the youth and assisting him/her in identifying and addressing any discrepancies in the report; see Resources in this item.
- Uploading a copy of the report in MiSACWIS.

Right to Object

Youth over age 18 may object in writing to requesting his or her credit report. If the youth provides the caseworker a written request to opt-out, the caseworker must upload a copy of the letter in MiSACWIS.

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 MiSACWIS, 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 caseworkers 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](#).

OVERVIEW

An absent parent who may have an interest in creating a parental relationship with the child is more likely to become involved in the case service plan if included early in the proceedings. Permanency for the child may be delayed when an absent parent asserts parental rights after a permanency plan has been established. Therefore, it is important to begin the search for an absent parent at the very beginning of a case.

DEFINITIONS

Michigan Court Rule (MCR) 3.903(7) defines a legal father as any of the following:

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, 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. 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 him, and

allow him to legally establish paternity of the child. Once a putative father legally acknowledges paternity of a child or the court determines that he is the child's legal father, he may participate in the child protective proceedings.

ABSENT PARENT PROTOCOL

The Absent Parent Protocol was developed to ensure caseworkers and the courts address the absent parent issue as early as possible in child protection proceedings. Failure to address the absent parent has been a barrier to timely permanent placement for children. Caseworkers should expect the court to question the specific efforts made to identify and locate absent parents.

The Absent Parent Protocol publication is available on the DHS Public Website under Foster Care Forms and Publications or by accessing the following link:

<http://courts.michigan.gov/Administration/SCAO/Resources/Documents/standards/APP.pdf>

Refer to this document for additional information on identifying, locating, and notifying absent parents in child protective proceedings.

IDENTIFYING THE LEGAL FATHER

To identify whether there is a legal father or a putative father, the procedures below must be followed.

- Determine whether the mother was married at the time of conception and/or birth by talking with the mother and/or relatives.
- Obtain divorce and child support information, including the county where these proceedings may have occurred, by interviewing the custodial parent and/or relatives.
- Review the birth certificate to see if a father is listed.
- Ask the child about his/her father. Determine if the child or someone s/he 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 to determine whether there is an affidavit of parentage filed.

Location Efforts

Location efforts must be documented in all case service plans and in the social work contacts section of the case service plan. Efforts include but are not limited to the following actions:

- Statewide Bridges inquiry.
- Secretary of State inquiry.
- Search of telephone book or an online phone book.
 - <http://www.whitepages.com>
- US Post Office address search.
- Friend of the Court inquiry.
- Check with county clerk's office for vital statistics.
- Contact the last place of employment.
- Follow up on leads provided by friends and relatives.
- Legal publication (court action).
- Search of social networking sites.
- Contact local jails and state prisons.
 - <http://www.bop.gov/iloc2/LocateInmate.jsp>
- Offender Tracking System inquiry.
 - <http://www.state.mi.us/mdoc/asp/otis2.html>

Federal Parent Locator Services

The Adoption And Safe Families Act authorized the use of the Federal Parent Locator Service (FPLS) for caseworkers. If the absent/putative parent's Social Security number is known the FPLS must be used. 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.

Note: To request information from the Federal Parent Locator Service (FPLS), caseworkers must send an email to FIA-OCS-CFU-Staff1@michigan.gov for further information.

OVERVIEW

Case contacts are a critical component of case management. Caseworkers 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 that children, parents, and caregivers are receiving and benefitting from necessary services.

At minimum, the primary foster care caseworker assigned to the case must complete case contacts according to the requirements listed in this item. 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 MiSACWIS.

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 caseworker is the caseworker to whom primary case management responsibility has been assigned for a child or family in MiSACWIS. Unless otherwise specified, all caseworker contacts in this item are the responsibility of the assigned caseworker.

Calendar month is each of the twelve named periods into which a year is divided; for example, January, February, etc.

For purposes of this item only, a **caregiver** includes licensed foster parents, licensed/unlicensed relatives, unlicensed/unrelated caregivers, or a designated official for a child caring institution in which a child in foster care has been placed.

Face-to-face contacts are held in-person. 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 set forth in the Social Security Act.

Month is 30 calendar days.

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

Out-of-home placements include foster homes, relative/unrelated caregiver's homes, independent living placements, residential/institutional settings, and/or out-of-state placements that are not receiving ICPC services.

Week is the seven-day period from Sunday through Saturday.

CONTACT WITH CHILDREN - GENERAL REQUIREMENTS

Quality Visits

Quality visits between the caseworker and child have been found to produce positive outcomes for children in foster care. A quality visit is defined as one in which the caseworker:

- 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/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 relative, 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 caseworker to meet individually with a child. The way a caseworker 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/or express feelings about his/her situation, without the presence of other individuals.

Toddlers and Non-Verbal Children

For younger children, a brief private meeting allows the caseworker 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 caseworker 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.

MiSACWIS Documentation

Caseworkers must identify whether a private meeting (which includes safe sleep verification) occurred for each child participant in the Participant screen within the Social Work Contact section of MiSACWIS.

Unannounced Visit

Unannounced visits are not required but may be made at the discretion of the caseworker/supervisor.

Telephone Contacts

Caseworkers 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, caseworkers should be available by phone as needed.

Note: Telephone contact includes text messaging, instant messaging, and video conferencing.

Caseworker Visit Tool

Two caseworker visit job aids are available to assist caseworkers in gathering important information during monthly visits:

- [DHS-904, Foster Care/Adoption/Juvenile Justice Caseworker 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 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 caseworker visit job aids provide structure and reminders of required topics. The forms are not to be used as the documentation of the caseworker 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 primary caseworker must have face-to-face contact with each child as indicated below.

First Two Months after Initial Placement or a Placement Change

- The caseworker 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 caseworker; see *Private Meeting* in this item.

Subsequent Calendar Months

- The caseworker 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 caseworker; see *Private Meeting* in this item.

See *Appendix - Child in Out-of-Home Placement* for a reference chart.

CHILD IN A PARENTAL PLACEMENT

When a child resides in the same home/placement setting as his/her parent/legal guardian, he/she is considered in a parental home placement. A parental home placement, for case contact purposes, includes all the following:

- Custodial parent.
- Non-custodial parent.
- Adoptive parent.
- Legal parent.
- Legal guardian.
- Biological parent regardless of current legal status, if the parent had legal rights to the child at one time.

The contact standards detailed in this section are required anytime a child is residing in the same home/placement setting as his/her parent/legal guardian.

Exception: When a minor parent is placed with his/her child **and** both the minor parent and the child are in foster care (placed with the department for care and supervision), see *Child in Out-of-Home Placement* in this item for contact standards the minor parent and the minor parent's child.

Respondent Parent

Placement with a respondent parent includes when a child is:

- Returned to the removal home (reunification).

- 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.
- Placed with a relative and the parent moves into the relative's home.

First Month Following Reunification and/or Placement with a Respondent/Adjudicated Parent

- The primary caseworker must have weekly face-to-face contact in the home with the family (parent/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 caseworker; 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 primary caseworker 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 caseworker; 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 caseworker.**

The caseworker 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 caseworker must complete the following:

- At least one face-to-face or telephone contact with the Family Reunification/Families First worker, 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 MiSACWIS.

See *Appendix - Child Placed with a Respondent Parent* for a reference chart.

Non-Offending Parent

When a child is placed with his/her non-offending parent, the primary caseworker must have face-to-face contact with the child as indicated below.

The non-offending parent's participation in the case service plan and parent/agency 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 parent/agency 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](#), for redaction guidelines.

The non-offending parent may have access to the lawyer-guardian ad litem. Caseworkers 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 primary caseworker 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 caseworker; see *Private Meeting* in this item.

Subsequent Calendar Months

- The primary caseworker 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 caseworker; see *Private Meeting* in this item.

See *Appendix - Child Placed with a Non-Offending Parent* for a reference chart.

Discussion Each month, the caseworker 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 that the caseworker should discuss may occur naturally within the case plan development/reassessment family team meeting; see [FOM 722-06B, Family Team Meeting](#). The caseworker must summarize the results of these discussions in the appropriate work area in MiSACWIS.

CONTACT WITH PARENT/GUARDIAN WHEN CHILD IS PLACED OUT-OF- HOME

When a child has a permanency goal of reunification, the primary foster care caseworker must have face-to face contact with parents/legal guardians as outlined in this section.

First Month after Initial Out-of-Home Placement

The primary foster care caseworker must have at least two face-to-face contacts with the parent/legal guardian, with at least one

contact occurring at the parent's home/living environment, during the first month following initial out-of-home placement.

Subsequent Calendar Months

The primary foster care caseworker must have face-to-face contact with the parent/legal 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 caseworker and parent produce positive outcomes for children and families. A quality visit includes but is not limited to one in which the caseworker:

- 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 reason(s) 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 and/or support.

Note: Information that should be discussed with each parent/guardian monthly may occur naturally within the case plan development/reassessment family team meeting; see [FOM 722-06B, Family Team Meeting](#). The caseworker must summarize the

results of these discussions in the appropriate work area in MiSACWIS.

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 caseworker must attach the statement 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 parent's feedback in the case service plan.

Telephone Contacts

The caseworker must have two telephone contacts with the parent/guardian in the first month after initial placement and telephone contact as needed in each subsequent calendar month, if the parent/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 his/her 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 he/she is 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 caseworker must maintain monthly telephone or written contact with the parent. All contacts must be documented in MiSACWIS and all written correspondence must be uploaded in MiSACWIS.

**Parent(s) Who Live
in another State or
County**

Contacts made by an interstate or courtesy supervision caseworker meet the requirement for in-home visits with the parent(s) 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 caseworker 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, caseworker contact should continue with the parent/guardian if the parent/guardian continues to play an active role in the child's life. The frequency/method/content of contacts is determined at the discretion of the worker/supervisor based on the child's and parent's situation.

**CONTACT WITH
CHILD'S
CAREGIVERS**

The caseworker 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 caseworker 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 caseworker must have contact with the case manager/therapist assigned to the child, as described in this section.

Required Discussion

The caseworker 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 MiSACWIS. This discussion may occur at the monthly home visit:

- Efforts to co-parent and/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/mental health concerns, appointments, treatment, follow-up care, and/or progress updates.
- Child behaviors, concerns, developmental milestones.
- [Safe sleep guidelines](#) for children under 12 months.
- Educational/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, Payments for Foster Family 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 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/youth placed in a residential or institutional setting, discharge planning and preparation is required.

Participation and Input

Caseworkers 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 caseworker must attach the written statement 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; see [FOM 722-10, Court Review](#).

Distribution of the Service Plan and Treatment Plan

Caseworkers must include caregivers in the development of the case service plan and the parent agency treatment plan. The caregiver must be given a copy of each redacted case service plan and parent agency treatment plan. Caregivers must 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 written request. They must also be advised that the 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**

Caseworkers 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 caseworker must have weekly face-to-face contacts with each child placed in an emergency shelter facility. The assigned caseworker must complete the first face-to-face contact with the child within five business days from the date the case is assigned to the caseworker 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 caseworker.

Another caseworker or supervisor, other than the assigned caseworker, may complete the required face-to-face contact with the child every other week, alternating with the assigned caseworker.

**Facility Case
Manager**

The assigned caseworker 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 caseworker must meet weekly with his/her 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 caseworker must maintain a minimum of daily contact with hospital personnel regarding the status of the child in a psychiatric inpatient setting and document the contact in MiSACWIS; 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**

Caseworkers must make contact with 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 treatment summaries, Early On® or other child developmental assessments must be reviewed and summarized in the case service plan and uploaded on MiSACWIS.

**Physician Review
of Case Service
Plan**

The caseworker must review the child's case service plan with the child's primary care physician (or the attending physician if the child is hospitalized) if the child 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 (e.g., shaken baby syndrome, blunt force 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 that the case service plan addresses the child's medical needs specific to the abuse and neglect.

The court of jurisdiction must notify that physician of the time and place of a hearing where consideration is given to returning the child to his/her home; see [FOM 722-10, Court Review](#).

CONTACT WITH CERTIFICATION WORKER

When a child is placed with an unlicensed caregiver and the caregiver is pursuing licensure, caseworkers must have monthly contact with the certification worker until the family becomes licensed. The caseworker 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 and Waivers](#).

CONTACT WITH SUPERVISOR (SUPERVISION)

The caseworker must meet with his/her supervisor at least monthly for case consultation on every assigned case.

Exception: The caseworker must meet weekly with his/her 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 face-to-face meeting with the caseworker, which can occur during the monthly case consultation.

Supervisory approval indicates agreement with the:

- Thoroughness, completeness, and accuracy of the report.
- Assessment/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 parent(s).
- Recommendations to the court.
- Compliance with Structured Decision Making.
- Efforts to reunify siblings and/or place with relatives.
- 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 MiSACWIS.

**MiSACWIS
Documentation**

Monthly case consultations must be identified in MiSACWIS with the case contact type of *supervision*.

**TIMELY ENTRY OF
CASE CONTACTS**

All case contacts must be entered in MiSACWIS, **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 caseworker must enter the required face-to-face contacts listed below in MiSACWIS 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 caseworker/supervisor.
 - CPS caseworker/supervisor.
 - Adoption caseworker/supervisor.
 - Permanency resource monitors.
 - Education planners.
 - Michigan Youth Opportunities Initiative 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 MiSACWIS 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 MiSACWIS prior to the report period end date of the applicable case service plan.

**Family
Reunification/
Families First**

Family Reunification/Families First contractors must submit all face-to-face contacts with children, parents, and caregivers to the assigned caseworker by the third business day of each month. Family Reunification/Families First face-to-face contacts must be entered in MiSACWIS within five business days of receipt.

Note: Families First Worker and Family Reunification Worker are association types in MiSACWIS and must be used when documenting case contacts for families participating in either of these programs.

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 caseworker 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.

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](#).

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 primary foster care caseworker assigned to the case.
Calendar days 1-30	1 face-to-face contact by the primary foster care caseworker assigned to the case.

Calendar days 31-60	<p>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.</p> <p>2 face-to-face contacts, with at least one contact occurring in the child's placement setting, by the primary foster care caseworker assigned to case.</p>
Subsequent Calendar Months	
Each calendar month	<p>1 face-to-face contact in the child's placement setting by the primary foster care caseworker assigned to the case.</p>

Child Placed with a Respondent Parent

FIRST 30 DAYS FOLLOWING PLACEMENT WITH A RESPONDENT/ADJUDICATED PARENT	
Day 1 = Date of Placement	
Timeframe	Requirement
<i>Without Families First or Family Reunification Services</i>	
Weekly	<p>1 face-to-face contact in the home by the primary foster care caseworker assigned to the case.</p>
<i>With Families First or Family Reunification Services</i>	
Calendar Days 1-30	<p>1 face-to-face contact in the home by the primary foster care caseworker assigned to the case.</p>
Subsequent Calendar Months	
<i>Without Families First or Family Reunification Services</i>	
Each calendar month	<p>2 face-to-face contacts in the home, by the primary foster care caseworker assigned to the case, until case closure.</p>
<i>With Families First or Family Reunification Services</i>	

Each calendar month

1 face-to-face contact in the home, by the **primary foster care caseworker** 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 primary foster care caseworker assigned to the case.
Calendar days 1-30	1 face-to-face contact by the primary foster care caseworker 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 primary foster care caseworker assigned to case.
Subsequent Calendar Months	
Each calendar month	1 face-to-face contact in the home by the primary foster care caseworker assigned to the case.

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.

Visitation is an interactive face-to-face contact between a child and his or her parents, siblings, or other family members. It is separate from counseling, therapy, assessments, case reviews, family team meetings or court hearings. Parenting time/visitation can be supplemented with other types of contact such as phone calls, letters, email, pictures, tapes and gifts. This contact should be allowed and encouraged unless the child's or others' safety or well-being may be compromised.

PARENTING TIME

Children under 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 between the parent(s) and child(ren) is facilitated by the supervising agency.

One of the best predictors of successful reunification is the frequency and quality of visits between a child and his or her parents. It is important 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 visit and contact plan should include progressively increased parental responsibility for the daily care of the child.

Parenting time visits 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 Parenting Time

For children with the goal of reunification, there must be a written plan for the expansion of parenting time, which **must** be reassessed monthly during supervision and documented quarterly in the visitation 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 visits.
- Changing the location to support a more family friendly environment to encourage typical parent/child interaction.
- Moving to unsupervised parenting time.

General Supervision Requirements

Supervised parenting time ensures the child's safety and allows the caseworker the opportunity to view the parent/child interactions and provide support and guidance.

Case aides, foster parents/caregivers, relatives, and others may supervise visits in addition to the assigned caseworker. The caseworker must communicate the expectations of the parent during parenting time to the individual(s) supervising the visits, and the individual supervising the visit must provide support and guidance as needed. The caseworker must obtain updates on the quality of the parent/child interactions during the visit(s) from the individual(s) who supervised the parenting time(s).

Caseworkers must reevaluate the need for supervision of parenting time during monthly supervision with his/her supervisor; see *Supervisor Review* in this item.

Note: If supervised parenting time is court-ordered, supervision must remain until the court rescinds the supervision.

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 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 plan 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](#).

Parenting Time Plan

Caseworkers must engage the family in creation of the parenting time plan, including:

- The frequency, duration, and location of parenting time.
- Opportunities for supplementation of parenting time.
- Specific behaviors expected of the parent(s) during parenting time.

The frequency, location, and duration of parenting time, as well as the action steps required for progression of parenting time, must be documented in the case service plan.

Scheduling parenting time must be done with primary consideration for the parent's time commitments which may include 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

The frequency guidelines detailed below are to be followed **immediately** upon out-of-home placement, unless otherwise ordered by the court. The initial visit must occur as soon as possible but no later than seven calendar days following placement.

Frequency of parenting time is determined by the age of the child when s/he is 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(ren) is born or enters an out-of-home placement on a later date, the frequency of visits (for that child(ren)) will be based on the child's individual age and does not affect the already established visitation schedule of the other sibling(s). Parenting time above the minimum guidelines **must** always be explored when appropriate; see *Expansion of Parenting Time* in this item.

Frequency of parenting time must occur as indicated below:

- **Newborn to age five**, visits occur, at a minimum, two times per week.
- **Six years and older**, visits occur, at a minimum, once per week.

If visits are not occurring as outlined above, the barriers that are contributing to less frequent visits and how those barriers are being addressed must be documented in the case service plan.

Note: The frequency of an existing parenting time plan is not reduced when a child reaches age 6.

Duration

Parenting time should be long enough to promote parent-child attachment. At a minimum, a parenting time visit should last for at least one hour.

Note: Parenting time visits 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, parenting time should be scheduled 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 the location of parenting time is other than parental home, caseworkers must document in the visitation plan where the visit is occurring and what conditions must exist for in-home visits to take place.

Supplementing 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 additional visits, above the minimum number of required visits. Examples of acceptable activities include, but are not limited to the following:

- Involvement in medical and dental appointments.
- Attendance at school conferences, sporting events, plays, recitals, etc.

Parenting Time Exceptions

Children in foster care with a goal of reunification must have parenting time with their parents, unless an approved exception exists. Exceptions to this requirement include:

- The court orders less frequent visits.
- One or both parents cannot attend visits 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 the visits despite the caseworker taking adequate steps to ensure the parents' ability to visit.

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) his or her efforts to assist the parent in resolving the barriers to attending parenting time.

All exceptions must be recorded in MiSACWIS and all reasonable efforts to assure that visits take place must be documented in the case service plan. When an exception is recorded, the caseworker must review the child's permanency goal; see FOM 722-9A, Reunification Assessment.

Exceptions must be reevaluated quarterly **or** anytime circumstances necessitate a change to the parenting time/visitation 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 is 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 removal.
- The specific behaviors and expectations required during 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 demonstrate 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)/caregiver(s) in understanding the child's reaction to parenting time so that the foster parent(s)/caregiver(s) can support the child.

SUSPENSION OF PARENTING TIME

The caseworker must not cancel, postpone, or deny 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 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.

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 visits **or** contact between an incarcerated parent and the child. Alternatives to regular visitation 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 within a parent's home; see [SRM 700, Law Enforcement Information Network](#).

DOCUMENTATION

The frequency, location, duration, specific behavioral expectations, and the visitation requirements described above must be documented in the visitation plan.

Parenting time and sibling visits must be documented in social work contacts; see [FOM 722-06H, Caseworker Contacts](#).

Note: If parenting time occurs less than weekly, the reasons must be documented in the visitation plan.

SIBLING VISITATION AND ONGOING INTERACTION

Under MCL 722.952, siblings are children who are related through birth or adoption by at least one common parent. For American Indian or Alaskan native children, siblings are defined by the American Indian or Alaskan native child's tribal code or custom. A sibling relationship continues after termination of parental rights.

Siblings in foster care who are not placed together must have regular visitation. Siblings placed apart must have one visit within the first 30 days of the placement that results in separation and one visit per calendar month thereafter.

Caseworkers must:

- Coordinate with the caregiver(s) to develop a plan for sibling visitation and ongoing 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

Monthly visitation is required unless:

- The visit may be harmful to one or more of the siblings.

Note: Document the reason visitation 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.
- One of the siblings is above the age of 16 and refuses such visits.

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 assure that visits take place 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 grandparenting time 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 his or her 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 his or her 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

PURPOSE

Children in foster care 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

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, caregiver and/or parents. The caseworker must be prepared to answer any questions the child, parents, foster parents, or relative caregiver may have.

After the document is reviewed the signatures of the child and caseworker must be obtained. The parent, foster 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 his/her rights while in foster care. The caseworker must be available to discuss with the child when he/she expresses curiosity or concern about his/her rights. The rights are to be discussed in an age appropriate manner.

Documentation

The DHS-5307 must be reviewed and re-signed annually. The contact must be documented in the social work contacts and the

DHS-5307 must be uploaded to the *Documents* hyperlink in MiSACWIS.

Concerns/ Grievance Process

A copy of the supervising agency's grievance policy must be provided to the child, parent, or caregiver, with the DHS-5307, at 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 concerns are not resolved satisfactorily, the child, parent, or caregiver can contact the MDHHS Office of Family Advocate at (517) 373-2101.

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](#).

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 Alien

See [FOM 902, Verifying Qualified Alien Status](#).

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 MiSACWIS.

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-914, Notice to Foreign Consul/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 consul 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](#) 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 alien 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 aliens. If the caseworker determines 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; 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 MiSACWIS. 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, they 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](#) 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, they 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](#).

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(ren) to his or her parent is possible, the caseworker must begin a planned process to reunite the family.

**PERMANENCY
PLANNING TIME
FRAME**

The goal of reunification must be formally reassessed at different decision points throughout the case to determine if the current goal is still appropriate.

**Permanency
Planning at Six
Months**

Once a child has been in out of home care for six months, if the permanency goal remains reunification, the caseworker must hold a Family Team Meeting (FTM) to review the permanency plan. At this meeting, the parent's progress on addressing barriers to reunification will be reviewed to determine what barriers still need to be alleviated; see FOM 722-06B, Family Team Meeting. This meeting can also be an opportunity to review whether the permanency goal needs to change and to determine if a concurrent permanency plan has been or needs to be developed; 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 DHS-643, Permanency Goal Review, must be used 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 filed in the narrative section of the case file.

**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 in the case service plan a written explanation justifying the continuation of the goal. Identification of any additional services necessary or circumstances which must occur in order to accomplish the goal must also be documented.

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 period. These compelling reasons must be documented in the record and approved by the caseworker's supervisor; see FOM 722-07D, Termination of Parental Rights for a Child Out-of-Home for Fifteen of the Last 22 Months.

Note: The reunification goal is not to be extended or delayed because of a change in the caseworker or a case transfer. 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 are also not sufficient grounds for retaining reunification as the permanency plan.

**CASEWORKER
RESPONSIBILITIES
IN REUNIFICATION**

Prior to returning a child to the home from which he/she was removed or to the home of the other parent, the caseworker must:

- Determine the motivation and capability of the parent or legal guardian to provide for 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 within his/her parent's home, 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."

- Provide documentation that appropriate rehabilitative, remedial services have been consistently provided to the parent, other relevant adults in the home, and the child to minimize the potential for further abuse or neglect. Overall, barrier reduction must be either partial or substantial.
 - Collateral resources from service providers must be utilized in helping the caseworker arrive at a decision to return the child home. Documentation of collateral contact results is to be entered in the case service plan.
 - Include a statement in the case service plan that a decision to return the child home has been reviewed and agreed upon by the supervisor.

Parenting Time

There must be a plan for progression of parenting time for children with the permanency goal of reunification. Gradually increase the amount of parenting time with parent(s) or guardian(s) to including overnight and weekend visits. Increased parenting time will help ease the transition from foster care.

Monitor, evaluate and document the results of increased parenting time to aid in determining the projected timing and success of the child returning home; see FOM 722-06I, Maintaining Family Connections Through Visitation and Contact.

Case Planning

Develop/renegeotiate the Parent-Agency Treatment Plan and Service Agreement portion of the case service plan with the parent or legal guardian.

- Outline in concrete, behaviorally specific terms what can reasonably be expected of the parent, custodian or guardian, and of the child to maintain placement in the child's own home.
- Assist the parent with developing goal directed and time limited objectives, with clear expected outcomes.
- Negotiate post placement services with the parent prior to the child's return home. Revise the Parent-Agency Treatment Plan to reflect unmet and updated goals, steps and the time frames needed to reach goal attainment and case closure. Post placement services that are paid for through DHS are not to continue beyond 90 days without documented supervisory

approval and/or through a Family Division of Circuit Court order.

Community Resources

Assist the family with establishing, or re-establishing, community support systems for the family.

Example: Prevention services, educational services, day care, employment services, or recreational services; see FOM 722-09B, Protecting Interventions.)

LEIN Check

Conduct a LEIN check on all adult household members and non-parent adults within the parental home; see FOM 722-06A, Criminal Record Check - Law Enforcement Information Network.

Safety Assessment

Complete a DHS-149, Safety Assessment; see FOM 722-09B, Safety Assessment.

The Safety Decision must be either Safe or Safe With Services for a child to return to the parental home. Documentation must include how the presenting problem(s) causing removal have been resolved to the extent that the child will be returning to a safe home.

POST REUNIFICATION

After reunification, families must receive help and support in making necessary readjustments in daily living patterns. Services to the family must continue until safety and stability are achieved and the family is not at risk for a re-removal; see FOM 722-09B, Protecting Interventions.

Visitation Requirements

The caseworker must continue to monitor the family and visit the child(ren) after they are returned home until case closure. For visit requirements; see FOM 722-06H, Caseworker Contacts with Child Returned Home.

**Family
Reunification/
Families First**

If the family is referred for Family Reunification or Families First services, those two programs are responsible for complying with some visitation requirements; see FOM 722-06H, Family Reunification/Families First.

**Continued
Relationships**

Caseworkers must be sensitive to the relationship that has developed between the child and caregiver(s). Whenever it is possible and constructive, the means for continuing a relationship are to be developed.

**Post Placement
Safety**

If the caseworker finds that the parent has not benefited from services and the child(ren) are at imminent risk after return home, the caseworker must file a motion for a re-hearing or a petition for removal with the court requesting a hearing to consider a change in placement.

If the caseworker has reasonable cause to suspect that the parent has abused or neglected the child, a complaint to CPS must be made and a CPS investigation must be completed. If CPS determines that the child has been abused or neglected, CPS must file a supplemental petition with the court; see FOM 722-13, New Complaints of Abuse and/or Neglect.

**Medicaid Coverage
for Children
Returning Home**

When a child is reunified with his/her parents, the parents must complete a DHS-1171, Assistance Application, prior to the child's return. If the parent is unable to complete and return the form to the DHS office in their area, the caseworker must facilitate this process by assisting the parents in completing the information and returning it to the local DHS office for assignment process.

Once the DHS-1171, Assistance Application, is returned to the local DHS office, 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, DHS-1171, Assistance Application.

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 terminate 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 - in order of preference - 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 his/her 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 his/her 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.

**Permanent
Placement with a
Fit and Willing
Relative**

The goal of Permanent Placement with a Fit and Willing Relative (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)

Another Planned Permanent Living Arrangement was established as a permanency option to be used when all of the 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 that 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 that 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 his/her placement with a foster family, in a long/short term facility, or may choose to live independently.**

GENERAL REQUIREMENTS

PPFWR and APPLA require 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 a safe, secure and caring relationship that is the key to healthy development and a sense of identity for the foster child.

PPFWR and APPLA require an open foster care 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 Types and Timeframes.

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 the 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 that he/she must adhere to the *Prudent Parent Standard* guidelines; see FOM 722-11, Delegation of Parental Consent.
- Indicate whether the relative or foster parent is aware that the plan must be reviewed quarterly to determine whether a more permanent plan is possible for the youth. Also indicate whether he/she understands that he/she may choose to adopt or move to guardianship at any time.

Living Arrangement (APPLA)

A youth may continue to reside in his/her 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 MiSACWIS, 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 that PPFWR or APPLA is the best permanency goal for the youth and that reasonable efforts have been made to ensure that alternate, more permanent options, are no longer in the youth's best interest all of the following must occur:

- The caseworker must meet separately with the youth and his/her 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 722-3, Relative Engagement and Placement.
- Schedule a Family Team Meeting (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 722-6B, Family Team Meeting.

FTM participants must include:

- Youth.
- Foster parent(s).

- The identified supportive adult.
- Permanency Resource Monitor.
- 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 his/her adoption, guardianship, or permanent placement with a fit and willing relative.
- After an extensive and ongoing search, it is determined that 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 children; see NAA 250, Compelling Reasons.

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 Permanent Placement with a Fit and Willing Relative or Another Planned Permanent Living Arrangement **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 indicating which supports he/she 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, 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.

Additional factors that the supportive adult must possess include:

- Stable housing.
- Stable employment.
- No lifestyle concerns; for example, alcohol and substance abuse, that would limit his/her availability to support the youth.

If the youth identifies a supportive adult whose age is within 3 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.

DOCUMENTATION

The documents described in this section make up the *Permanency Plan Approval Packet*, which is compiled by the assigned caseworker. 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 PAFC director, before being submitted to the permanency resource

monitor for review; 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.

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.
 - The 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 MiSACWIS, and include the original agreement in the permanency plan approval packet.

- [Permanency Pact.](#)

The Permanency Pact 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 MiSACWIS, 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 MiSACWIS 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, Preparation and Placement of Older Youth, for detailed information on independent living plans.

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 permanency goal established date; see Changing the Permanency Goal in this item.

PERMANENCY GOAL APPROVAL

The district manager/county director/child welfare director or placement agency foster care (PAFC) director must approve the permanency plan approval packet, which consists of the required permanency forms; see Documentation in this item.

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 permanency resource monitor for review. The permanency resource monitor must submit the

permanency plan to the Children's Services Agency (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 722-3C, 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 722-3B, 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 his/her needs, this decision must be reviewed and documented; see FOM 777-3C, 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 he or she is willing to maintain a long-term relationship with the youth when his/her 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.

DHS INITIAL SERVICE PLAN REQUIREMENTS

As required by 1988 PA 224 of 1988, (MCL 712A.13a), a DHS-65, Initial Service Plan (ISP) must be prepared within 30 calendar days after the removal date of the child. A copy of the ISP is required in every case file regardless of individual court reports.

ISP Completion Date Compliance

The prepared initial service plan is considered complete when the Department of Human Services (DHS) foster care worker submits the ISP to the supervisor through the Service Worker Support System Foster Care, Adoption and Juvenile Justice (SWSS FAJ). The completion date is reflected as the "Report Date" on the first page of the ISP.

The placement agency foster care ISP completion date is the date the worker submits the ISP to the supervisor for review. The completion date is reflected as the "Report Date" on the first page of the ISP.

The ISP is considered overdue if the report date is on or after the 31st day following the child's removal date.

ISP Overview

The ISP is the document used by the foster care worker to:

- Document information about the family.
- Assess the functioning of the family and child(ren), documenting the specific identified needs and strengths.
- Identify the permanency planning goal.
- Identify the services necessary to achieve the permanency planning goal.

The child's family, the child and the foster parent/relative/unrelated caregiver provider must be offered the opportunity to participate in preparing the case service plan. Specifically, the foster care worker is required to engage the family in the development of all case service plans. The plan must designate the person(s) responsible for coordinating and implementing the plan. See FOM 722-06,

Developing the Service Plan and FOM 722-07, Ongoing Permanency Planning and Service Provision.

During the transition period to SWSS FAJ conversion for all child placing agencies, there will be a difference in service plans produced by the placement agency foster care providers (templates) and the required service plans produced out of SWSS FAJ by the DHS foster care worker. However, the content of and the following procedures for completion of the ISP are required for all foster care workers.

The initial service plan is completed within 30 calendar days of the date the child is first removed from their own home and enters foster care. Additionally, an ISP must be completed for child(ren) who have returned home with dismissal of court jurisdiction and are again placed in out-of-home care under a new petition. If the child was returned home to either/both parent(s) and the child was re-removed during this report period, describe the reasonable efforts to prevent the removal.

If the case is transferred to another agency in the middle of any period, the receiving agency does not need to complete a new ISP. There must be only one ISP per case, except as noted above. Section II of the USP (DHS-66) must be completed for children who re-enter foster care after having been home, while under court jurisdiction.

Complete the ISP format (DHS-65) and the Parent-Agency Treatment Plan and Services Agreement (DHS-67) located in FOM 722-08C. If the child is placed in a residential care setting, the residential care provider must complete the Foster Care Structured Decision Making Residential Initial Service Plan, DHS-365. The DHS worker must also complete the ISP (DHS-65) because the residential forms do not address family planning, monthly contact documentation by the DHS worker, recommendations to the court, (compelling reasons) or reasonable efforts as required by Binsfeld and Adoption Safe Families Act. DHS workers are not required to duplicate information provided by the residential care provider in the ISP. This information should be summarized in the case service plan.

Decisions

The ISP records information about the family and child(ren) through completion of a social history and the Family and Child Needs and Strengths Assessments; see FOM 722-08A and FOM 722-08B.

This information is used to determine the needs that are primary barriers to the reunification of the child(ren) with the family. Appropriate treatment services are designed to address the **primary barriers**.

Based on the family and child assessment of needs and strengths and other relevant information collected during preparation of the ISP, the FC worker determines the permanency planning goal for each child in the family. Acceptable permanency goals are:

- Reunification.
- Adoption.
- Guardianship.
- Permanent placement with a fit and willing relative.
- Placement in another planned living arrangement.

There is a continuum of legal permanency, with reunification being the most preferred followed by adoption, guardianship, permanent placement with a fit and willing relative and lastly, another planned permanent living arrangement. Therefore, if the permanency planning goal is not reunification, adoption, guardianship, or permanent placement with a fit and willing relative, compelling reasons must be documented within the ISP which detail **why each subsequent permanency planning goal is not in the child's best interest**.

The foster care worker incorporates assessment information on primary barriers into the goals and objectives of the parent-agency agreement. Resolution of the primary barriers is measured in the Family Reunification Assessment to decide:

- If the child(ren) can be returned home.
- If the child(ren) can be maintained in home.
- If the permanency planning goal is considered to be changed or must be changed to other than reunification.

Note: It may be appropriate to request termination of parental rights at the initial disposition; see FOM 722-07, Termination of Parental Rights.

ISP Content

The ISP has two sections. The first section includes:

First Section of ISP

- Identifying information, legal status, social history, and assessments on the family and the child. In this section the primary barriers to reunification are identified.
- Details of the efforts to identify and locate absent parent(s).
- Details of the reasonable efforts that were made by CPS to prevent removal of the child(ren) from his/her home or the reasons why reasonable efforts were not provided.
- Details of the reasonable efforts that the supervising agency must take to best enable the child(ren) to be safely returned home and the services that will be provided to the parent(s), non-parent adult, if applicable, child(ren) and foster parent/relative/unrelated caregiver to facilitate return home; **or**
- **Documentation that the supervising agency believes that providing services to reunify the family is not reasonable;** see FOM 722-06 Reasonable Efforts.
- Assessment of the child(ren)'s placement and identification of possible relative/unrelated caregiver placements; see FOM 722-03, Foster Care Placement and Replacement Selection.
- Recommendations to the court.

Second Section of ISP

The second section is the Parent-Agency Treatment Plan and Service Agreement (DHS-67). In this section the FC worker:

- Records the permanency planning goal, target dates, anticipated next placement information, service referrals; and provides assurance of safe and proper care and services; see FOM 722-06, Assurances of Safe and Proper Care and Services.
- Identifies what the parent/caretaker must do to enable their child(ren) to be returned home.
- Identifies what the supervising agency must do to facilitate return home for the children.

- Identifies specific services to be provided to the parent, child, and foster parent/relative/unrelated caregiver that will facilitate early return home.
- Identifies the discipline and child handling techniques that the foster parent/relative/unrelated caregiver will use while the child(ren) is in placement; see FOM 722-02, Behavior Management.
- Identifies the frequency, duration, and location of parenting time; see FOM 722-06, Parenting Time.
- Identifies the frequency, duration, and location of sibling visits, if siblings are in separate placements.

Appropriate Completion

The foster care worker begins the ISP with completion of the Family Assessment of Needs and Strengths, DHS-145 and the age appropriate Child Assessment of Needs and Strengths, DHS-432, 433, 434, 435, (See FOM 722-08A and FOM 722-08B for instructions.). Through interviews with family members and collateral contacts, review of CPS materials, the petition, and any other prior documentation, the FC worker determines the needs and strengths of family and child, all pertinent information on history, and the primary barriers to reunification.

All parties with a legal right to consideration for reunification must be identified in the ISP.

ACCESSING HIDDEN TEXT WITHIN SDM TEMPLATES

To display the hidden text feature on the structured decision making templates:

- Click on Tools on the Windows Menu bar.
- From the Tools Menu, click on Options.
- From the Options card file, click on the View tab.
- Under Nonprinting Characters, check to see that there is a checkmark next to the Hidden Text option.

- Click OK.
- Shortcut: to quickly display or hide the hidden text on the open document, click on the Show/Hide icon on the Word formatting toolbar. This icon looks like a reversed "P." This will either turn on or turn off the hidden text feature.

DHS-65, INITIAL SERVICE PLAN INSTRUCTIONS

The DHS-65 format is to be used in the development of an ISP for all neglect/abuse children and youth for whom the department is responsible. **All items in this format must be addressed unless otherwise noted.** Hidden text is in italics.

Identifying Information

County of referral:

Report Date:

Court Docket #:

Child(ren) (List separately):

- Name.
- Birth date.
- Log number.
- Case number.
- Child age, gender, race, height, weight, hair color, eye color.
- Federal permanency planning goal.
- Current legal status.
- Date entered care.
- Current placement type.
- Anticipated next placement and date anticipated.
- Native American question asked.
- Tribe (if applicable).
- Provider name (if unrelated caregiver or relative; name and address, if institution; name and address of institution; if licensed foster home, note foster home placement only).

Parent(s) Caretaker(s) (List separately):

- Name.

- Address.
- Date of birth.
- Relationship.
- Child(ren).
- Participating, reason not participating.
- CPS risk level.

Note: The names of each mother and father must be listed 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, attempts must be made by the worker to identify and locate the putative father in order to establish paternity; see FOM 722-06, Efforts to Identify and Locate Absent/Putative Parent(s). All efforts must be documented in ISP.

Indicate if the parent is participating in service planning. Use the following definitions to describe reasons for non participation in service planning:

**Can't Locate/
Unavailable**

Worker completed a diligent search for parent(s) with a legal right to the child(ren) through such things as statewide Bridges inquiry, Secretary of State inquiry, search of telephone books, U.S. Post Office address search, follow up on leads provided by friends and relatives, legal publication, etc. and has been unable to locate. The parent(s) has not responded to mailings from the worker; see FOM 722-06, Efforts to Identify and Locate Absent/Putative Parent(s). Refer to Absent Parent Protocol
<http://courts.michigan.gov/scao/resources/standards/APP.pdf>

Deceased

Is used when the parent is deceased.

**Not An
Assessment
Household**

There is no legal, biological, or putative parent in the household.

**PPFWR or APPLA
Agreement in
Place**

For children and youths 14 and older who have a Permanent Placement with a Fit and Willing Relative (PPFWR) or Another Planned Permanent Living Arrangement (APPLA) agreement accepted by the court; see FOM 722-07, Other Permanency Goals.

**Parental Rights
Terminated**

Is used when the parental rights have been terminated.

Refused

The parent has indicated in writing to the court that he/she does not intend to participate in reunification service.

**Reunification
Services Not
Needed Per Court
Order**

The court has determined that reunification services no longer need to be offered to the parent.

Unwilling

Worker has attempted to engage parent(s) with legal rights to the child(ren) 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, parent(s) do not participate as required.

I. Legal Status

The petition is included in the legal section of the case file and is not repeated in the legal status of this file. Summarize the allegations and the disposition in the "Reason Child(ren) Entered Care" section of this report.

A. Reason Child(ren) Entered Care.

- Describe the event or incident that led to removal and placement of the child(ren).

- Are there prior CPS referrals, investigations, services and/or placements for this family? If yes, then describe.
- ***If any child(ren) remain in the family home, indicate the reasons why the child(ren) remaining in the home are safe and what services are being provided to ensure continued safety.***

B. Court History:

- Child (List separately): name, petition date, petition type, hearing date, hearing outcome, order date, order type, requirements to the court through its order.

C. Next court date:

II. Reasonable Efforts

Information from the CPS transfer; see FOM 722-06, Reasonable Efforts.

For children who are or who may be Indian children, active efforts are required; see NAA 205.

- A. Include services that were provided to the child(ren) and parent(s) to prevent removal.
- B. If services were not provided, were not required, or if providing services to the family was not reasonable, explain why.
 - Address the above areas for the ISP.
- C. Likely harm to the child(ren) if he/she were to be separated from parents, guardian, or custodian?
- D. Likely harm to the child(ren) if he/she were to be returned to parents, guardian, or custodian?

III. Social Work Contacts

- List date, person(s) contacted, role/position of person contacted, contact method (telephone, face-to-face, home visit, office visit, etc.) for each contact, scheduled, kept or unkept.
- Provide a brief narrative statement (2-3 sentences long) of the topics covered during the contact.

- For face-to-face contacts with foster children, include a statement whether the foster care worker had a private meeting with the child(ren), viewed the child's sleeping arrangements and had a conversation with the caregiver regarding safe sleep requirements in applicable cases.
- The following face-to-face contacts must be documented in social work contacts regardless of whether the primary foster care worker was part of that contact:
 - Parent/primary foster care worker contacts.
 - Child/primary foster care worker contacts.
 - Caregiver/primary foster care worker contacts.
 - Home visits.
 - Parenting time.
 - Permanency planning conferences

IV. Assessment

- A. **Family Social History and Assessment** (Complete this section after the Family Assessment of Needs and Strengths, DHS-145, has been completed for the family; see FOM 722-08A, Family Assessment for instructions. If more than one household has been identified for the child(ren), for each item complete all information for each household.

1. Family History

- Describe the family of origin for all adults and non-parent adults involved in this household.
- Describe any history of child abuse or neglect and/or placement experienced by the adult members.
- Describe how the adult's history has impacted his or her own parenting skills and the current situation.
- Describe other relevant information about the adult members of the household, include any significant health issues, criminal history, intra-familial relationships, etc.
- Briefly describe the adult(s) interaction with child(ren) and with each other, if applicable.

- Describe the willingness of the adult(s) to change the situation that brought the children into foster care.

2. Family Self Assessment

- Describe the family's reaction to the event/removal and the department's definition of the problem. Describe the family's definition of the problem.
- Describe the family's assessment of their functioning.
- Describe what the family thinks would make things better. Describe the resources the family believes will help meet goals.

3. Family Resources

- Describe the relative network resources that are available, or potential resources, including the resources available from the surrounding community.
- Include an assessment of family's feelings of support from these resources.

4. Religious Affiliation (if applicable)

- What is the religious affiliation of the parent(s) and child(ren)?
- What is the family's history of participation?
- What are the participation and attendance requirements?
- Explain any special dietary requirements, grooming, dress or make-up requirements for the child(ren) in placement.

5. Family Assessment of Needs and Strengths

- Address and explain each individual item scored as a need on the Family Assessment of Needs and Strengths for each caretaker and household.

- Identify the priority needs that are primary barriers to reunification.

Priority needs are defined as those domains scored with the highest negative point value.

- Indicate how the primary barriers are related to the reasons the child(ren) entered care, and
- List and describe strengths in the family.

Strengths are defined as any domain scored with a "0" or positive number.

- The results of the Central Registry and criminal history checks, if available.

B. Child Social History and Assessment The foster care worker must request information from the child(ren)'s family, foster family, the child (when appropriate), service providers, education and medical providers and any other professionals familiar with the child prior to completing the child(ren)'s needs and strengths assessment and social history. Complete this section after the age appropriate DHS-432, 433, 434, 435, Child Assessment of Needs and Strengths, is completed; see FOM 722-08B, Child Assessment Requirements for instructions.

1. **Placement During the Report Period** - Describe for each child:

- Child name.
- Living arrangement.
- Begin date.
- End date.
- Reason for replacement.

2. **Provision of Medical, Dental and Mental Health Services.** For each child complete the following:

- Child name.
- Current health status and medical needs from the onset of a child's placement into foster care.
- Any needed emergency medical, dental and health care provided since entry into foster care.

- Date of full initial medical examination.
- Description of any needed medical follow-up appointments.
- Immunization status.
- Date of initial dental examination or date of scheduled appointment.
- Description of any needed dental follow-up treatment and appointments.
- List of prescribed and regularly dispensed over-the-counter medications, including dosage, diagnosis resulting in prescribed medication and prescribing physician.
- Documentation of informed consent for each psychotropic medication, if applicable.
- Date of mental health screening and/or assessment.
- Description of any needed mental health treatment, if applicable. Include name of treatment provider, frequency of sessions and treatment goals.
- Child's perception of their mental, medical, and dental health needs, if applicable.

3. **Child History and Current Status** - Describe for **each** child under court jurisdiction:

- Distinctive characteristics.
- Emotional and physical development.
- Behavior, past experiences, and problems.
- Participation in extracurricular/cultural/hobbies, likes and dislikes, etc.
- Relationships with siblings.
- Describe all prior formal and informal placements.

- How the child's permanency plan was shared with the child and the child's feelings about the plan.
4. **Educational Information** - For all elementary or secondary school students, document the child/youth's full-time school attendance with a statement that the child is a full-time student. If child/youth is incapable of attending school on a full-time basis due to a medical condition, address the incapacity. Documentation of child's/youth's medical condition (from medical provider) must be in case plan and updated quarterly. Describe for **each** child:
- Child name.
 - School name.
 - Grade.
 - The appropriateness of the current educational setting and the proximity to the school in which the child was enrolled at the time of removal.
 - The best interest factors and the input of the parent or legal guardian, along with the education liaison used to determine the preferred school.
 - Discussion of the transportation plan (if applicable).
 - Verification that the child is enrolled in and attending school full-time within 5 days of initial placement.
 - Verification from the new school that child's previous school record has been obtained (if child's school is changed from the enrolled school at time of removal).
 - An initial assessment of the child's educational needs and strengths, based on information obtained from the Michigan Department of Education Homeless Student Intake Form (if child is eligible for McKinney-Vento benefits), educational assessments and through contacts with the parents, teacher, foster parent, child/youth and/or liaison.

Note: Each child must be screened for educational needs within 30 calendar days of his or her entry into foster care. 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.

- Special education information, if applicable.
- Child's current academic performance and behaviors in school, including whether child is passing or failing their grade.
- Description of provided services from school, parent, foster parent and/or others to meet the child's educational needs.
- Child's comments about their educational needs and strengths.

5. **Child(ren)'s Reaction to Placement** - Describe for **each** child under court jurisdiction, their reaction to:

- The abuse and/or neglect that led to placement.
- The placement out of the family home. (Separate from the family's reaction.)
- Their current placement, including the child's feelings and observations about the placement.

6. **Child Needs and Strengths Assessment** - For each child, address and explain **each** individual item scored as a strength or need on the age appropriate Child Assessment of Needs and Strengths for the child(ren):

- Identify and explain the priority needs of the child(ren) for service.

Priority needs are defined as those domains scored with the highest negative point value that is not a situational concern.

- Identify and explain situational concerns.

Situational concern is defined as 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. Situational concerns **must not** be identified in consecutive service plan periods. (If the issue persists beyond the case planning period, it would then be identified as a need.)

Identify other needs that are any domains that have a negative score that are not considered priority or situational needs.

- Identify and explain strengths.

Strengths are defined as any domain scored with a "0" or positive number.

7. Placement Information

- a. **Placement Selection Criteria;** see FOM 722-03, Placement/Replacement.

Rank each from 1 - 4; 1 being the reason(s) most important to the decision, 3 the least important, and 4 not applicable. Each item must be scored.

- The case plan which includes the goal of permanence.
- The physical, emotional, educational and safety needs of the child(ren).
- The appropriateness of the current educational setting and the proximity to the school in which the child was enrolled at the time of placement.
- Proximity to the child(ren)'s family.
- Placement within relative/unrelated or extended family network of the child(ren).
- Placement with siblings of the child(ren).
- The child(ren)'s and child(ren)'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 placements.
- The foster child's expressed preferences for placement.

- b. If any placement selection criteria are not met, explain why not.

8. Placement Resources

a. Sibling Placement

- If child(ren) has siblings who are not placed in the same out-of-home placement, provide an explanation of the reasonable efforts made to place siblings within the same placement.
- Describe the ongoing efforts to place the siblings within the same home during this report period.
- If sibling's placements are split, second-line supervisory approval is required. The second-line supervisor must sign the ISP in the space designated at the end of the ISP.
- If there are no siblings or if siblings are placed together, write N/A.

- b. Sibling and Relative Visitation-Visits are to occur at least monthly for siblings who are in separate placements. From the established sibling visitation plan in the parent-agency treatment plan, document the following:

- Dates of visits or contacts.
- Location of visits or contacts.
- Duration of visits or contacts.
- Specifically address and evaluate visits between siblings if in separate placements.
- Ongoing interaction between siblings.
- If visits did not occur, describe circumstances preventing the visit. Document all reasonable efforts made to provide frequent visitation or other ongoing interaction between the siblings. Address and evaluate any relative visits including visits with adult siblings.

- Describe knowledge of, or observations on, the quality of the visits.
- Include a discussion of any exceptions (missed, changed, and suspend visits and changes in supervision status) to the plan during the report period.

c. **Relative/Unrelated Resources and Placement**

- Have efforts to obtain a placement with relatives been pursued?
- Identify any relative resources (in Michigan and other states, per Interstate Compact for the Placement of Children procedures) with the potential to provide placement for the child(ren), including relatives identified by the parent and child(ren), or other supports as indicated by the DHS-989, Relative Response.
- Describe the efforts that have been made to place the child(ren) with the family or within the kinship network.
- If a decision has been made regarding relative care placement of the child, include the decision and the rationale for the decision or attach a copy and the DHS-31, Foster Care Placement Decision Notice.
- Attach any completed home studies to this ISP.
- If the relative is pursuing foster care licensing, document progress made toward achieving licensing.

d. **Best Interests of Current Placement**

- Describe the foster parent/caregivers willingness and capacity to meet the specified needs of the child.
- Describe why the current placement is in the child's best interest.

- Document any CPS complaints regarding the caregiver, omitting any information about the CPS referral source.

9. Residential Care

- Describe the reasons for residential placement.
- Identify the plan for services that will allow the youth to be placed in a less restrictive setting.
- Regardless of a child's age, if a child is placed in a residential or institutional setting, the worker **must** document the Wraparound or assisted care efforts that were made to prevent the placement. If there were no services provided, explain why.

If the youth is not placed in a residential or institutional setting, write N/A in the space provided.

C. Foster Parent/Caregiver Input

- Attach written input from the foster parents/relative/unrelated caregiver about the child(ren). If a written statement is not available, summarize the foster parent/relative/unrelated caregiver feedback; see FOM 722-06, Foster Parent/Relative/Unrelated Caregiver Input.
- Document the date the child's Medicaid card was given to the foster parent/relative/unrelated caregiver.
- Describe the caregiver family's adjustment to the child's placement.
- Document how the permanency plan for the child was shared with the caregiver and the caregiver's comments regarding the permanency plan.

D. Progress to Date

- Describe any changes in the family since the child(ren) entered care.
- Record all referrals made for the family since placement including any services provided by the supervising agency at the time of placement in the Service Referral Table of

the Parent-Agency Treatment Plan and Service Agreement.

V. Recommendations to the Court

(Complete for each child).

A. Should child(ren) Remain in Out-of-Home Placement?

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(ren) should remain in out-of-home placement, describe why it is not in the child(ren)'s best interest to be returned home, placed for adoption, or placed within the relative/kinship network.

B. Mandatory Petition for Termination of Parental Rights

If a mandatory petition has been filed requesting termination of parental rights at the dispositional hearing, the recommendations should contain either:

1. A statement that the supervising agency believes it is in the child(ren)'s best interest to terminate the parent's rights to the child(ren) and the reasons why; or
2. Documentation regarding the compelling reasons why termination of parental rights is not in the child(ren)'s best interest; see FOM 722-07, Compelling Reasons.

If the mandatory petition section is the same for all children, check yes and the appropriate recommendation below. If this section is different for one or more children in the family, check no. Then click in the child name section and follow directions to add a section for each child.

Check boxes: Check only one box (1-3) and as many of items a-i as necessary if box 3 is checked.

1. A mandatory petition is not required. If #1 is checked, a petition for termination of parental rights has not been filed. Write N/A in the space below.
2. A petition for termination of parental rights has been filed and it is in the child(ren)'s best interest to proceed: If #2

has been checked and it is in the best interest of the child(ren) to proceed, provide the reasons why in the space below.

3. A petition for termination of parental rights has been filed and it is not in the child(ren)'s best interest to proceed. Indicate why termination is not in the best interest of the child(ren) by checking as many boxes as apply below:
 - a. The child is age 14 or over and refuses to consent to his/her adoption.
 - b. The child is in custodial care or residential treatment and treatment services are not yet completed.
 - c. The youth is age 18 or over.
 - d. The supervising agency has not yet provided the services detailed in the prior service plans to make reunification possible.
 - e. Other. If this is the compelling reason, there must be clear documentation within the service plan of the individual circumstances of the child that necessitates this selection.
 - f. The parent suffers from a chronic illness and the child is unable to return to the home, but there continues to be a close relationship between the child and parent.
 - g. There are financial benefits for the child to maintaining parental rights.
 - h. There is an appropriate relative/unrelated caregiver to care for the child and the relative/unrelated caregiver is not willing or is unable to adopt the child.
 - i. The child is an unaccompanied refugee minor.

- C. **Recommended Court Orders** In this section, write any court orders requested for parental or caretaker compliance with the service plan. If applicable, request that non-parent adults participate and comply with the service plan.

VI. Supervisory Approval

Prior to finalizing, the ISP along with the required assessments must be reviewed and approved by the foster care supervisor only after a face-to-face meeting with the foster care worker.

Case service plan approval process requires the foster care supervisor to:

- Review and approve the ISP within 14 calendar days of the Report Date.
- For DHS supervisors, select the “Approved” button in the SWSS-FAJ Supervisory Selection field to generate the SWSS-FAJ transaction.
- Sign and date the original approved case service plan.

The DHS and placement agency foster care initial service plan approval date is identified by the foster care worker and supervisor signatures and date on the last page of the case service plan. A copy of the case service plan with the two signatures and dates must be placed in the narrative section of the case record.

The agency is considered out of compliance with licensing rule R400.12403(2)(o) if the foster care supervisor signature date is past the 14-day review and approval time frame.

At the time any placement agency foster care provider receives the SWSS FAJ conversion, that specific agency is required to comply with SWSS FAJ policy specifications.

Supervisory approval indicates agreement with:

- The foster care worker’s court recommendations within the ISP.
- 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(ren) and parent(s).
- Permanency planning goal.

Note: The plan must identify the unique needs of each child addressed in the service plan. The services which will meet the needs of each child must be identified as well as the identified foster parent/caregiver's willingness and capacity to meet those needs.

The DHS-148, Structured Decision Making Children's Foster Care Case Reading form, may be used when reviewing case compliance.

VII. Purchase Agreement - Local Office Approval

The local office must approve, or disapprove, in writing, the ISP for a child in purchased foster care or residential care. The PAFC agency is responsible for all elements of the service plan in cases where they have accepted responsibility for providing family services per the DHS-3600, Individual Service Agreement.

The local DHS office is responsible for reporting requirements only when the placement agency foster care provider has not accepted total case responsibility. The report from the local office should not duplicate the placement agency foster care provider report, but should address those areas for which that agency is not responsible per the DHS-3600 contract. Signing the ISP submitted by the agency indicates DHS approval. The approved ISP is to be returned to the placement agency foster care provider within seven business days of receipt; a copy is retained in the child's case record.

The DHS-719, Child Placing Agency Case Report form, must be sent to the placement agency foster care provider within two working days of the assignment of the SWSS FAJ case. This is the acceptance of the electronic CPS transfer. This form must be used for initial case opening as the form contains information that is necessary to open the case on SWSS FAJ. The placement agency foster care provider must send the form back to DHS within 10 calendar days of receipt of the form.

The local office is responsible for knowing what services are being purchased from the PAFC agency and for monitoring compliance with the DHS-3600. When a policy noncompliance situation is identified, it is to be brought to the attention of that agency both verbally and in writing. If efforts to resolve the area of conflict locally are not successful, the situation is to be brought to the attention of

the DHS Child Welfare Contract Compliance Unit (CWCCU), using the DHS-1125, Complaint Notification form; see FOM 914, Monitoring Worker Responsibilities.

DISTRIBUTION OF PLAN

Indicate the distribution of the plan.

**FAMILY
ASSESSMENT
REQUIREMENTS**

The DHS-145, Family Assessment/Reassessment of Needs and Strengths, is used to evaluate the presenting needs and strengths of each household with a legal right to the child(ren). DHS workers must complete the DHS-145, Family Assessment/Reassessment of Needs and Strengths, in SWSS FAJ. Placement agency foster care providers will continue to use the DHS-145, Family Assessment/Reassessment of Needs and Strengths template.

Foster care workers **must** engage the parents and the child(ren), if age appropriate, in discussion of the family's needs and strengths. By completing the family assessment/reassessment, foster care workers are able to systematically identify critical family needs that are barriers to reunification and design effective service interventions. The family assessment/reassessment of needs and strengths serves several purposes:

- Ensures that all foster care workers consistently consider a common set of need/strength areas for each family.
- Provides an important case planning reference tool for foster care workers and supervisors.
- Serves as a mechanism to evaluate service referrals made to address identified family needs.
- Ensures the family identifies and discusses their needs and strengths.
- When the initial assessment is followed by periodic reassessments, foster care workers and supervisors can easily assess change in family functioning and thus judge the impact of services on the family, while offering the family an opportunity to self-assess their progress.
- In the aggregate, management information on the problems family's face is provided. These profiles can then be used to develop resources to meet family needs.

Which Cases

All cases open for foster care services where parental rights have not been terminated. The DHS-145, Family Assessment/Reassess-

ment of Needs and Strengths is used for any household that has a legal right to the child(ren) at the ISP and each USP.

If the parent is unable to be located or refuses to participate, an assessment does not have to be completed; see FOM 722-08, Initial Service Plan Instructions for a definition of unable to locate and refuses participation.

Decisions

The DHS-145, Family Assessment of Needs and Strengths, 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 722-08C. **The foster care worker identifies the top three need items which contributed most to the child's maltreatment and/or removal. These are the primary barriers, which must be resolved for the child(ren) to be returned.**

A family may have more or less than three primary barriers contingent on family circumstances. The worker must identify which of the scored needs are primary barriers to reunification in the ISP and/or USP.

The primary barrier items are those with the highest negative point value as scored by the foster care worker for either the primary or secondary caretaker (for a definition of primary and secondary caretaker see FOM 721, Definitions of Terms) and recorded in the most serious column. **All referrals for services are made according to the priority needs/barriers.**

Goals and objectives in the service plan must be designed to resolve the primary barriers. If there are four or more primary barriers to reunification identified for the family in the ISP or/or USP, the worker must indicate when each will be addressed in the service plan and treatment agreement and the reasons why it will not be addressed in the current plan.

Substance Abuse

Recognizing that unaddressed substance abuse needs (regardless of negative point value scored) can negatively impact progress on other items, **any** needs scored in substance abuse **must be addressed** as well in the Parent-Agency Treatment Plan and Services Agreement.

The foster care worker identifies up to three family strengths, as scored on the assessment scale **and** any other strengths identified

through the assessment process. **Strength items must be incorporated in the foster care worker's service plan where appropriate to resolve the primary barriers.**

When

Before completion of the written portion of the ISP and USP or any service referrals other than crisis intervention. The foster care worker collects information to complete the assessment through interviews with the family, collateral contacts, and review of available documentation.

Appropriate Completion

Each household is assessed unless the adult is unable to be located or refuses to participate as defined in FOM 722-08, Initial Service Plan instructions. Complete **all items** on the Family Assessment of Needs and Strengths scale for the primary and secondary caretaker (if present). Each item is scored according to the definitions. **Only one primary caretaker can be identified. If both the primary and secondary caretaker are scored for a need, place the score for the most serious need in the most serious column.**

In cases where biological parents (custodial and non-custodial parents) maintain separate households, complete a separate assessment for each household.

If the parent or caretaker refuses to participate in interviews and credible information from other sources to complete an item is unavailable, the foster care worker may enter "US" (Unable to Score) on the appropriate line in the ISP only. By the time the foster care worker is completing a USP all items should be scored unless a parent refuses contact, then US may be used, with supervisory approval.

The foster care worker must complete the DHS-145, Family Assessment of Needs and Strengths, with incarcerated parents. The parent must be given an opportunity to give input on his or her assessed needs and strengths. For more information, see FOM 722-06 Incarcerated Parents.

At completion of the DHS-145, Family Assessment of Needs and Strengths, the foster care worker lists the primary barriers and strengths items at the bottom of the form and records the item code (S1, S2, etc.). Primary barriers are to be incorporated into the

ISP/USP, parent-agency treatment plan and service agreement, foster parent/relative/unrelated caregiver activities, parent/caretaker activities, and individual child activities, along with any other necessary services, as appropriate. Goals and activities for the caretakers are to address the primary barriers in clear and measurable terms with expected outcomes.

The professional observations and information leading to the identification of each primary barrier must be documented in the ISP and/or USP in the appropriate section. If a need is one of the highest negative scored items but the worker decides not to address it as a primary barrier (for example literacy), the supporting reasons must be included in the ISP and/or USP.

FAMILY ASSESSMENT OF NEEDS AND STRENGTHS DEFINITIONS

S1. 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, and/or severe loss of self-esteem. Caretaker is hospitalized for emotional problems and/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/psychological examinations.
- Recommended or actual hospitalization for emotional problems within past two years.
- Severe impulsive behavior.
- Incapacitated by crisis situations.

S2. Parenting Skills

- A. **Strong Skills** - Caretaker displays knowledge and understanding of parenting skills and is utilizing these skills with child(ren) on a daily basis. Parent shows an ability to identify positive traits in their children (recognize abilities, intelligence, social skills, etc.), 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, and/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 child(ren), lack of supervision, or failure to thrive (includes current).
 - Parent lacks knowledge/needs assistance in dealing with special needs child(ren).
 - Occasional parent/child role reversal.
- D. **Destructive/abusive parenting** - Caretaker displays destructive/abusive parenting patterns. Based on available evidence, it appears that caretaker(s) uses extreme punishment, or that their actions are tantamount to emotional abuse/neglect or that caretaker has abdicated responsibility for supervision, protection, discipline and/or nurturance. Indicators include:

- Two or more preponderance of evidence referrals for inappropriate discipline, violent behavior towards child(ren), lack of supervision, or failure to thrive (prior and current).
- Caretaker makes it clear that child(ren) are not wanted in home. Discipline routinely involves use of an instrument (belt, board) or unusual deprivation (lock in cellar or closet).
- Routine badgering and belittling of child(ren).
- 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 for sibling(s).
- Persistent parent-child role reversal.
- Caretaker refuses/unwilling to acknowledge that child has been sexually abused.

S3. 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 his/her 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 as a result 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, caretaker physically absent due to use, passed out or seeking drugs).
 - Staff have observed or received reliable reports that caretaker's substance abuse results in conflict in family over use (for example 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, mood swings.
 - House is in disarray, activities of daily living not tended to.
 - Caretaker admits that he/she is experiencing some problems due to substance abuse.
 - Caretaker is currently in out-patient treatment (including AA/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 same within past two years (and 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(ren) have 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/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(s) 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.

S4. Domestic Relations

- A. **Supportive relationship** - Supportive relationship exists between caretakers and/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/discipline. Frequent and/or multiple partners.
- D. **Serious domestic discord/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.

S5. Social Support System

- A. **Strong support system** - Caretaker has a strong, constructive support system. Active extended family (may be blood relations or close friends) who provide material resources, child care, supervision, role modeling for parent and children, and/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, and available transportation, etc.
- 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 and/or caretaker has destructive relationships with extended family and community resources.

**S6.
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/destructive** - Caretaker isolates self/children from outside influences or contact, and/or has interpersonal skills that are hostile/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.

S7. Literacy

- A. **Literate** - Caretaker has functional literacy skills, is able to read and write adequately to obtain employment, and assist children with school work.
- B. **Marginally literate** - Caretaker has marginally functional literacy skills that limit employment possibilities and ability to assist children.
- C. **Illiterate** - Caretaker is functionally illiterate and/or totally dependent upon verbal communication.

**S8. 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 and/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(ren). 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 that he/she is mildly mentally impaired (score of 50-55 to approximately 70).

C. **Severe limitation** - Caretaker is limited intellectually and/or cognitively to the point of being marginally able or unable to make decisions and care for self, or to think abstractly. It appears that the caretaker has severely limited intellectual ability and that it seriously limits or prohibits ability to function independently and to care for child(ren). Indicators of a major problem include:

- Caretaker's IQ indicates that he/she is moderately, severely, or profoundly mentally impaired (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 (for example, diarrhea, fever, vomiting) or emergency medical care (for example, potential broken bones, serious burns) for family members.

- Restricted ability to make judgments to protect the child(ren) from abuse, neglect, or injury.

S9. 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.

S10. 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/chronic health problem or physical limitation that affects ability to provide for and/or protect children.

S11. 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, etc.
- D. **Financial crisis** - Family is in serious financial crisis and/or has little or no income to meet basic family needs.

S12. 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/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.

S13. 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.

S14. Child Characteristics

- A. **Age appropriate** - Child(ren) appears to be age-appropriate, with no abnormal or unusual characteristics.
- B. **Minor problems** - Child(ren) 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 and/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 and/or relationships.

**CHILD
ASSESSMENT
REQUIREMENTS**

The child assessment of needs and strengths has separate assessments based on the age and developmental stage of the child and is used to evaluate and prioritize the needs and strengths of each child. There are four assessment tools and each is used to systematically identify critical child issues and help plan effective service interventions. DHS workers must complete the age appropriate child assessment of needs and strengths in SWSS. Child placing agencies will continue to use the age appropriate child assessment of needs and strengths template.

FC workers must engage the parents/guardian and the child, if age appropriate, in the discussion of the child's needs and strengths. The needs and strengths assessment serves several purposes:

- Ensures that all workers consistently consider each child's strengths and needs in an objective manner by the age and developmental stage of the child.
- Provides an important case planning reference tool for workers and supervisors.
- Serves as a mechanism to stimulate direct service referrals to address identified child needs.
- It ensures the family identifies and discusses the child's needs and strengths.
- When the initial assessment is followed by periodic reassessments, it serves as a mechanism for the FC workers and supervisors to assess change in child functioning and therefore, judge the impact of services on the child, while offering the parents/guardian an opportunity to reassess their child's needs and strengths.
- In the aggregate, it provides management information on the problems children face. These profiles can then be used to develop resources to meet the children's needs.

The four assessment scales for children, based on age, are as follows: ages 0 through 3 years (DHS-433), 4 through 9 (DHS-434), 10 through 13 (DHS-435) and 14 years and over (DHS-432). Items on the scales are similar but different definitions are frequently

present for different age groups. Main domains are linked to child development tables to assist the FC worker in appropriately identifying issues in development. Domains on the scales are weighted to indicate priority for service provision. The following format is used in the assessments:

- Strengths are defined as any domain scored with a positive number.
- Appropriate behavior and/or functioning is defined as any domain that is scored a “0” on the assessment. This may include instances where the child has had a prior need but has responded to treatment intervention. Items scored as “0” on the assessment may, but not have to, be considered a strength;
- A situational concern is defined as 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. Situational concerns **must not** be identified in consecutive service plan periods. If the issue persists beyond the case planning period, it would be then identified as a need.
- A need is defined as any domain scored with a negative number that is not a situational concern.

Which Cases

All cases open for foster care services, except when the child is placed in a residential care setting and the worker **agrees** with the residential care provider’s assessment.

Decisions

The Child Assessment of Needs and Strengths is used to identify the child’s needs and strengths, identify situational concerns and prioritize the needs that must be addressed in the Treatment Plan and Services Agreement (FOM 722-08C).

The FC worker identifies the **top three** need items (priority needs) for the child after completion of the tool as those with the highest negative point value. **Referrals for services are made in accordance with these priority needs.** If less than three needs have been assessed, it is not required to identify three priority needs.

The FC worker identifies **all** situational concerns.

The FC worker identifies up to three strengths as scored on the assessment scale **and** any other strengths identified through the assessment process. Strength items are to be incorporated into the worker's service plan.

When

Prior to completion of the written portion of the ISP and each USP or any service referrals beyond crisis intervention. The worker begins collecting information to complete the scale items through interviews with the family, the child, if old enough to be interviewed, the placement resources, collateral contacts and review of available documentation.

Appropriate Completion

Each child is assessed, using the assessment for the child's age, completing all items on the child's assessment of needs and strengths scale. Each item is scored according to the definitions (See public Web site, WORD templates or RFF-433, 434, 435 and 432 for definitions). The form is used at both the initial assessment and all subsequent reassessments. The form has a check space and date completed space to show whether the assessment is an initial assessment or reassessment.

In cases where the parent or caretaker refuses to participate in interviews and credible information from other sources to complete an item is unavailable, the worker may enter a "US" (unable to score) on the appropriate line. This procedure is only available for use on the initial child assessment. (See FOM 722-08, Initial Service Plan Instructions for a definition of unable to locate, incarcerated and refuses participation.)

At completion of the child's assessment of needs and strengths, FC workers will identify all situational concerns and the priority needs and strengths. Narrative evidence must be provided for the scoring of every domain, regardless of whether a strength, situational concern or need is identified, in the ISP and USP, (see FOM 722-08 and FOM 722-09). Within the parent agency treatment plan & service agreement, the goals and activities for the child will address the priority items in measurable terms.

CHILD ASSESSMENT OF NEEDS AND STRENGTHS DEFINITIONS

The definitions for the child assessment of needs and strengths can be found following each respective form in the DHS public Web site and the WORD templates.

PHYSICAL AND COGNITIVE DEVELOPMENTAL MILESTONES

	Physical	Cognitive
0-4 weeks	Lifts head when on abdomen. Head momentarily to midline when on back. Equal extremity movements. Sucking reflex. Grasp reflex (no reaching, and hand 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 (i.e. hungry, tired, pain).
1-3 months	Head to 45x 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. By 3-4 months, many reach for objects, suck hand or fingers. Head is more frequently to midline, and comes to 90x 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.
3-6 months	Rolls from abdomen to back, then from back to abdomen. Bears increasing weight when held upright. No head lag when pulled to sitting. Head, eyes, and hands work well together to reach for toys or human face. Inspects objects with hands, eyes, mouth. Takes solid food well.	Spontaneously vocalizes vowels, consonants, a few syllables. Responds to tone and inflection of voice. Smiles at image in mirror.
6-9 months	Crawls with left-right alternation. Walks with support, stands momentarily and takes a few uneasy steps. Most have neat pincer grasp. Bangs together objects held in each hand. Plays pat-a-cake. 50% drink from cup by themselves.	Imitates speech sounds. Correctly uses mama/dada. Understands simple command ("give it to me"). Beginning sense of humor.

	Physical	Cognitive
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 grasp of crayon. 50% use spoon with minimal spilling. Most drink from cup unassisted.	Three to five word vocabulary. Uses gestures to communicate. Vocalizing replaces crying for attention. Understands "no." Shakes head for no. Sense of me and mine. 50% imitate household tasks.
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 (i.e., dog). Knows when something is complete such as waving bye-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 "another." Mimics real life situations during play. Self-centered, but distinguishes between self and others. Conscious of family group.
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 (stairs, stoves, etc.). 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?"

	Physical	Cognitive
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 (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, 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 (day/night). Understands consecutive concepts (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, sound, names, etc. Beginning sense of time in terms of yesterday, tomorrow, sense of how long an hour is, etc. Increasingly elaborate answers to questions.
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.	<p>In early adolescence, precursors to formal operational thinking appear, including limited ability to think hypothetically and to take multiple perspectives.</p> <p>During middle and late adolescence formal operational thinking becomes well developed and integrated in a significant percentage of adolescents.</p>

**PARENT-AGENCY
TREATMENT PLAN
AND SERVICE
AGREEMENT
REQUIREMENTS**

The Parent - Agency Treatment Plan (PATP) and DHS-67, Service Agreement, provides information on services and the specific goals for the parent(s)/legal guardian(s), child(ren), foster parents/caregivers, and foster care worker. It is the second section of the DHS-65, Childrens Foster Care Initial Service Plan (ISP), and all DHS-66, Updated Service Plan(s) (USP). There are three main sections:

- Child information.
- Service referral table.
- Specific goals and objectives.

DHS workers must complete the DHS-67, Parent-Agency Treatment Plan, and Service Agreement in SWSS-FAJ. Placement agency foster care providers will continue to use the DHS-67, Parent-Agency Treatment Plan and Service Agreement template.

**Required
Participation in
Development**

Completion of the parent-agency treatment plan (PATP) and service agreement requires the foster care worker to engage in a discussion with the parent/guardian on case planning. Parental participation **is required** in developing the parent/caretaker goals and objectives. The foster care worker must engage incarcerated parents in the development of the PATP. This can be achieved through face-to-face, telephone, or letter contact. For more detailed information on engaging incarcerated parents; see FOM 722-06 Incarcerated Parents.

Youths age 14 and older must participate in developing the individual activities regarding their own service plan; see FOM 722-06, Independent Living Preparation.

The treatment plan and services agreement should be specific to the individual needs of the family and child(ren), express their viewpoints and be written in a manner easily understood by the family with expected outcomes clearly defined. The completed PATP

should blend required formal services with family-centered decisions.

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 PATP. The foster parent/caregiver must be included in the PATP process. The foster parent/caregiver signature is required and indicates that the foster parent/caregiver acknowledges and agrees to the activities required to meet the needs of the child in their care. Additionally, the PATP details the services and activities provided by the foster care worker to assist the foster parent/caregiver in caring for the child.

Upon completion of the parent-agency treatment plan and service agreement, the parent is given a copy for review. Foster care workers need to ensure the parent understands all areas within the agreement. Parents and youths age 14 and older must sign the PATP. If a parent or youth is unavailable or refuses to sign the PATP, foster care workers must identify and document additional action needed to secure the parent's and/or youth's participation in service planning and compliance with the PATP. As the goals are achieved, modified or expanded, the updated PATP will reflect this process. Parents and youths age 14 and older must participate in the development of each updated treatment plan, allowing for opportunity to evaluate their progress towards completing goals.

The treatment plan and services agreement documents all service referral activity for the case and aids in evaluation of the outcomes for each service referral. This form provides a chronology of services for the family and explicit evaluation of each service for all family members. **It is submitted to the court with the ISP or USP.**

Release of Confidential Foster Care Information

Per SRM 131, Confidentiality, foster care case information or records may **only** be released **after** proper redaction of confidential information, such as **CPS reporting person, mental health, substance abuse, medical, law enforcement, educational, Social Security numbers, etc.** Prior to obtaining foster parent/caregiver signature and distribution of the PATP to any caregiver, the foster care worker must redact all confidential information.

**Which Cases/
When**

All cases open for foster care services. The parent-agency treatment plan and service agreement is initially completed with the ISP and updated with each USP.

If the child(ren) is a permanent ward, the treatment plan and service agreement is included within the DHS-68, Permanent Ward Updated Service Plan; see FOM 722-09D, Permanent Ward Service Plan Requirements.

Decisions

None.

**DHS-67, PARENT-
AGENCY
TREATMENT PLAN
AND SERVICE
AGREEMENT
INSTRUCTIONS**

Hidden text in the electronic form is in italics below.

Indicate the date the form is completed or updated.

Child Information

Record all requested information on each child.

Indicate the child's case number, name, permanency planning goal, the target date for achieving the goal, the anticipated next placement, and date of the anticipated next placement.

**A. Service Referral
Table**

Record all referrals made for each child and family member. Include all service referrals and services required to resolve the presenting problems and primary barriers identified in the DHS-145, Family Assessment of Needs and Strengths, and the age specific Child Assessment of Needs and Strengths, DHS-432, 433, 434 or 435. Include any services that the family has initiated or was involved in at acceptance of the case that will continue as part of the goals and objectives.

Example: If one or both parents are participating in mental health treatment when the case opens and will continue as part of the service plan, record the appropriate information.

- Record each referral or service type on a separate line.
- Indicate which members(s) are to receive the service, by name.
- In the Barriers/Needs Addressed Column, indicate the barrier or need addressed using the Family Assessment of Needs and Strengths code and the title of the item (S1 - Emotional Stability). If a child need is addressed, use the Child Assessment of Needs and Strengths Code (C1 - Emotional Stability/Behavior).
- Indicate the type of service using the *Service Type Code* and title listed on the form.
- Record the agency name of the service provider or the name of a single provider. If DHS or purchase of service (POS) agency staff will be providing services other than case management, include the service activity on the table using the DHS or POS agency name as appropriate. If one provider will be providing more than one service type (alcohol assessment and mental health assessment, for example), record the information for each service on a separate line.
- For each referral, indicate the month and year the referral is made (Mo/Yr Referred), is to begin (Mo/Yr Start) and is targeted for completion of the activity (Target Completion Date, Mo/Yr).
- In the Service Status Columns, indicate whether the service is *Unavailable* (such as the service cannot begin during the planning period or will not be available at any time), whether it is *Continued* service (for USP's), or whether the client has *Refused* to participate in the services.
- When the service activity has been completed, indicate your assessment of *Satisfactory* completion or *Unsatisfactory* completion using the codes provided. This will be mainly used for the USP but may also occur in the ISP. *Satisfactory* and *Unsatisfactory* are defined as:
 - **Satisfactory completion** means the client 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 member has not only attended but successfully learned the parenting styles taught.

- **Unsatisfactory completion** means that the service has ended and that the member refused to participate, did not attend, or attended but did not resolve the issues the service was intended to address.
- If the service has been completed, indicate the month and year the service was completed, Mo/Yr.

Specific Goals and Objectives

In this section, provide the specific goals, objectives, activities and parenting time (scheduled and expected activities) of all parties, including the foster parent/relative caregiver, the child(ren) and the foster care worker **with the expected outcome of each activity**.

The goals and objectives must be clear, measurable, and designed to:

- Resolve the primary barriers for reunification identified in the DHS-145, Family Assessment of Needs and Strengths.
- Achieve the permanency planning goal.

B. Parent/Non-parent Adult Goals and Objectives

- List each goal for parent(s), and non-parent adults(s), if applicable, specific action steps, time frame for achieving, and expected outcome. Goals must address the areas prioritized on the DHS-145, Family Assessment of Needs and Strengths.
- If applicable, specify involvement in the child's medical, dental and mental health appointments, attendance at school conferences and/or other activities.
- Indicate if employment, child care, and/or transportation is a barrier to the parent meeting any of the goals or action steps including parenting time. Indicate the plan to address any of these three items.

**C. Foster Parent/
Relative/Unrelated
Caregiver
Activities and
Discipline and
Child Handling
Techniques**

- List each goal for foster parent/relative/unrelated caregiver, specific action steps, time frame for achieving, and expected outcome.
- Describe the discipline and child handling techniques to be used while the child is in placement.
- Describe Safe Sleep requirements that foster parents must adhere to for infants, up to 12 months
- Identify the tasks and/or additional expenses provided by the caregiver that justify the determination of care supplement. Describe all specific activities required by the caregiver to meet the individual needs of the child.
- Describe the plan of supervision for the child while in placement.
- Describe the plan for acceptable activities for the child(ren) such as baby sitting, routine household tasks, privileges etc.
- Describe activities to be provided by the foster parent/relative caregiver to promote educational stability and success for the child.
- 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 722-06 **Independent Living Preparation**.

**D. Individual Child
Activities**

- List **for each child**, the service goals and action steps, time frame for achieving and expected outcome. Goals should address areas prioritized on DHS-146, Child Assessment of Needs and Strengths, and activities of daily living (if applicable). Identify what agency, parent(s) and placement provider need to do to meet these specific needs.

- Address sibling visitation, if siblings are split. When separated, the relationship between siblings must be maintained by a detailed plan of visits, phone calls and letters. Outline the specific sibling visitation plan including:
 - Dates of visits or contacts.
 - Location of visits or contacts.
 - Duration of visits or contacts.
 - All other ongoing sibling interaction.
- Visits with relatives or other adults who have an on-going relationship with the child.
- 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 assist 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 are to be provided; see FOM 722-06 Independent Living Preparation.

E. Foster Care Worker Activities

- Identify services to be provided to the parent(s), the child(ren), and to foster parents/relative/unrelated caregiver(s) by the foster care worker. State activities which support the services offered to all participants in the service plan.
- State proposed foster care worker contact with the family, child(ren), caregivers, and service provider, if applicable.
- If the youth is age 14 or older, detail the independent living preparation activities that the worker will provide to assist the youth; see FOM 722-06 Independent Living Preparation.
- Identify what the worker will do to facilitate parenting time and sibling visitation, if applicable.
- If siblings are in separate placements, identify the ongoing efforts the worker will make to place the siblings within the same home.

- Identify all required foster care worker actions to ensure educational stability for each child.

F. Parenting Time

Identify the parenting time plan for all parents/caretakers and non-parent adults, if applicable. Identify under worker activities what the department will do to facilitate parenting time; see above.

- Specify type, frequency, location, and duration of parenting time. If less than weekly, specify why.
 - State how parenting time setting will assure a family friendly environment.
 - If location is other than parental home, specify where and what conditions must exist for in-home visits to take place.
- If parenting time is supervised, specify by whom and what conditions must exist for unsupervised visits.
 - If a court is limiting parenting time, specify why more frequent parenting time would be harmful to the child and what the parent must do to achieve at least weekly parenting time.
 - If parent is limiting parenting time, indicate parent's reasons for wanting less frequent parenting time and project if and when frequency could be increased.
- Specify behaviorally specific activity expected of the parents during parenting time.
- Specify the requirements for the expansion of parenting time. Identify the circumstances for parenting time to progress in frequency and duration.

Development, Participation and Negotiation of PATP

Indicate who the plan was negotiated with and any individual who is involved in the plan but was unavailable to participate in its development. If any individual was unavailable, state the reason why they were not involved. If the parents were not involved in

developing the case plan, the **reason** why must be documented; see **FOM 722-06**, Developing the Case Plan.

Youths age 14 and older must be involved in the development of the plan and be responsible for its implementation with the assistance of identified individuals.

If a parent or youth is unavailable or refuses to sign the parent-agency treatment plan (PATP), foster care workers must identify and document additional action needed to secure the parent's and/or youth's participation in service planning and compliance with the PATP.

The foster care worker must engage incarcerated parents in the development of the PATP. (For more information, see FOM 722-06 Incarcerated Parents.)

Signatures

When completed, obtain all signatures as appropriate, including those of parent(s)/guardian(s), foster care worker, supervisor, foster parent, caregiver, any youth age 14 and older and in the case of placement agency foster care cases, the local DHS office designee.

DHS-67, PARENT - AGENCY TREATMENT PLAN AND SERVICE AGREEMENT CODES

Permanency Planning Goal Code

The code that is entered must be supported by the current services plan for the youth and have all required approvals.

Reunification.

Adoption.

Guardianship.

Permanent Placement with a Fit and Willing Relative.

Another Planned Permanent Living Arrangement.

**Service Provider
Type Codes**

AD = Alcohol or Drug Abuse Rehabilitation	IL = Independent Living Services
DC = Child Care	JT = Job Training/Employment Assistance
DV = Domestic Violence Program	MD = Medical Service
ED = Education	MH = Mental Health Services
FC = Family Counseling/ Outreach Counseling	
OT = Other Program Needs	FR = Reunification Services
PS = Parenting Skills Training	HS = Homemaker Services or Parent Aides
TH = Individual/Group Therapy	WR = Wraparound

**Anticipated Next
Placement Type**

Foster Home	Adoptive Home
Relative	Own Home
Residential	Independent Living
Other	

Completed Services

S = Satisfactory
U = Unsatisfactory

Service Status

Service Unavailable
Continue Services
Refused Services
New

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 action/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(s) of action(s).
- Effective date of action(s).

The caseworker may document multiple actions on a case using a single DHS-69 if 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.
- 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/guardian.
 - MCI superintendent.
 - Division of Child Welfare Licensing (DCWL).
 - Court of jurisdiction.

For procedures and timeframes regarding child/ward 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 and/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.

**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/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

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 maintain 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 reason(s) 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.

- 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/caregiver has requested the child to 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 his or her 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 that 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 provide an explanation as to why.
- Whether the placement requires the child to change schools.

- If the placement requires the child to change schools, the caseworker must describe efforts to maintain the child in his/her school of origin.
- How the child, parent(s), previous placement, and new placement were prepared for the placement change, ensuring that the explanation provided was appropriate to the respective parties' capacity to understand the need for the placement change.
- How and when interested parties were provided notice of the placement change. The following parties must be provided 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/referring worker.
 - 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.
 - Hospitalization (medical or psychiatric).
 - 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.
- 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 and/or juvenile justice program/case closure, the caseworker must document:

- Reason for program/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/case closure was shared with relevant parties.
- Information given to parent(s), guardian, or youth age 18 or older at program/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 that were 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.
- 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 case/program closure date or transfer to another agency effective date 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/case closure, a closing case service plan must be completed; see [FOM 722-09, Updated Service Plan](#) and [FOM 722-09D, 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 prior to a planned placement change or within three business days of an emergency placement change:

- MDHHS/referring worker.
- 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.

UPDATED SERVICE PLAN REQUIREMENTS

The DHS-66, Updated Service Plan (USP), must clearly reassess progress made to alleviate the presenting problem(s) that necessitated entrance into foster care. This discussion must include a reassessment of all problems and the primary barriers to reunification as identified in the ISP and any subsequent USP which necessitate continuing out-of-home placement. In addition, compliance or non-compliance by the parent(s), and if applicable, the non-parent adult(s) based upon the ISP must be clearly recorded.

A copy of the USP must be sent to the court prior to the regularly scheduled review. Through the USP, the foster care worker updates the court on progress and makes recommendations regarding services and on-going planning for the child and family. At the review the court may modify the plan.

Note: The failure of the parent(s) to participate prior to the court's order of disposition is not considered non-compliance. Likewise, if a service is unavailable, the parent is not to be considered non-compliant.

Which Cases

All open cases.

- For cases with a Permanent Placement with a Fit and Willing Relative (PPFWR) or Another Planned Permanent Living Arrangement Agreement (APPLA), questions in the USP concerning barrier reduction are not required to be answered.
- If the child has been returned home during the quarter, prior CPS investigation, barrier reduction, and parenting time section must be completed. Permanency Planning Decision Guidelines are applied.
- If the child is in the home the entire quarter prior CPS investigations and barrier reduction, must be completed. Permanency Planning Decision Guidelines are applied.
- If the child is a permanent ward, use the DHS-68, Permanent Ward Service Plan; see FOM 722-09D.
- If the child is placed in a residential care setting, the residential care provider will also complete the DHS-366, Foster Care

Structured Decision Making Residential Updated Service Plan. The DHS worker **must also** complete the USP because the residential forms do not address family planning, monthly contact documentation by the DHS worker, recommendations to the court, (compelling reasons) or reasonable efforts as required by MCL 712A.18f and 42 USC 675. DHS workers are not required to duplicate information provided by the residential care provider in the USP. The required information from the Residential USP is to be summarized in the USP.

- Every case file requires a USP regardless of whether individual court reports have been completed.

Permanency Plan Decisions

Based on the Family and Child Assessments of Needs and Strengths and other relevant information collected during preparation of the USP, the foster care worker determines the permanency planning goal for each child in the family. Acceptable federal permanency goals are:

- Reunification.
- Adoption.
- Guardianship.
- Placement with a Fit and Willing Relative.
- Another Planned Permanent Living Arrangement.

During this transition period to the Service Worker Support System Foster Care, Adoption and Juvenile Justice (SWSS FAJ) use, there will be a difference in service plans produced by placement agency foster care providers (templates) vs. service plans produced out of SWSS-FAJ. The following procedures for completion of the USP are as follows. (All placement agency foster care providers are still accountable for full policy compliance.) DHS workers must complete all service plans in SWSS-FAJ.

USP Time Frame and Completion Requirements

Completion of the first USP is required within 120 calendar days of removal (such as within 90 calendar days of the completion of the initial service plan) and at least every 90 calendar days thereafter or more frequently, if necessary, to ensure coordination with court hearings.

At a minimum, the USP must be updated and revised at 90-day intervals. The due date of the USP or permanent ward service plan (PWSP) is within 90 calendar days of the previous service plan's report period end date. The USP is considered complete when the DHS foster care worker submits the USP to the supervisor through SWSS FAJ. The completion date is reflected with the report date text field on the first page of the USP.

The placement agency foster care (PAFC) USP is considered complete when the PAFC worker submits the USP to the PAFC supervisor for review. The completion date is reflected as the report date on the first page of the USP.

The USP is considered overdue if the "report date" is on or following the 91st day from the previous service plan's report period end date.

USP Content

It has two sections. The first section includes:

- Identifying information and legal status.
- Progress summaries for the child(ren) and the family, needs and strengths reassessments for the child(ren) and family, the reunification assessment, and/or Safety Assessment (RFF 149) as necessary.
- Reassessment of all primary barriers and all other problems identified in the ISP which make continuation of out-of-home placement necessary; or discussion of the parent(s) and if applicable, the non-parent adult's compliance with the provided services which have rectified the problems identified in the ISP and now make it possible for the child(ren) to return home safely; see FOM 722-06, Developing the Case Plan.
- Efforts to locate and identify absent parent(s).
- Identification of continued barriers and how barriers are to be resolved utilizing family strengths.
- Compliance or noncompliance by the supervising agency with provisions of the ISP/USP.
- Documentation of parenting time compliance; see FOM 722-06, Parenting Time.

- Permanency planning goal and timeframe for achievement. If the permanency planning goal is not reunification, adoption, guardianship, placement with a fit and willing relative, compelling reasons must be documented within the USP which detail why these goals are not in the child's best interest; see FOM 722-07, Ongoing Permanency Planning.
- Recommendations for court action.

The second section is the DHS-67, Parent-Agency Treatment Plan and Service Agreement; see FOM 722-08C.

Appropriate Completion

Prior to completing the narrative section of the USP, first reassess the family's needs and strengths and the child(ren)'s needs and strengths using the DHS-145, Family Assessment of Needs and Strengths, and the Child Assessment of Needs and Strengths, DHS-432, 433, 434, or 435 and evaluate all services provided in the DHS-67, Parent-Agency Treatment Plan and Services Agreement; see FOM 722-08A, Family Assessment Requirements, FOM 722-08B, Child Assessment Requirements and FOM 722-08C, Parent-Agency Treatment Plan and Service Agreement.

DHS-66, UPDATED SERVICE PLAN INSTRUCTIONS

The DHS-66 (RFF 66) format is to be used when completing a USP. This format is to be used in the development of a USP for all temporary ward neglected/abused children for whom the department is responsible. **All items in this format must be addressed unless otherwise noted.** Hidden text is in italics; see FOM 722-08, Accessing Hidden Text within structured decision making (SDM) Templates.

Identifying Information

Report Period. List the report period covered (maximum 90 calendar days).

Report Date.

County of Referral.

Court Docket #.**Court Jurisdiction:****Child(ren)** (List separately):

- Name.
- Birth date.
- SWSS-FAJ log number.
- Case number.
- Child gender, race, height, weight, hair color, eye color, religion.
- Federal permanency planning goal.
- Michigan specific goal description.
- Current legal status.
- Date of current placement.
- Date entered care.
- Current placement type.
- Anticipated next placement and date anticipated.
- Native American question asked.
- Tribe (if applicable).
- Provider name (if unrelated caregiver or relative; name and address, if institution; name and address of institution; if licensed foster home, note foster home placement only.)

Parent(s)/(Caretakers) (List separately):

- Name.
- Address.
- Date of birth.
- Relationship.
- Child(ren).
- Participating, reason not participating.
- CPS risk level.

Note: The names of each mother and father should be listed 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.

Indicate if the parent is participating in service planning. Use the following definitions to describe reasons for nonparticipation in service planning.

**Can't Locate/
Unavailable**

Worker has completed a diligent search for parent(s) with legal right to the child(ren) through such things as statewide Bridges inquiry, Secretary of State inquiry, search of telephone books, US Post Office address search, follow up on leads provided by the children, friends and relatives, legal publication, etc. and has been unable to locate. The parent has not responded to mailings from the worker; see FOM 722-06, Efforts To Identify and Locate Absent/Putative Parent(s).

Deceased

Is used if the parent is deceased.

**Not An
Assessment
Household**

There is no legal, biological, or putative parent in the household.

**PPFWR or APPLA
Agreement in
Place**

For children and youths who have a Permanent Placement with a Fit and Willing Relative (PPFWR) or Another Planned Permanent Living Arrangement (APPLA) accepted by the court; see FOM 722-07, Other Permanency Goals.

**Parental Rights
Terminated**

Is used when the parental rights have been terminated.

Refused

The parent has indicated in writing to the court that he/she does not intend to participate in reunification service.

**Reunification
Services Not
Needed/Per Court
Order**

The court has determined that reunification services no longer need to be offered to the parent.

Unwilling

Worker has attempted to engage parent(s) with legal rights to the child(ren) 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.

Note: The foster care worker must make reasonable efforts to engage incarcerated parents in the service plan. For information on engaging incarcerated parents, see FOM 722-06 Incarcerated Parents.

I. Legal Status**A. Court History.**

Child: (list separately) name, petition date, petition type, hearing date, hearing outcome, order date, order type, requirements of the court through its order.

B. Next court date.**II. Reasonable
Efforts**

See FOM 722-06, Reasonable Efforts.

Note: For children who are or may be Indian children, active efforts are required. All active efforts must be documented in the USP; see NAA 205. Outline services provided or offered to child(ren), parent(s), guardian or custodian and non-parent adults (if applicable) to return the child(ren) home (unless the child is at home) or to finalize another permanency plan. Efforts to identify and locate absent parents must be included. Reference the Parent-Agency Treatment Plan and Service Agreement.

- A. If the child was returned home to either/both parent(s) and the child was removed from that parent(s) during this quarter, describe the reasonable efforts to prevent the removal.

- B. If services were not provided, explain the reasons why services were not provided.
- C. List the reasons why the agency believes that providing services for reunification are not reasonable.
- D. Likely harm to the child(ren) if separated from or returned to a parent, guardian, or custodian.

III. Social Work Contacts

- List date, person(s) contacted, role/position of person contacted, contact method (telephone, face-to-face, home visit, office visit, etc.) for each contact, scheduled, kept or unkept; see FOM 722-06, Visitations.
- Provide a brief narrative statement (2-3 sentences long) of the topics covered during the contact.
- For face-to-face contacts with foster children, a statement must include whether the foster care worker had a private meeting with the child(ren), viewed the child's sleeping arrangements and had a conversation with the caregiver regarding safe sleep requirements in applicable cases. The following face-to-face contacts must be documented in social work contacts regardless of whether the primary foster care worker was part of that contact:
 - Parent/primary foster care worker contacts.
 - Child/primary foster care worker contacts.
 - Caregiver/primary foster care worker contacts.
 - Home visits.
 - Parenting time.
 - Permanency planning conferences

IV. Progress Summary

- A. **Child(ren) Reassessment** (from CANS sections)
 - 1. **Child's Needs and Strengths and Current Status** - *Indicate, for each child under court jurisdiction:*
 - Address and explain each individual item scored as a strength or need on the age appropriate Child Assessment of Needs and Strengths.

- Identify the priority needs of the child(ren) for service.

Priority needs are defined as those domains scored with the highest negative point value that is not a situational concern.

- Identify and explain situational concerns.

Situational concern is defined as 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. Situational concerns **must not** be identified in consecutive service plan periods. If the issue persists beyond the case planning period, it would then be identified as a need.

Identify other needs that are any domains that have a negative score that are not considered priority or situational concerns.

- Identify and explain strengths.

Strengths are defined as any domain scored with a 0 or positive number.

2. Placement Information

- Child name (list separately, living arrangement, begin date, end date, and reason for replacement).
- List current and all previous placements since the initial removal.
- Child's feelings and observations about current placement.

3. Child(ren)'s Current Status - Describe for each child under court jurisdiction:

- Significant events since the last assessment.
- Distinctive characteristics.
- Emotional and physical development.
- Participation in extracurricular/cultural/hobbies, likes and dislikes, etc.
- Relationships with siblings, if applicable.

- Behavior and past experiences.
 - How the child's permanency plan was shared with the child and the child's feelings about the plan.
4. **Education** - For all elementary or secondary school students, document the child/youth's full-time school attendance with a statement that the child is a full-time student. If a child/youth is incapable of attending school on a full-time basis due to a medical condition, address incapability. Documentation of child's/youth's medical condition (from a medical provider) must be in the case plan and updated quarterly. Describe for **each** child:
- Child name.
 - School name.
 - Grade.
 - Reassessment of the child's educational needs and strengths, based on information obtained from the initial screening of the child and current information.
 - Special education information, if applicable.
 - Child's current academic performance and behaviors in school, including whether the child is passing or failing their grade and their attendance record.
 - Description of provided services from school, parent, foster parent and/or others to meet the child's educational needs.
 - Child's comments about their educational needs and strengths.

If the child moved to another foster care placement (foster care replacement) during the report period the additional bullets must be addressed:

- The appropriateness of the current educational setting and the proximity to the school where the child was enrolled at the time of removal.

-
- The best interest factors and the input of the parent or legal guardian, along with the education liaison used to determine the preferred school.
 - Discussion of the transportation plan (if applicable).
 - Verification that the child is enrolled in and attending school full-time within 5 days of any change in placement.
 - Verification from the new school that child's previous school record has been obtained (if child's school is changed from the school child was in when placement changed).
5. **Provision of Medical, Dental and Mental Health Services**-For each child complete the following:
- Child name.
 - Current health status.
 - Any needed emergency medical, dental and health care provided since entry into foster care.
 - Date of full medical examination.
 - Description on any needed medical follow-up appointments.
 - Immunization status.
 - Date of dental examination or date of scheduled appointment.
 - Description on any needed dental follow-up treatment and appointments.
 - List of prescribed and regularly dispensed over-the-counter medications, including dosage, diagnosis resulting in prescribed medication and prescribing physician.
 - Documentation of informed consent for each psychotropic medication, if applicable.
 - Date of mental health screening and/or assessment.

- Description of any needed mental health treatment, if applicable. Include name of treatment provider, frequency of sessions and treatment goals.
- Child's perception of their mental, medical, and dental health needs.

6. Placement Resources

a. Sibling Placement

- If child(ren) has a sibling who is not placed in the same out-of-home placement, provide an explanation of the reasonable efforts made to place siblings within the same placement.
- Describe the ongoing efforts to place the siblings within the same home during this report period.
- If sibling's placements are split, second line supervisory approval is required. The second line supervisor must sign the USP in the space designated at the end of the USP.
- If there are no siblings or if siblings are placed together, write N/A.

b. Sibling and Relative Visitation - Visits are to occur at least monthly for siblings who are in separate placements. From the established sibling visitation plan in the PATP, document the following:

- Dates of visits or contacts.
- Location of visits or contacts.
- Duration of visits or contacts.
- Specifically address and evaluate visits between siblings if in separate placements.
- Ongoing interaction between siblings.
- If visits did not occur, document all reasonable efforts made to provide frequent visitation or other ongoing interaction between the siblings.

- Specifically address and evaluate any extended family visits including visits with adult siblings.
 - Include observations on the quality of the visits.
 - Include a discussion of any exceptions (missed appointment, changed appointments, suspensions of appointments and changes in supervision status) to the plan during the reporting period.
 - If there are no siblings or planned relative or kinship network visits, write N/A in the space below.
- c. **Relative Resources and Placement-** The foster care worker must make reasonable efforts to obtain a placement with a relative for foster children.
- Identify any relative resources (in Michigan and other states per Interstate Compact for Placement of Children (ICPC) - procedures) with the potential to provide placement for the child, including relatives identified by the parent and child.
 - Describe the efforts that have been made to place the child(ren) with the family or within the extended family/kinship network.
 - If a decision has been made regarding relative extended family/kinship care placement of the child, include the decision and the rationale for the decision or attach a copy of the DHS-31, Foster Care placement Decision Notice, to this USP.
 - Attach any completed home studies.
 - If the relative is pursuing foster care licensing, document progress made toward achieving licensing.
- d. **Best Interests of Current Placement**

- Describe the foster parent/ relative /unrelated caregiver's willingness and capacity to meet the specified needs of the child.
- Describe why the current placement is in the child's best interest.
- Document any CPS complaints regarding the caregiver since the last report period, omitting any information about the CPS referral source.

7. Residential Care

- Describe the reasons for residential placement.
- Identify the plan for services that will allow the youth to be placed in a less restrictive setting.
- Regardless of a child's age, if a child is placed in a residential or institutional setting, the worker **must** document the Wraparound or assisted care efforts that were made to prevent the placement. If there were no services provided, explain why not.

If the youth is not placed in a residential or institutional setting, write NA in the space provided.

8. Permanent Wardship - For **each** child (list separately) identify the permanency planning goal.

- a. Describe the efforts made to finalize the permanency plan.
- b. Reasons *why it is not in the child's best interest to be returned home/reunification, placed for adoption, or within the relative network*. For each child under court jurisdiction, describe whether or not the child(ren) should remain in out-of-home placement, should be returned home with monitoring or should be returned home and the case(s) closed.
 - If the child(ren) should remain in out-of-home placement, describe why it is not in the child(ren)'s best interest to be returned home (temporary wards only), placed for adoption, or placed within the relative network.

B. Foster Parent/Relative/Unrelated Caregiver Input

- Attach written input from the foster parents/relative/unrelated caregiver for the child(ren). If a written statement from the foster parents/relative/unrelated caregiver is not available, summarize the foster parent(s)/relative/unrelated caregiver feedback; see FOM 722-06, Foster Parent/Relative/Unrelated Caregiver Input for more information.
- Document the date the child's Medicaid card or recipient identification number was given to the caregiver.
- Describe the caregiver family's adjustment to the child's placement.
- Document how the permanency plan for the child was shared with the caregiver and the caregiver's comments regarding the permanency plan.

C. Reunification Assessment:

The reunification assessment does not need to be completed for a deceased parent or a parent whose rights have been terminated; see FOM 722-09, Identifying Information.

1. Household Name:

- List the household name for the household assessed, indicating First and Last Name and whether this is the household from which the child was removed.
- If there is more than one household, click in the field above for the total number of households and follow directions (for template only).

2. CPS Investigation: Indicate whether there was a CPS investigation of the household during the report period.

- If no investigation occurred, select None.
- If there was an investigation but preponderance of evidence was not found, select Investigation Only.
- If there was an investigation with preponderance of evidence, select preponderance of evidence.

- If there is a pending investigation, select pending.

Note: Select Preponderance of Evidence if there was more than one investigation and one or more had preponderance.

If there was an investigation, describe the allegations and investigation outcome in the space below or attached a copy of the appropriate CPS report.

If the answer is No, then write NA in the space provided.

See FOM 722-13, Referrals to CPS.

3. **Family Assessment of Needs and Strengths** - Identify the priority needs of the primary and/or secondary caretaker for service.

- List the strengths for the primary caretaker.
- List the needs for the primary caretaker.
- List the strengths for the secondary caretaker, if applicable.
- List the needs for the secondary caretaker, if applicable.
- Explain each domain with narrative that supports score of the domain.

Strengths are defined as any domain scored with 0 or positive number.

Needs are defined as any domain scored with a negative score.

4. **Individual Barrier Reduction**

Parent/Caretaker Progress Towards Reduction of Primary Barriers to Reunification.

- List the primary barriers to reunification identified on the initial or last needs and strengths assessment

and any new primary barrier identified in the needs and strengths reassessment.

- Evaluate progress for each barrier as Substantial, Partial, Poor or Refused using the definitions below.

Substantial:

Caretaker(s) successfully met all treatment plan objectives for the identified barrier and routinely demonstrates desired behavior including interactions with children and others.

Or

Caretaker(s) actively participating in programs; pursuing objectives detailed in treatment plan, there is significant progress in reducing the identified barrier and routinely demonstrates desired behavior including interactions with child(ren) and others.

Partial:

Caretaker(s) are participating in, or have completed, treatment plan activities with positive progress but barrier resolution is not complete. Occasionally demonstrates desired behavior including interaction with children and others.

Poor:

Caretaker(s) unable to participate in treatment plan activities and there is minimal or no progress in reducing barriers. Rarely or never demonstrates desired behavior including interaction with children and others.

Or

Caretaker(s) participates in, or has completed treatment plan activities but there is minimal or no progress in reducing barriers. Rarely or never demonstrates desired behavior including interaction with children and others.

Refused/Unavailable:

Caretaker(s) refuses, either verbally or in writing to the court, to participate in treatment plan activities.

OR

Caretaker(s) unavailable to participate in treatment plan activities.

5. Overall Barrier Reduction Assessment

Answer the following question:

Has parent/caretaker made progress in addressing barriers that reduce the risk of subsequent harm if the child is returned home? (Check one)

If a family has made substantial progress on all barriers, Overall barrier Reductions should be substantial (a).

If a family has made partial progress in all areas, Overall Barrier Reduction should be partial (b).

If a family has made poor progress in all areas or refused, Overall Barrier Reduction should be poor or refused (c).

- a. Yes, caretaker(s) have substantially reduced barriers.
- b. Yes, caretaker(s) have made partial progress in reducing barriers.
- c. No, caretaker(s) progress is poor or they have refused services and barriers have not been reduced.

6. Progress to Date - Describe:

- Changes in the family since the child(ren) entered care.
- Any significant events in the family since the last assessment.
- The family's reaction to the agency's assessment of progress.
- The progress the family feels has been made.
- The family's feelings regarding resources provided by the extended family network and the community.
- Any other resources the family feels they need to resolve the issues.

- Provide information on conviction, sentence, possible release date, correctional facility for all incarcerated parents.

7. **Parenting Time Assessment;** see FOM 722-06, Parenting Time.

Complete this question only if the child(ren) is in out-of-home placement for any length of time during the report period. Evaluate compliance with the parenting time plan as Substantial, Partial, Poor or Refused using the definitions below.

Substantial:

Maintained parenting time schedule and caretaker-child interaction is appropriate throughout all parenting time.

Partial:

Generally maintained parenting time schedule. Notified agency if could not keep appointment. No major problems in caretaker behavior or caretaker-child interaction.

Poor:

Failed to maintain parenting time schedule. Failed to notify agency if unable to keep appointment one or more times. There has been poor caretaker-child interaction and/or inappropriate caretaker behavior during parenting time. Parenting time canceled due to caretaker behavior or the court has ordered no parenting time or the child refuses parenting time.

Refused:

Parent/Caretaker(s) refused to participate in the parenting time plan.

8. **Reunification Assessment Narrative**

- A. Describe the reasons for the assessment of individual barriers to reunification and the reasons for the assessment of overall barrier reduction.

9. **Is a Safety Assessment, DHS-149 (RFF 149) of this household required;** see FOM 722-09B, Safety Assessment Requirements.

A family is eligible for reunification if parenting time and overall barrier reduction are at least partial. The answer to these questions determines whether a family is eligible and if a safety assessment is required to further determine whether a child can be returned or whether the decision tree is used immediately to determine case action and permanency plan recommendation.

- If overall barrier reduction and parenting time are at least partial (boxes a, b or c), then a safety assessment is required.
- A safety assessment is completed for each USP if the child is in the family home.
- If overall barrier reduction and/or parenting time are poor, then a safety assessment is not required.

If a child is in home placement the entire report period, answer this question based on the results from Overall Barrier Reduction only.

- a. Yes, both parenting time and overall barrier reduction are substantial.
- b. Yes, both parenting time and overall barrier reductions are partial.
- c. Yes, one is substantial, one is partial.
- d. Yes, child(ren) is in the home.
- e. No, either is poor or refused.

10. Safety Assessment Results

A. Safety Assessment Questions and Answers

- If 9 a, b, c or d is checked for overall barrier reduction, complete the DHS-149, Safety Assessment form. For instructions see FOM 722-09B, Safety Assessment Requirements. Indicate the results (Safe, Safe with Services, Unsafe) in the space provided below.

- If e is checked, do not complete the Safety Assessment form and go to the Permanency Planning Decision Guidelines below.
- List the identified safety factor and describe reasons for scoring on the DHS-149, Safety Assessment form.
- List and describe all protecting safety interventions taken or immediately planned and explain how each intervention protects (or protected) each child.

B. Safety Decision - Identify safety decision

This decision must be based on the assessment of all safety factors and any other information known about this case.

C. Safety Response - Protecting Interventions

Attach the completed Safety Assessment to the USP.

If the safety decision is different for children in the family, briefly explain the differences in the space provided below.

11. **Permanency Planning Decision Guideline Recommendations**

- For each child under court jurisdiction, indicate the recommendation for placement and the permanency-planning goal based on the Reunification Assessment Planning Decision Guidelines. To determine the recommendation, see either the summary guide below or the decision tree in FOM 722-09A.
- If the recommendations to the court differ from the Guidelines, describe the reason for not following the recommendations, including overrides.
- Case recommendations are based on answers to Reunification Assessment questions above, IV C-9 (Is a Safety Assessment of this household required?) and IV C-10 (Safety Assessment

Results) and which Updated Service Plan you are completing. See the Decision Tree in FOM 722-09A.

The following is a summary guide:

- If this is the first USP and IV C.9 d was selected (parenting time and/or barrier reduction is poor) or IV C.10 is Unsafe, then child(ren) remain in placement and the worker considers Permanency Planning Goal change.
- If IV C.9 a, b or c was selected or IV C.10 is Safe or Safe with Services, then recommend return home with services this planning period.
- If this is the second or later USP, USP and IV C.9 e was selected (parenting time and/or barrier reduction is poor or IV C.10 is Unsafe), then one of the following recommendations will apply contingent on the status of the case:
 - 1st Poor/Refused or Unsafe - Children remain in placement and consider goal change.
 - 2nd Poor/Refused - Children remain in placement and change goal.
 - 2nd Unsafe or 1 Poor/Refused and 1 Unsafe - Child(ren) remain in placement and change goal.
 - Any combination of 3 Unsafe or Poor/Refused - Child(ren) remain in placement and change goal.

If this is the second or later USP and IV C.9 a, b, c or d was selected and IV C.10 is Safe or Safe with Services, then recommend return home with services this planning period.

The recommendation may be overridden for the following reasons:

- a. Services to address a barrier are not available in the area or unavailable to the client during the period assessed, and/or
- b. Assessments unable to be completed because of delayed court dispositions, and/or

- c. A discretionary override, with prior supervisory approval, may be used with explanation in Section IV. C.9 of the updated service plan as to why the Permanency Planning Guideline recommendation is not in the best interest of the child(ren).

V. Recommendation to the Court

- A. Recommendation for Reunification - Child name (list separately), household, recommendation, and explanation narrative.
- B. Children whose length of time in out-of-home care is the same or greater than 15 out of the last 22 months.
- C. **Permanency Planning Hearing**; see FOM 722-10, Permanency Planning Hearing.

Yes No This recommendation applies to ALL children

Answer yes to the question this recommendation applies to all children if the recommendations for the permanency planning hearing section (Section V.A.) are the same for all children in this report or the report is for one child. If yes, click into the recommendation for box, click cancel in the court recommendations dialogue box, type all in the recommendation field below and answer questions 1 through 4 as appropriate.

- Answer no to the question this recommendation applies to ALL children, if the recommendations for the permanency Planning Hearing section (Section V.A.) are different for the children in this report. If no, click into the recommendation for box, type the number of additional sections needed when prompted and click OK in the court recommendations dialogue box. For each section that is added, type the name of the child(ren) in the Recommendation field in each section and answer questions 1 through 4 as appropriate for each child.
 - Check box 1: If the USP is not prepared for the Permanency Planning Hearing:
 - Check box 2: If the USP is prepared for the Permanency Planning Hearing and the agency is recommending return home; provide a statement that the agency believes it is in the child(ren)'s best

interest not to terminate the parents' rights to the child(ren) and the reasons why in the space below, or

- Check box 3: If this USP is prepared for the Permanency Planning Hearing and the agency is recommending termination of parental rights, provide a statement that termination is in the best interest of the child(ren).
 - Check box 4: If this USP is prepared for the Permanency Planning Hearing and the agency is not recommending termination of parental rights and that the child(ren) remain in placement. Then check as many boxes (a-i) as apply for the compelling reasons why termination is not in the child(ren)'s best interest. If other is checked, as the compelling reason, there must be clear documentation within the service plan of the individual circumstances of the child(ren) that necessitates this selection and it must be explained in the section below.
1. This USP is not prepared for the Permanency Planning Hearing.
 2. This USP is prepared for the Permanency Planning Hearing and the agency is recommending that the child(ren) be returned to the home of the parent(s).
 3. This USP is prepared for the Permanency Planning Hearing and the agency is recommending termination of parental rights.
 4. This USP is prepared for the Permanency Planning Hearing and the agency is not recommending termination of parental rights.

Compelling Reasons; see FOM 722-07, Compelling Reasons.

- a. The child is age 14 or over and refuses to consent to his/her adoption.
- b. Child in custodial care and treatment services are not yet completed.
- c. The youth is age 18 or over.

- d. The supervising agency has not yet provided the services detailed in the prior service plans to make reunification possible.
- e. Other. If this is the compelling reason, there must be clear documentation within the service plan of the individual circumstances of the child that necessitates this selection.
- f. The parent suffers from a chronic illness and the child is unable to return to the home, but there continues to be a close relationship between the child and parent.
- g. There are financial benefits for the child to maintaining parental rights.
- h. There is an appropriate relative/unrelated caregiver to care for the child and the caregiver kinship provider is not willing to adopt the child.
- i. Child is an unaccompanied refugee minor.

D. Recommended Court Orders

In this section include:

- Recommendations regarding continuation of the child(ren)'s placement in out-of home care.
- Expectations of the parents and/or caretakers.
- If applicable, a request for the non-parent adult to participate and comply with the services plan.

VI. Supervisory Approval

Prior to finalizing, the USP along with the required assessments (FANS, CANS, etc.) must be reviewed and approved by the foster care supervisor only after a face-to-face meeting with the foster care worker.

Case service plan approval process requires the foster care supervisor to:

- Review and approve the USP within 14 calendar days of the report date.

- For DHS supervisors, select the approved button in the SWSS-FAJ Supervisory Selection field to generate the SWSS-FAJ transaction.
- Sign and date the original approved case service plan.

The DHS and placement agency foster care (PAFC) USP approval date is identified by the foster care worker and supervisor signatures and date on the last page of the USP. A copy of the USP with the two signatures and dates must be placed in the narrative section of the case record.

The agency is considered out of compliance with licensing rule R400.12403(2)(o) if the foster care supervisor signature date is past the 14-day review and approval time frame.

Supervisor approval indicates agreement with:

- The foster care worker's recommendations to the court within the updated service plan.
- The assessment of barrier reduction, parenting time and the rate of progress identified.
- Appropriateness of current placement.
- Current treatment plan for child(ren) and parent(s).
- Permanency planning goal.

Note: The plan must identify the unique needs of each child addressed in the service plan. The services which will meet the needs of each child must be identified as well as the identified provider's willingness and capacity to meet those needs.

The DHS-148, Structured Decision Making Children's Foster Care Case Reading Form, may be used when reviewing case compliance.

VII. Purchase Agreement - Local Office Approval

The local office must approve or disapprove, by signature, the USP for a child in purchased foster care and residential care. Use of the SWSS FAJ generated DHS-719, Child Placing Agency Case Report Form, to update SWSS FAJ after the initial case opening is

optional. It may be sent to the PAFC agency 14 calendar days prior to the month the USP is due. See FOM 722-08, Initial Service Plan and FOM 914, Monitoring Worker Responsibilities for detail on time frames and responsibilities.

DISTRIBUTION OF PLAN

Indicate the distribution of the plan.

**REUNIFICATION
ASSESSMENT
REQUIREMENTS**

The purpose of the DHS-147, Reunification Assessment, is to structure critical case management decisions for children in foster care who have a permanency planning goal of return home; see FOM 722-07, RETURN HOME. The assessment must:

- Routinely monitor critical case factors that affect goal achievement,
- Help structure the case review process.
- Expedite the realization of permanency for children in out-of-home care.

The reunification assessment measures two factors:

1. Parenting time compliance during the review period.
2. Progress in resolving the primary barriers identified in the needs and strengths assessment.

An assessment of these factors is related to later case outcomes.

The reunification assessment is paired with the permanency planning decision guidelines for subsequent action by the agency. The guidelines require action to return home, maintain placement and/or change the permanency planning goal based on parental progress on the service plan and parenting time. The foster care worker tracks reunification assessment results in the DHS-66, Updated Service Plan (USP), and applies the guidelines as described below.

DHS workers must complete the DHS-147, Reunification Assessment, in SWSS. Placement agency foster care providers will continue to use the DHS-147, Reunification Assessment, template.

Which Cases

All cases where parental rights have not been terminated and the child is in out-of-home placement. This includes all households with a legal right to reunification, except any case where:

- There is a signed Permanent Placement with a Fit and Willing Relative (PPFWR) or Another Planned Permanent Living Arrangement (APPLA) Agreement.

- There is documentation in the case service plan that the parent can't be located or has refused to participate in service planning.

Decisions

The reunification assessment guides decision making to:

- Return a child to the household removed from or to another household with a legal right to placement.
- Maintain out-of-home placement, and/or
- Change the permanency planning goal from return home.

The reunification assessment has three steps:

1. An assessment of compliance with the parenting time plan;
2. An assessment of barrier and risk reduction; and
3. A determination of the child's safety.

When

The DHS-147, Family Reunification Assessment, is incorporated into the USP. If a decision to recommend return of a child or change the permanency planning goal is necessary before a scheduled USP, complete the stand-alone Family Reunification Assessment form and the DHS-149, Safety Assessment; see FOM 722-09B. If returned home prior to the ISP, only the safety assessment is to be completed; see the safety assessment instructions in FOM 722-09B.

Appropriate Completion

The Reunification Assessment is included in the DHS-66, Updated Service Plan format, Section IV. C, 1-10. One section is completed for each household with a right to reunification services and who are participating in the service plan.

PERMANENCY PLANNING DECISION GUIDELINES AND DEFINITIONS

Permanency planning decision guidelines have been established to determine when a decision to recommend return of a child home,

maintain out-of-home placement or change the permanency planning goal must be made; see FOM 722-07, Permanency Planning. They are applied following completion of the reunification assessment. The reunification and safety assessment are combined to determine recommendations for case action. Outcomes from prior USP's are considered in combination with current outcomes.

Substantial

Both parenting time compliance and overall barrier reduction are substantial and the safety assessment decision is:

- Child is **safe**, foster care worker **must** recommend returning the child(ren) home.
- Child is **safe with services**, foster care worker **must** recommend returning the child(ren) home.
- Child is **unsafe**, foster care worker **must** recommend that the child(ren) remain in placement.

Partial

If both the parenting time and overall barrier reduction assessments are partial but not poor or one is substantial and the other is partial and the safety assessment decision is:

- Child(ren) is **safe**, foster care worker **must** recommend returning the child home.
- Child(ren) is **safe with services**, the foster care worker **must** recommend returning the child(ren) home.
- Child(ren) is **unsafe**:
 - First partial and unsafe, the child(ren) **must** remain in placement and foster care worker **must** consider changing the permanency planning goal.
 - Second consecutive partial and unsafe, foster care worker **must** consider changing the permanency planning goal from return home.
 - Third consecutive partial and unsafe, foster care worker **must** change the permanency planning goal from return home.

Poor

If **either** barrier reduction or parenting time compliance is poor, the safety assessment is not completed. If there is:

- One poor assessment, the foster care worker shall consider changing the permanency planning goal from return home;
- Two poor assessments (may be consecutive or non-consecutive), the foster care worker **must** change the permanency planning goal from return home.
- **2nd unsafe or 1 poor/refused and 1 unsafe** - Child(ren) remain in placement and consider goal change.
- **Any combination of 3 unsafe or poor/refused** - Child(ren) remain in placement and change goal.

Overrides

There are two possible worker overrides of a recommendation to change the permanency planning goal from return home. The overrides are not mandatory and may be used at the discretion of the foster care worker without prior supervisory approval in the following situations:

- Services to address a barrier are not available in the area or unavailable to the client during the period assessed, and/or
- Assessments unable to be completed because of delayed court dispositions.

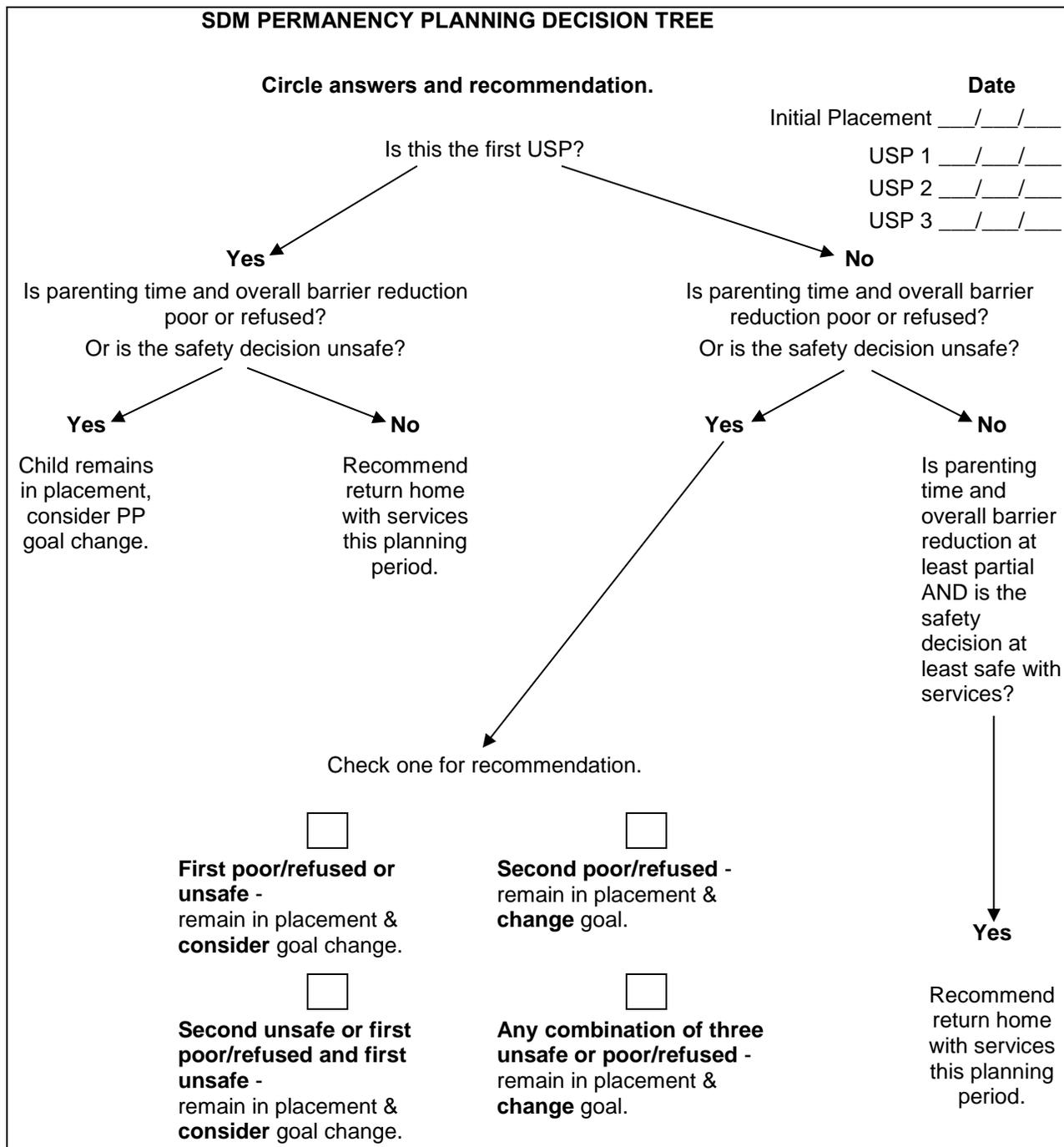
A discretionary override with prior supervisory approval may be used with explanation in Section IV, C-10 of the USP as to why the permanency planning decision guidelines recommendation is not in the best interests of the child(ren).

SDM Permanency Planning Decision Tree; see Exhibit I.

EXHIBIT I

PERMANENCY PLANNING DECISION GUIDELINE TREE

The following decision tree summarizes the policy guidelines:



**DHS-147, FAMILY
REUNIFICATION
ASSESSMENT
INSTRUCTIONS****A. Identifying
Information**

Check whether the form is completed between service plan reviews.

- A1.** Check whether there has been a CPS investigation since the last review and whether the finding was a preponderance of evidence or not. Check appropriate box.

**B. Individual
Barrier Reduction
Assessment**

List the primary barriers identified in the prior service plan; see FOM 722-08A, Family Assessment of Strengths and Needs, for instructions on identifying primary barriers and any new primary barriers identified in the DHS-145, Family Reassessment of Needs and Strengths in the space provided in the USP.

Evaluate progress for reduction of each individual barrier listed using the definitions in FOM 722-09, Updated Service Plan.

**C. Parenting Time
Evaluation**

Assess whether the family has made substantial compliance, partial compliance, poor compliance or refused parenting time. Use the definitions located in FOM 722-09, Updated Service Plan for Parenting Time Evaluation.

**D. Overall Barrier
Reduction
Evaluation**

After assessing individual barrier reduction, assess parent/caretaker overall progress in addressing the barriers that reduce the risk of subsequent harm. Use the Barrier Reduction Definitions located in FOM 722-09, Updated Service Plan.

**E. Final Parenting
Time/Overall
Barrier Reduction
Evaluation**

Determine child safety:

- If both parenting time and overall barrier reduction are substantial, both partial or one is partial and one substantial, complete the safety assessment.
- If either is poor or refused, do not complete the DHS-149, Safety Assessment, and go to the permanency planning decision guidelines.

**F. Safety
Assessment
Results**

If a safety assessment was required, check the safety assessment decision.

**G. Recommenda-
tions**

Following completion of the four steps, refer to the permanency planning decision guidelines as defined above for a recommendation. If the reunification assessment applies to all children in the household assessed, complete only the columns for all children. If the recommendations are different for children in the family, list the foster care case number and the outcomes for each child. Use the codes at the bottom of the page.

SAFETY ASSESSMENT REQUIREMENTS

The purpose of the foster care Safety Assessment, DHS-149 (RFF 149), is to help assess whether a child(ren) is:

- In immediate danger of physical harm;
- To help assess the source of that danger; and
- To help determine if a protecting intervention is available to be maintained or initiated to provide appropriate protection.

A protecting intervention, taken by staff or others, is one that remedies the immediate danger and enables longer range services to be provided to the child(ren) while keeping the family intact.

The safety assessment (DHS-149) will also help staff address reasonable efforts (See FOM 722-06, Reasonable Efforts) issues with the courts and families through consideration of specific safety factors and protecting interventions. DHS workers must complete the DHS-149, Safety Assessment in SWSS. Child placing agencies will continue to use the DHS-149, Safety Assessment (RFF 149) template.

Risk versus safety assessment: It is important to keep in mind the difference between safety and risk when completing this assessment. Safety assessment differs from risk assessment in that the child's **present** or imminent danger is assessed along with the interventions currently necessary to protect the child. In contrast, risk assessment looks at the likelihood of **future** maltreatment.

Which Case

All foster care cases currently open for services with a permanency planning goal (FOM 722-07) of:

- Return home or maintain own home placement, or
- Where parental rights have not been terminated, and
- When required by the reunification assessment results.

The safety assessment is completed for any household with a legal right to placement where a reunification assessment (FOM 722-09A) has been completed as part of the USP (RFF 66) or the stand-alone (RFF 147) and the results require a safety assessment

(where both parenting time and barrier reduction are rated as substantial or partial).

Decisions

The safety assessment is used to determine if children are:

- **Safe** if no safety factor is present in the family.
- **Safe with Services** if any safety factor is present and is controlled in home by a protecting intervention while other services are provided.
- **Unsafe** if any safety factor is present and the only protecting intervention is the removal of the children from the home or continued out-of-home placement.

Foster care workers respond to identified safety factors through implementing one of the seven in-home **protecting interventions**. A protecting intervention is an action taken by staff or others that improves the unsafe condition identified in the assessment while short-term services are provided to the family. Protecting interventions are the services that control the safety of the child.

- If in-home protecting interventions can not control the presence of the safety factor(s) or have failed, the safety response and protecting intervention are to continue out-of-home placement or remove the child(ren) while services are provided to reduce the risk of future maltreatment.
- If in-home protecting interventions have resolved safety issues, children in placement may be returned while other services are provided.
- Children in out-of-home placement may be returned home if there are in-home protecting interventions in place which allow the child(ren) to be "Safe with Services" or if the safety factors previously identified have been resolved or are no longer present.

When

Complete the safety assessment following any reunification assessment in the USP, DHS-66, (or stand-alone form) where parenting time compliance and barrier reduction are at least partial.

Prior to any placement in a household with a legal right to reunification at any time, regardless of when the last safety assessment was completed. If there is more than one household involved in the case that has a legal right to the child that are being considered for return of the child to the home, complete one DHS-149, Safety Assessment form (RFF 149) for each such household, as required by the reunification assessment.

If the child(ren) is placed in the parental home, complete the safety assessment with each USP until case closure, regardless of progress in barrier reduction or participation in services during the report period.

Complete at any time circumstances have changed in the case where a threat of imminent danger exists.

Do not complete the safety assessment if parental rights have been terminated.

Appropriate Completion

Complete all identifying information at the beginning of the assessment form. Check whether the safety assessment is being completed for the ISP or USP.

Very young children and older children with diminished mental capacity or repeated victimization are especially vulnerable. Each safety factor must be considered in light of the vulnerability of each child throughout the assessment. Answer "Yes" if any safety factor affects any child in the family or household.

DHS-149, SAFETY ASSESSMENT INSTRUCTIONS

Safety Factor Identification

In Section 1, Safety Factor Identification, assess each factor:

- The safety factors are behaviors or conditions that may be associated with a child in danger of immediate or serious harm. 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. Answer "No" if a factor is not present. **Use the defi-**

ditions as guidelines in assessing the presence or absence of a factor.

- In the narrative space provided, indicate the reason for checking that the safety factor is present.
- If no safety factors are present, go to the safety decision and check safe.

**Safety Assessment
Factor Definitions**

1. Caretaker(s) caused serious physical harm to a child and/or made a plausible threat to cause serious physical harm, indicated by:

- 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 caretaker(s) fear they will maltreat child.
- Drug exposed infant.

Caretaker(s) caused serious physical harm to the child and/or made a plausible threat to cause serious physical harm and **current circumstances** suggest that child safety may be an immediate concern. If yes, explain. If no and there was serious or threatened harm, explain why it is not currently a factor.

2. Caretaker(s) has previously maltreated a child in their care. Check all that apply:

- Prior death of a child.
- Prior serious harm to any child.
- Prior termination of parental rights.
- Prior removal of any child.
- Prior CPS preponderance of evidence/substantiation.
- Prior threat of serious harm to child.

Caretaker(s) 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, if placement continues with the caretaker(s) or if placement is made with the caretaker(s). If yes, explain. If no and there is prior maltreatment, explain why it is not currently a safety factor.

3. Caretaker(s) failed to protect children from serious physical harm or threatened harm and perpetrator continues to have access, will likely have access or there are individual(s) living in, or visiting the home on a regular basis, who pose a threat to safety of the child. If yes, explain.
4. Explanation of the injury is unconvincing. If yes, explain:
 - Medical evaluation indicates injury is result of abuse, caretaker(s) denies or attributes injury to accidental causes.
 - Caretaker(s) explanation for the observed injury is inconsistent with the type of injury.
 - Caretaker(s) description of the causes of the injury minimizes the extent of harm to the child.
5. The caretaker(s) refuses access to a child, or there is a reason to believe the caretaker(s) is about to flee, or a child's whereabouts cannot be ascertained. If yes, explain:
 - 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(s), other family members, or other people living in or having access to the home. If yes, explain:
 - Child cries, cowers, cringes, trembles, or otherwise exhibits fear in the presence of certain individuals or verbalizes such fear.
 - Child exhibits severe anxiety (i.e., nightmares, insomnia) related to situation(s) associated with a person(s) in the home.
 - Child has reasonable fears of retribution or retaliation from caretaker(s), other household members or others having access to the child.

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7. Caretaker(s) is unwilling or unable to provide supervision necessary to protect child from potentially serious harm. If yes, explain:
 - Caretaker(s) does not attend to child to the extent that need for care goes unnoticed or unmet (e.g., 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(s) leaves child alone (time period varies with age and developmental stage).
 - Caretaker(s) makes inadequate and/or inappropriate baby-sitting or child care arrangements or demonstrates very poor planning for child's care.
 - Caretaker(s) whereabouts are unknown.

 8. Caretaker(s) is unwilling or unable to meet the child's immediate need for food, clothing, shelter and/or medical or mental health care. If yes, explain:
 - No housing or emergency shelter; child must or is forced to sleep in the street, car, etc.; housing is unsafe, without heat, etc.
 - 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(s) does not seek treatment for child's immediate and dangerous medical condition(s) or does not follow prescribed treatment for such condition(s).
 - Child appears malnourished.
 - Child has exceptional needs which caretaker(s) cannot/will not meet.
 - Child is suicidal and caretaker(s) will not take protective action.
 - Child shows effects of maltreatment, such as serious emotional symptoms and lack of behavior control or serious physical symptoms.

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9. Caretaker(s) physical living conditions are hazardous and immediately threatening to a child based on the child's age and developmental status. If yes, explain:
- 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 (heat, plumbing, and electricity) and no alternate provisions made, or alternate provisions are inappropriate (e.g., stove, unsafe space heaters for heat).
 - Open windows/broken/missing windows.
 - Exposed electrical wires.
 - Excessive garbage or rotted or spoiled food which threatens health.
 - Serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites).
 - Evidence of human or animal waste throughout living quarters.
 - Guns and other weapons are not locked.
10. Caretaker(s) substance use seriously affects his/her ability to currently supervise, protect or care for the child. If yes, explain:
- Caretaker(s) has misused drug(s) or alcoholic beverages to the extent that control of his or her actions is lost or significantly impaired. As a result, the caretaker is unable, or will likely be unable, to care for the child, or has harmed the child, or is likely to harm the child.
11. Caretaker(s) behavior is violent or out-of-control. If yes, explain:
- Extreme physical, verbal, angry, or hostile outbursts at child.
 - Use of brutal or bizarre punishment (e.g., scalding with hot water, burning with cigarettes, forced feedings, etc.).

- 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 seems to indicate a serious lack of self-control (e.g., reckless, unstable, raving, explosive).
12. Caretaker(s) describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations. If yes, explain:
- Caretaker(s) describes child in a demeaning or degrading manner (e.g., as evil, possessed, stupid, ugly, etc.).
 - Caretaker(s) curses and/or repeatedly puts child down.
 - Caretaker(s) scapegoats a particular child in the family.
 - Caretaker(s) expects a child to perform or act in a way that is impossible or improbable for the child's age or developmental stage (e.g., babies and young children expected not to cry, expected to be still for extended periods, be toilet trained or eat neatly, expected to care for younger siblings, expected to stay alone).
 - Caretaker(s) view 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, explain:
- Confirmed means that there is a preponderance of evidence that sexual abuse occurred.
 - Caretaker(s) or others have committed rape, sodomy, or has had other sexual contact with child.

- Caretaker(s) 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.
14. Caretaker(s) emotional stability seriously affects current ability to supervise, protect or care for child. If yes, explain:
- Caretaker(s) refusal to follow prescribed medicines may skew ability to parent the child.
 - Caretaker(s) inability to control emotions such as anger results in violent or out of control behavior that threatens a child.
 - Caretaker(s) exhibit distorted perception of reality that impacts ability to parent child appropriately (e.g., 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 (e.g., failure to attend to child, feed or properly clothe child, and provide suitable environment).
15. Other. If yes, explain:

Safety Response - Protecting Intervention

In Section 2, Safety Response - Protecting Intervention:

If any safety factor has been identified, determine which protecting interventions will protect the child(ren). Consider the resources available in the family and the community that help to keep the child(ren) safe while other services are provided.

- Determine if interventions 1-7 (in-home) will control the factor and allow return home.
- Check protecting intervention #8, Legal Intervention, if the child(ren) must remain out of the home.

- If there are no protecting interventions which protect the child(ren) in the home, describe all protecting interventions taken or immediately planned by you or anyone else, and explain how each intervention protects (or protected) each child.

Safety Decision

In Section 3, Safety Decision:

Determine if the child(ren) is Safe, Safe with Services or Unsafe based on the following definitions:

- **Safe** if there are no children likely to be in immediate danger of serious harm if placement is made, or maintained, with the caretaker(s).
- **Safe with Services** if in-home protecting interventions are in place that will allow the child(ren) to be placed or maintained with the caretaker(s).
- **Unsafe** - without continued legal intervention and placement, one or more children are likely to be in immediate danger of serious harm. Caretaker(s) have not resolved safety issues leading to placement.

**PERMANENT WARD
SERVICE PLAN
REQUIREMENTS**

The DHS-68, Permanent Ward Service Plan (PWSP), is used by the foster care worker to record the progress of services and ongoing planning for all permanent wards (MCI wards and permanent court wards). The PWSP may be used as a revised case service plan in court reviews by adjusting the time frame for completing it to coincide with the schedule for reviews. For more detailed information on requirements, see FOM 722-09, **Updated Service Plan**.

During this transition period to SWSS use, there will be a difference in service plans produced by the placement agency foster care PAFC providers (templates) vs. service plans produced out of SWSS. The following are procedures for completion of the PWSP (RFF 68) (placement agency foster care providers are still accountable to follow policy). DHS workers must complete all service plans in SWSS.

Which Cases

- All open foster care cases with permanent ward status.
- If the child is placed in a residential care setting, the residential care provider will complete the DHS-366, Foster Care Residential Updated Service Plan. The DHS worker **must** also complete the PWSP because the residential service plans do not address monthly contact documentation by the DHS worker, the recommendations to the court and the (compelling reasons) or reasonable efforts as required by state and federal law. DHS workers are not required to duplicate information in the PWSP; they may reference the residential care plan, if appropriate.

Decisions

Service planning for permanent wards including:

- Services based on identified needs and strengths.
- For youth age 14 and older, independent living preparation services.
- Permanency planning and preparation.

**PWSP Time Frame
and Completion
Requirements**

The first PWSP must be completed after termination within the appropriate quarter and at least every 90 calendar days thereafter or more frequently, if necessary, to ensure coordination with court hearings.

At a minimum, the PWSP must be updated and revised at 90-day intervals. The due date of the PWSP is within 90 calendar days of the previous service plan's report period end date. A copy of each PWSP is required in every child's case record regardless of individual court reports.

The PWSP is considered complete when the DHS foster care worker submits it to the supervisor through SWSS-FAJ. The completion date is reflected in the report date text field on the first page of the PWSP.

The placement agency foster care (PAFC) PWSP is considered complete when the PAFC worker submits the PWSP to the PAFC supervisor for review. The completion date is reflected as the report date on the first page of the PWSP.

The PWSP is considered overdue if the report date is on or following the 91st day from the previous service plan's report period end date.

**Appropriate
Completion**

Prior to completing the narrative section of the PWSP, the foster care worker first reassesses the permanent ward's needs and strengths using the Child Assessment of Needs and Strengths, DHS-432, 433, 434, 435. See the instructions in FOM 722-08B on completion of the age appropriate Child Assessment of Needs and Strengths.

Goals and objectives written in the Treatment Plan and Service Agreement must address the priority needs identified for the child. Other needs for the child are addressed as necessary in the service plan.

**DHS-68,
PERMANENT WARD
SERVICE PLAN
INSTRUCTIONS**

The DHS-68 (RFF 68) must be used in the development of a PWSP for all permanent ward neglect/abuse children for whom the department is responsible. **All items in this format must be addressed unless otherwise noted.** Hidden text is in italics. See FOM 722-08, Accessing Hidden Text within structured decision making (SDM) templates for more information.

**Identifying
Information**

Report Period: List the report period covered (maximum 90 calendar days).

Date Report Completed: The date the report is completed.

County of Referral/Commitment:

Court Docket #:

Child(ren):

- Name.
- Birth date.
- SWSS FAJ log number.
- Case number.
- Child gender.
- Child race.
- Height.
- Weight.
- Hair color.
- Eye color.
- Religion.
- Federal permanency planning goal.
- Current legal status, date of current placement, date entered care.
- Current placement type.
- Anticipated next placement, date anticipated next placement.
- Native American question asked, tribe (if applicable).
- Provider name if relative or unrelated caregiver; name and address; if institution, name and address of institution; if licensed foster home, note foster home placement only.

I. Legal Status

- A. Court History - Child(ren): (list separately) name, petition date, petition type, hearing date, hearing outcome, order date, order type, requirements of the court through its order.
- B. Next Court Date.

II. Reasonable Efforts

Efforts made by the department/placing agency to place the child in a permanent placement in a timely manner; see FOM 722-06, Reasonable Efforts.

If services were not provided, explain the reasons why services were not provided.

Note: For children who are or who may be Indian children, active efforts are required; see NAA 205.

III. Social Work Contacts

- List date, person(s) contacted, role/position of person contacted, type of contact method (telephone, face-to-face, home visit, office visit, etc.) for each contact, scheduled, kept or unkept.
- Provide a brief narrative statement (2-3 sentences long) of the specific topics covered during the contact; see FOM 722-06, Visitations.
- For face-to-face contacts with foster children, include a statement whether the foster care worker had a private meeting with the child(ren), viewed the child(ren)'s sleeping arrangements and had a conversation with the caregiver regarding safe sleep requirements in applicable cases.
- The following face-to-face contacts must be documented in social work contacts, regardless of whether the primary foster care worker was part of that contact:
 - Parent/primary foster care worker contacts.
 - Child/primary foster care worker contacts.
 - Caregiver/primary foster care worker contacts.
 - Home visits.
 - Parenting time.

IV. Progress Summary

- Permanency planning conferences.

A. Child Reassessment

1. Child Needs and Strengths and Current Status - Indicate, for **each** permanent ward;

- Address and explain each individual item scored as a strength or need on the age appropriate Child Assessment of Needs and Strengths.
- Identify the priority needs of the child(ren) for service.

Priority needs are defined as those domains scored with the highest negative point value that is not a situational concern.

- Identify Situational Needs.

Situational concern is defined as an issue identified for a child that is short-term. Situational concerns **must not** be identified in consecutive service plan periods. If the issue persists beyond the case planning period, it would then be identified as a need.

- Identify other needs.

Other needs are any domains that have a negative score that are not considered priority or situational needs.

- Identify and explain strengths.

Strengths are defined as any domain scored with a "0" or positive number.

2. Placement Information

- Child(ren)'s name (list separately), living arrangement, begin date, end date, and the reason for replacement.
- Any replacements during the report period and the efforts made to prevent these replacements.

- Any change in the placement household during the report period, including any new adults moved into the household and results of the criminal history and central registry checks on those adults.
 - Child(ren)'s feelings and observations about current placement.
3. **Child(ren)'s Current Status** - Describe for **each** child under court jurisdiction:
- Significant events since the last assessment.
 - A physical description including distinctive characteristics.
 - Participation in extracurricular/cultural/hobbies, likes and dislikes.
 - Emotional and physical development.
 - Relationships with siblings, if applicable.
 - Behavior, and past experiences.
 - How the child(ren)'s permanency plan was shared with the child(ren) and child(ren)'s feelings about the plan.
4. **Educational Information** - For all elementary or secondary school students, document the child/youth's full-time school attendance with a statement that the child is a full-time student. If a child/youth is incapable of attending school on a full-time basis due to a medical condition, address incapability. Documentation of child's/youth's medical condition (from a medical provider) must be in the case plan and updated quarterly. Describe for **each** child:
- Child's name.
 - School name.
 - Grade.
 - Reassessment of the child's educational needs and strengths, based on information obtained from the initial screening of the child and current information.

- Special education information, if applicable.
- Child's current academic performance and behaviors in school, including whether a child is passing or failing their grade.
- Description of provided services from school, parent, foster parent and/or others to meet the child's educational needs.
- Child's and caregiver's comments about the child's educational needs and strengths.

If the child moved to another foster care placement (foster care replacement) during the report period the additional bullets must be addressed:

- The appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time of removal.
- The best interest factors and the input of the parent or legal guardian, along with the education liaison used to determine the preferred school.
- Discussion of the transportation plan (if applicable).
- Verification that the child is enrolled in and attending school full-time within 5 business days of initial placement.
- Verification from the new school that child's previous school record has been obtained (if child's school is changed from the enrolled school at time of removal).

5. **Provision of Medical, Dental and Mental Health Services** - For **each** child complete the following:

- Child name.
- Current health status.
- Any needed emergency medical, dental and health care provided since entry into foster care.
- Date of full medical examination.

- Description of any needed medical follow-up appointments.
- Immunization status.
- Date of dental examination or date of scheduled appointment.
- Description of any needed dental follow-up treatment and appointments.
- List of prescribed and regularly dispensed over-the-counter medications, including dosage, diagnosis resulting in prescribed medication and prescribing physician.
- Documentation of informed consent for each psychotropic medication, if applicable.
- Date of mental health screening and/or assessment.
- Description of any needed mental health treatment, if applicable. Include name of treatment provider, frequency of sessions and treatment goals.
- Child's perception of their mental, medical and dental health needs, as applicable.

6. Placement Resources

a. Sibling Placement

- If the child has siblings who are not placed in the same out-of-home placement, provide an explanation of the reasons for the split.
- Describe the ongoing efforts to place the siblings within the same home.
- If sibling's placements are split, second line supervisory approval is required. The second line supervisor must sign the PWSP in the space designated at the end PWSP.
- If there are no siblings or if siblings are placed together, write N/A.

- b. **Sibling and Relative Visitation** - Visits are to occur at least monthly for siblings who are in separate placements. From the established sibling visitation plan in the Permanent Ward Treatment Plan and Service Agreement, document the following:

See FOM 722-06, Sibling Visitation and Ongoing Interaction.

- Dates of visits or contacts.
- Location of visits or contacts.
- Duration of visits or contacts.
- Specifically address and evaluate visits between siblings, if in separate placements.
- Ongoing interaction between siblings.
- If visits did not occur, document all reasonable efforts made to provide frequent visitation or other ongoing interaction between the siblings. Address and evaluate any relative visits including visits with adult siblings.
- If sibling visits have deemed harmful to the child, provide documentation supporting the reasons visits are not to occur.
- Specifically address and evaluate any relative/kinship network visits including visits with adult siblings.
- Include observations on the quality of the visits.
- Include a discussion of any exceptions (missed appointment, changed appointments, suspensions of appointments and changes in supervision status) to the plan during the reporting period.
- If there are no siblings or planned relative visits, write N/A in the space below.

- c. **Best Interests of Current Placement**

- Describe the foster parent/relative/unrelated caregiver's willingness and capacity to meet the specified needs of the child.
- Describe why the current placement is in the child's best interest.
- Document any CPS complaints regarding the caregiver, since the last report period, omitting any information about the CPS referral source.
- Document any foster home licensing complaint investigations regarding the caregiver since the last report period and any corrective action plans that were a result of the complaint.

7. Residential Care

- Describe the reasons for residential placement.
- Identify the plan for services that will allow the youth to be placed in a less restrictive setting.
- Regardless of child's age, if a child is placed in a residential or institutional setting, the foster care worker must document the Wraparound or assisted care efforts that were made to prevent the placement.
- If there were no services provided, explain why not.
- If the child is not placed in a residential or institutional setting, write N/A in the space provided.

8. Permanent Wardship

- a. For each child list the permanency planning goal.

Acceptable federal permanency goals are:

- Adoption.
- Guardianship.
- Permanent placement with a fit and willing relative.
- Placement in another planned living arrangement.

Describe the efforts made to finalize the permanency plan.

For each child, describe the:

- b. Child(ren)'s attitudes regarding termination of parental rights and adoption.
- c. Preparation of child for adoption.
- d. Possibility of adoption by foster parents/relative/unrelated caregivers.
- e. Effort made to place the child(ren) for adoption or within the relative network.
- f. Reasons why it is not in the child's best interest to be placed for adoption or within the relative network.

B. Foster Parent /Relative/Unrelated Caregiver Input

- Attach written input from the foster parent(s)/relative/unrelated caregiver for the child. If a written statement from the foster parent(s)/relative caregiver is not available, summarize the feedback; see FOM 722-06, Foster Parent/Relative caregiver Input.
- Document the date the child's Medicaid card was given to the foster parent/relative/unrelated caregiver.
- Describe the caregiver family's continued adjustment to the child(ren)'s placement.
- Document how the permanency plan for the child was shared with the caregiver and the caregiver's comments regarding the permanency plan.

V. Recommendation

Recommendations to Court, if applicable

- For each child, indicate whether the child should remain in placement, under the supervision of the court, as appropriate or as state wards.
- Request any other order from the court as appropriate.

**Supervisory
Approval**

Prior to finalizing, the PWSP along with the required assessments (FANS, CANS, etc.) must be reviewed and approved by the foster care supervisor only after a face-to-face meeting with the foster care worker.

Case service plan approval process requires the foster care supervisor to:

- Review and approve the PWSP within 14 calendar days of the report date.
- For DHS supervisors, select the Approved button in the SWSS-FAJ Supervisory Selection field to generate the SWSS-FAJ transaction.
- Sign and date the original approved case service plan.

The DHS and PAFC PWSP approval date is identified by the foster care worker and supervisor signatures and date on the last page of the PWSP. A copy of the PWSP with the two signatures and dates must be placed in the narrative section of the case record.

The agency is considered out of compliance with licensing rule R400.12403(2)(o) if the foster care supervisor signature date is past the 14-day review and approval time frame.

Note: At the time any agency receives the SWSS-FAJ conversion, that specific agency is required to comply with SWSS-FAJ policy specifications.

Supervisory approval indicates agreement with:

- The foster care worker's court recommendations within the service plan.
- Assessment of the child(ren)'s needs and strengths.
- Appropriateness of current placement.
- Current treatment plan.
- Permanency planning goal.
- Permanency planning and service provision.

Note: The plan must identify the unique needs of each child addressed in the service plan. The services which will meet the needs of each child as well as the identified provider's willingness and capacity to meet those needs.

The DHS-148, Structured Decision Making Children's Foster Care Case Reading Form, may be used when reviewing case compliance.

**PURCHASE
AGREEMENT -
LOCAL OFFICE
APPROVAL**

The local office must approve or disapprove, in writing, the PWSP for a child in a PAFC placement and/or residential care. See FOM 722-08, Initial Service Plan for detail on time frames and responsibilities.

**TREATMENT PLAN
AND SERVICE
AGREEMENT**

The Permanent Ward Treatment Plan and Service Agreement portion of the DHS-68 (RFF-68) must be updated each time a service plan is completed. For more information, see FOM 722-08C, Parent-Agency Treatment Plan and Service Agreement.

**DISTRIBUTION OF
CASE PLAN**

Indicate the distribution of the plan.

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 that the court close the hearing.

The court retains the authority for continuing or terminating Michigan Department of Health and Human Services' (MDHHS or "the Department") 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 that 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, and/or 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.
- Name(s) of child(ren) 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, foster parents, relative caregivers, the non-offending parent, and/or 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 seven calendar days prior to the hearing.

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 his/her home if the child has been diagnosed with one of the following conditions:

- Failure to thrive.
- Medical child abuse.
- Shaken baby syndrome.
- Drug exposure in utero.
- A bone fracture that is diagnosed by a physician as being the result of abuse or neglect.

See [FOM 722-06H, Caseworker Contacts](#).

**Incarcerated
Parent**

The court must allow an incarcerated parent to participate in all review hearings and permanency planning hearings via telephone. The original or amended petition filed by MDHHS, the Placement Agency Foster Care (PAFC) or the Department's legal representative notifies the court of the parent's incarceration, and the court is responsible for arranging the parent's telephonic participation in the hearings. MDHHS, 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 shall 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 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.

**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 that is subject to the jurisdiction of the court or the supervision of the MCI.

After the first year that 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 that 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 that there is an advantage to reviewing a case sooner than the regularly scheduled review hearing. Moreover, the court may decide to return a child to the parental home without a hearing as long as the parties have received timely notice from the court or the supervising agency.

At a review hearing, the court must review on the record all of 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.
- 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 in foster care or that caused the child to remain in foster care. The court may modify any part of the case service plan including, but not limited to, the following:
 - Prescribing additional services that are 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:

- Order the return of the child to the custody of the parent (if parental rights have not been terminated).
- Continue the dispositional order.
- Modify the dispositional order.
- Enter a new dispositional order.

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 his/her 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 that 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 that 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 that 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 overtures toward participating in the case plan in the days or weeks immediately preceding the permanency planning hearing are 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 his/her 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 that 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 that 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 that the return of the child to the parent would **not** cause a substantial risk of harm to the child, the court

shall 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 - PFWR and APPLA](#).
- Guardianship, which may continue until the child is emancipated; see [FOM 722-07E, Permanency Planning - 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.

**LAWYER-GUARDIAN
AD LITEM**

- The supervising agency's reasonable efforts to finalize the permanency plan.

The court must appoint a lawyer-guardian ad litem for a child.

The lawyer-guardian ad litem'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/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 wish, although the lawyer-guardian ad litem must present the child's wish 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 as long as the child is subject to the jurisdiction, control, or supervision of the court, the Michigan Children's Institute, 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 lawyer-guardian ad litem. MDHHS and PAFC staff must facilitate communication between the foster parents, the child, and the lawyer-guardian ad litem; see [FOM 722-06H, Caseworker Contacts](#).

GUARDIAN AD LITEM

The court may also appoint a guardian ad litem for the child that is not an attorney to assist the court in determining the child's best interest.

The distinction between the attorney for the child and the guardian ad litem is:

- The attorney for the child represents the child's **preferences** in the same way an attorney would represent an adult client.

- The guardian ad litem represents the child's **best interests**, which may be different 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 [Foster Care Program Office](#) and the [MDHHS Children's Services Legal Division](#) 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 MDHHS Children's Services Legal Division, with the appropriate request form, at CSARequestforRepresentation@michigan.gov.

PROBLEM COURT ORDERS

Court decisions, federal statutes, federal regulations, and state law affect the conditions under which the Department can accept care and supervision of court wards, the Department's 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 MDHHS Children's

Services Legal Division (CSLD) at CSARequestsforLegalResearch@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 MDHHS CSLD at CSARequestforRepresentation@michigan.gov.

See [APL 403, Lawsuits, Litigation, Legal Documents and Forms](#) for more information.

POLICY CONTACT

Questions about this policy item may be directed to the [Child Welfare Policy Mailbox](#).

LEGAL AUTHORITY**Federal**

Social Security Act, 42 U.S.C. 671(a)(15)(E)(i)

Social Security Act, 42 USC 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

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

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 care institution in which a child in foster care has been placed.

**REASONABLE AND
PRUDENT PARENT
STANDARD**

Foster children 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 that 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 the child participates in. 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 normalcy activities into residential programming. These activities must be in compliance with the Reasonable and Prudent Parent Standard and will help children with skills essential for positive development. A designated individual(s) is to be onsite and authorized to apply the standard to decisions involving the child's participation in age or

developmentally appropriate activities. This designated individual must be trained in how to use and apply the standard.

Caseworker Role

The caseworker is responsible for providing 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 age or developmentally appropriate activities and what the foster parent or child caring institution is doing to support those activities in accordance with the Reasonable and Prudent Parent Standard. This information is to be documented in the *Child Information* section under *Child Engagement and Perception of Circumstances* in MISACWIS.

Licensing Worker Role

The licensing worker is responsible for ensuring that the foster parent completes the Reasonable and Prudent Parent Standard training prior to licensure and is adequately prepared with the appropriate knowledge and skills to make careful and thoughtful parental decisions under the standard.

For the initial home evaluation, the licensing worker is to indicate in the narrative section of MiSACWIS if the foster parent has completed the online training and has been provided with the DHS-5331, Caregiver Guidelines for Reasonable and Prudent Parent Standard.

The licensing worker must verify annually that the foster parent(s) is promoting and protecting a foster child's ability 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 his or her 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.

In the event that legal action is taken against the licensed foster parent, the Department of Health and Human Services may reimburse the foster parent for the costs of legal counsel. The reimbursement shall not impose any liability on the department or the foster parent. See [FOM 903-09, Reimbursement to Foster Parents of Private Attorney Fees](#).

Unlicensed relatives are not provided the 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; see [FOM 722-03B, Relative Engagement and Placement](#). If a relative refuses licensure and signs the DHS-875, Waiver of Foster Home Licensure, the relative understands that they are waiving liability protections when parenting under the standard.

Parental Engagement

When the goal is reunification, caseworkers and caregivers must engage the legal parent in discussions regarding regular and ongoing activities that pertain to the child and support normalcy. The discussions may include participation in extracurricular activities that the child was involved in prior to entering care, or future involvement in activities such as sports, dating, or activities that the foster family participates in.

PARENTAL AUTHORITY TO CONSENT

Decisions made under the standard do not supersede the existing legal rights of a legal parent/guardian to consent or approve certain activities while their children are in care. This includes decisions

such as entering the military, marriage, entering into contracts or leases, and education.

Temporary Wards

The legal parent/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 the Michigan Department of Health and Human Services 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.

Youth 18 years of age and older

Youth age 18 and older can consent for themselves, but must be advised that if he/she participates 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 him/her as a foster child is as indicated above.

The DHS-199, Consent for Publication, is required for photo releases for all children under the age of 18. For temporary wards, the form must be completed and signed by the child's legal parent/guardian.

Media Interviews

Media interviews of children in foster care will be granted in cases when the appropriate authorizing party has determined that 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. Youth age 18 and older can consent for themselves, but must be advised that if he/she participates in the interview, they do so without the authority of the supervising agency.

Foster parents/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 [MDHHS Office of Communications](#) must be contacted.

Out-of-State Travel

The legal parent/guardian must give consent for a temporary court ward to travel out-of-state. The foster parent/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/caregiver must be provided with a copy of the court order authorizing travel.

If the child is a Michigan Children's Institute/state ward, the supervising agency can give permission to travel out of state. Consultation with the MCI Superintendent is not necessary. The foster parent/caregiver must be provided with evidence of authority to travel with the child on department/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 court and MDHHS monitoring worker, if applicable, must be provided notice each time a child travels out of state.

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 [Children's Services Legal Division](#) must be contacted immediately.

Note: If the child is an MCI ward, the MCI superintendent must also be immediately notified.

The written notification is to include pertinent information regarding who is bringing suit, why the suit is being brought, and a copy of the child's commitment order. Under no circumstances is a local county MDHHS, Placing Agency Foster Care, foster parent, or any other party to initiate or give another person permission to initiate legal action/suit on behalf of a child/youth without the approval of the Children's Services Legal Division.

Driver's License

Only the legal parent/guardian may sign a driver's license application for temporary wards of the court. The caseworker may sign the driver's license application for the youth if the youth is a 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.

Medical Consent

For policy pertaining to consent for non-emergency elective surgery, clinical trials, use of psychotropic medication, and immunizations, see [FOM 802-1, Authority to Consent to Psychotropic Medication](#); [FOM 801, Authority to Consent](#); [FOM 801, Immunizations](#)

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 his/her 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 his/her 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

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

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 child care, 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:

1. 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.
2. Prepare the MDHHS-5602, Payment Request.
 3. 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.

4. 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.

**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](#), for more information.

**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 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](#), for more information.

**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 his/her 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 child care 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 child care 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 MDE-4583, Child Development and Care (CDC) Application, or 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](#).

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 child care, and child care 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

Child care must be provided in Michigan by the following eligible child care providers, as defined in [BEM 704, CDC Providers](#):

- Child care centers.
- Group child care homes.
- Family child care homes.
- License-exempt facilities.
- Unlicensed 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](#).

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 abuse or 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 complaint to another agency for investigation, the supervising agency must independently take appropriate action to ensure the continued safety and wellbeing of the child.

Note: 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. If the supervising agency suspects that a child in foster care has been abused or neglected, the agency must make a complaint to Centralized Intake (CI); see [FOM 722-13, Referrals to Children's Protective Services \(CPS\)](#), and [FOM 722-03, Placement Selection and Standards](#).

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 complaint 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 complaint 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, CI will send an intake decision notification to all

active caseworkers and supervisors on the child's case. When a provider is linked to the intake, CI will also send a notification to the licensing worker 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 field investigation.
 - Reject complaint.
 - Transfer to another county or agency for investigation.
 - Withdraw complaint.
- Screening decision comments.

Note: A screening decision of Accept and Link occurs when CI assigns the complaint 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 complaint 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 CASEWORKER/ SUPERVISOR RESPONSIBILITIES

All complaints involving children with an open foster care program type require action by the caseworker 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 caseworker or supervisor for each child included in the complaint must:

- Review the intake decision notification and assess the urgency level; see *Exhibit I: Complaint Urgency Level Decision Tree* in this item.
- If CI assigned or transferred the complaint for investigation, coordinate with the identified agency listed in the notification to the extent determined necessary by the caseworker and supervisor.
 - When the notification identifies DCWL as the receiving agency, the caseworker'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 caseworker or supervisor is required to meet the contact standards for verifying the safety of the child regardless of whether the receiving agency opens the complaint for investigation.

- Document the following in MiSACWIS **within 5 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 complaint.

Complaint Reconsideration

Request for Reconsideration

If the caseworker has additional information **related to the current allegations that may change the screening decision**, the caseworker 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 caseworker must send the information to the [CI Reconsideration Mailbox](#).

New Complaint

The caseworker must file a new complaint with CI if:

- The caseworker has new information regarding suspected abuse 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 caseworker has new information regarding suspected abuse 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 complaint.

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 caseworker or supervisor of a parent or legal guardian's involvement in a CPS investigation, all foster care caseworker and supervisor responsibilities in this item must be completed within the timeframes required below, with notification from the local CPS investigator replacing the CI intake decision notification; see *Contact Standards* in this item.

Contact Standards

Contact requirements and timeframes are based on the complaint's urgency level. Caseworkers must review the complaint intake

decision and allegations to determine the urgency level of the complaint; see *Exhibit I: Complaint Urgency Level Decision Tree*.

If the assigned caseworker and/or supervisor are unavailable to contact the child or caregiver within the timeframe required by the complaint's urgency level, another caseworker or supervisor may complete the required contact.

Caseworkers 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 caseworker is unable to make successful contact with the receiving agency, or the receiving agency requests that the caseworker delay making a face-to-face contact with the child beyond the timeframes established in this item, then the caseworker must immediately contact his/her 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 complaint has been assigned to CPS-MIC for investigation, caseworkers and supervisors can contact the [CPS-MIC intake mailbox](#) 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 complaints which have a high urgency level, the caseworker 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 complaints which have a moderate urgency level, the caseworker 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 complaint 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 complaints which have a low urgency level, the caseworker 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 caseworker and supervisor must review the intake decision notification to assess for potential risks to the child's safety and well-being.
 - The caseworker must document the basis for the assessment of the potential risks to the child's safety and well-being in MiSACWIS within five business days.
- Within five business days of the receipt of the notification from CI, the caseworker 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.
- The required contact is in addition to those required by [FOM 722-06H, Caseworker Contacts](#).

Note: If phone contact is determined appropriate to verify the child's safety, but phone contact with the child is not developmentally appropriate, the caseworker is not required to make phone contact with the child.

COORDINATION REQUIREMENTS

When CI assigns or transfers a complaint for investigation, the caseworker must immediately contact the receiving agency; see *Contact Standards* in this item.

Coordination efforts are **not** limited to the receiving agency. The caseworker must coordinate with all other agencies involved in the investigation of the allegations. Up to four separate investigations may be conducted concurrently when a complaint is received alleging abuse 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 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 caseworker 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 caseworker 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

See [FOM 722-13, Referrals to Children's Protective Services \(CPS\)](#). When invited, caseworkers 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 caseworker 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.

Coordination with Law Enforcement and/or the Prosecuting Attorney

When CI transfers a maltreatment in care complaint to LE/PA, including military law enforcement, the caseworker 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 caseworker must inquire how she/he can cooperate with the investigation.

**Coordination with
American Indian
Tribal Unit**

When CI transfers a maltreatment in care complaint to an American Indian tribal CPS or tribal law enforcement unit, the caseworker 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 caseworker must inquire how she/he can cooperate with the investigation.

**Coordination with
DCWL/LARA*****Coordination with DCWL***

When CI transfers a complaint to DCWL involving maltreatment in care by CCI staff, the caseworker 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 complaint 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 caseworker must immediately contact the assigned certification worker to determine if an investigation will be opened.
 - The caseworker 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 caseworker is not required to contact DCWL.

If DCWL or the certifying agency is going to investigate the allegations, the caseworker must inquire how she/he can cooperate

with any special investigation or home assessment; see [FOM 922-2, Foster Family Home Development](#).

Coordination with LARA

When CI transfers a complaint to LARA, the caseworker 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 complaint involves a child care program, a children's camp, or an adult foster care program, the caseworker must immediately contact the [Bureau of Community Health Systems Children and Adult Licensing Complaint Mailbox](#). If the caseworker does not receive a response within two business hours, he/she may call the Children and Adult Licensing Complaint Hotline at 866-856-0126.
- If the complaint involves a health facility, the caseworker must immediately contact the [Bureau of Community Health Systems Health Facility Complaint Mailbox](#). If the caseworker does not receive a response within two business hours, he/she may call the Health Facility Complaint Hotline at 800-882-6006.

DOCUMENTATION

Social Work Contacts

Caseworkers and/or supervisors must enter all contacts made as a result of a complaint involving suspected abuse or neglect of a child with an open foster care program type in the social work contact section of MiSACWIS 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 caseworker 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 722-08B, Foster Care - Child \(Re\)Assessment of Needs and Strengths](#), [FOM 722-08, Foster Care - Initial Service Plan](#), [FOM 722-09, Foster Care - Updated Service Plan](#), and [FOM 722-09D, Foster Care - Permanent Ward Service Plan](#). 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 722-08C, Foster Care - Parent-Agency Treatment Plan and Service Agreement](#).

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 COMPLAINTS

In some instances, CI may receive multiple separate complaints 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 complaints. Contacts for duplicate complaints may be waived if **all** the following apply:

- CI received the duplicate complaints within 30 days of the initial complaint.
- The duplicate complaints contain no new allegations or information that would warrant additional contact with the child or caregiver to ensure the child's safety.
- The caseworker has already completed or plans to complete the contacts required for the initial complaint 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 complaints, the caseworker and supervisor must review the new complaint and previously received complaint to ensure that the new complaint meets the criteria above. The caseworker must document the review of the new complaint and the director or designee's decision in a social work contact.

COMPLAINTS BY THE FOSTER CARE CASEWORKER

The MDHHS county director, child welfare director, or designee, or PAFC director or designee, may use discretion to waive the

caseworker's required contacts with the child and caregiver under *Contact Standards* if the caseworker:

- Was the referral source of the complaint, **and**
- Completed a face-to-face contact with the child and caregiver within one day of making the complaint, **and**
- Established or reviewed a safety plan to address the concerns that lead to the complaint during the face-to-face contact.

The caseworker 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](#).

**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

Caseworkers 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, caseworkers 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**

For the purpose of this item, 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

For the purpose of this item, 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 terminating 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 MiSACWIS within 10 calendar days of receipt and no later than 60 days from dismissal of court

jurisdiction. The department must close the foster care program type in MiSACWIS within 30 calendar days of entry of the court order in MiSACWIS.

Delays in Receipt of the Written Court Order

The court speaks through written orders. The caseworker cannot close the program type in MiSACWIS based on a verbal order.

Caseworkers 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.

Caseworkers 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. Caseworkers 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 on MiSACWIS 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](#).

Child Death

In the event of the death of a child in foster care, the child's foster care program type must be closed in MiSACWIS within 30 calendar days of the date of death; see [SRM 172, Child/Ward Death Alert Procedures and Timeframes](#).

CASE MANAGEMENT ACTIVITY

All case management activities, including completion of case service plans, caseworker 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 722-09C, 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 caseworker must ensure that the child's FCDW is closed at program closure; see [FOM 803, Medicaid](#).

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 caseworker 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 caseworker 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 caseworker. PAFC caseworkers must request a completed DHS-945 from the MDHHS monitoring caseworker.

- [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 caseworker 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, Foster Care Transitional Medicaid](#).
- MiHealth card and, if enrolled in a health plan, his/her 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 caseworker 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 caseworker is responsible for ensuring that the adoptive placement receives all reasonably obtainable non-identifying information about the child; see [ADM 670, Required Information to be Shared](#). The foster care caseworker must provide the adoption caseworker 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 MiSACWIS 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 caseworker must complete the case closure process in MiSACWIS. Caseworkers must utilize the Job Aid: Case Closure Requirements in MiSACWIS. The job aid can be located by logging into MiSACWIS and clicking Help & Training > MiSACWIS

Communications Website > Announcements > MiSACWIS > Case Closure.

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 MiSACWIS Job Aid: Sealing and Closing an Adoption Case, which can be located by logging into MiSACWIS and clicking Help & Training > MiSACWIS Communications Website > Announcements > MiSACWIS > Adoption.

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 placement agency foster care (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, please refer to 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.

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.

INITIAL ELIGIBILITY CRITERIA

Consideration for YAVFC is available to youth who were in out-of-home placement after being referred or committed to the Michigan Department of Health and Human Services (MDHHS) for care and supervision at the age of 18 years old. Youth requesting to participate in YAVFC must meet either of the following criteria:

- **Extending** an open foster care case.

The youth is currently receiving foster care services and is at least 18, but less than 21 years-old.

- **Entering/Re-entering** YAVFC after case closure.

The youth exited foster care/YAVFC after reaching 18 years old, but is less than 21 years-old.

Note: Youth with a delinquency (DL) court case must have a dual child abuse/neglect case to be considered for eligibility.

PROGRAM REQUIREMENTS

To qualify for an extension of foster care services and receive foster care maintenance payments the youth must meet one of the following conditions:

- 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.
 - A school determines if a student is enrolled in the institution. Once the school no longer considers a youth

enrolled, he/she begins the grace period; see *Grace Period* in this policy.

- Employed at least part-time 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. It may be at one or more places of employment and/or a combination of the above activities.

Note: 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 education or employment to meet minimum eligibility requirements.

Note: Volunteering for MDHHS or other child welfare agency caseworkers does not qualify. Community organization representative must document hours spent volunteering.

- Incapable of the above educational, employment, or volunteer activities due to a documented medical condition.

Note: If eligibility is based on incapacity expected to last more than one year, the caseworker must assist the youth in applying for Supplemental Security Income (SSI) if applicable; see [FOM 902-10, SSI Benefits Application and Determination](#).

VERIFICATION OF ELIGIBILITY

Verification of eligibility must be documented in writing and uploaded into MiSACWIS under Eligibility on the Financial screen. The youth must provide documents verifying eligibility **to the caseworker prior to signing the [DHS-1297, YAVFC Agreement](#)**. The following verification forms can be used to document eligibility:

- [DHS-3380, Verification of Student Information](#) (may also be used to verify vocational training or trade school).
- [DHS-38, Verification of Employment](#) (may also be used to verify an alternative to employment, such as volunteering). Verification of volunteering not documented on the DHS-38 must be by a representative of the community organization and written on organization letterhead.
- [DHS-54A, Medical Needs](#).

Alternative Verification

Alternative forms of eligibility verification may be accepted. This can include:

- Pay stubs that include employer and youth names.
- Work Number printout.
- Letter from 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 MDHHS-YAVFC@michigan.gov.

Ongoing Verification of Eligibility

Ongoing verification of eligibility is required at least quarterly, to coincide with the case service plan due date. Proof of eligibility must accompany the updated case service plan. The supervisor must review and verify the youth's eligibility. If the youth does not meet eligibility requirements, the caseworker must follow *Reporting Eligibility Changes* in this policy.

The caseworker must provide the youth with the appropriate eligibility verification form at least 45 calendar days prior to the case service plan due date.

The youth must give the completed form or other acceptable verification of eligibility to the caseworker by the due date.

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.

Reporting Eligibility Changes

Youth

Youth must report changes that affect YAVFC eligibility to his/her caseworker within three business days of the change. Failure to report changes timely may affect a youth's eligibility; see [FOM 902-21, YAVFC Funding and Payments](#).

Note: It is the caseworker's responsibility to review reporting requirements with the youth when signing the [DHS-1297, YAVFC Agreement](#).

Primary Foster Care Caseworker

The primary foster care caseworker must report changes that affect a youth's funding eligibility to the child welfare funding specialist (CWFS) within three business days via the [DHS-650-YA, Young Adult Voluntary Foster Care Checklist](#).

Changes that must be reported to the CWFS include:

- The date a youth starts a grace period and the date the grace period is scheduled to end.
- A youth's living arrangement; for example, address changes, foster family license changes, child caring institution license changes, return to the biological parent's home, or incarceration.
- Changes in the youth's family composition; for example, the youth has a child, custody change, or the minor child moves in/out of the youth's home.
- SSI/RSDI starting or stopping.
- Case closure.
- Caseworker change or agency change.

Grace Period

A grace period is the period of time after the youth ceases to meet program requirements when eligibility can be re-established without penalty; see [FOM 902-21, Young Adult Voluntary Foster Care \(YAVFC\) Funding and Payments](#).

Grace periods are applied as follows:

- Youth are allowed a 30-day grace period in which to re-establish eligibility.
- Youth are allowed up to three grace periods per fiscal year.
- A grace period begins the day immediately following the day the youth becomes ineligible, whether it is reported timely to the caseworker.

- Within one business day of discovering the youth is no longer meeting the eligibility requirements, the caseworker must schedule a 90-Day Discharge Planning Meeting; see *Family Team Meeting (FTM) Requirements* in this policy.
- During the grace period, the caseworker must actively assist the youth in re-establishing the employment, education, or incapacitating medical condition requirements and include documentation of these efforts in the service plan.
- YAVFC payments and Medicaid coverage continue during grace period status.

Exception: YAVFC payments will not continue if the youth enters a non-reimbursable placement. 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 his or her 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.
- Marriage.
- Death.

YOUNG ADULT VOLUNTARY FOSTER CARE AGREEMENT

The DHS-1297, Young Adult Voluntary Foster Care (YAVFC) Agreement, is an agreement that outlines eligibility requirements in the areas of education, employment, living arrangement, residence notification, visitation, and case reviews. Youth are eligible for foster care services and payments on the date the DHS-1297, YAVFC Agreement is signed.

Youth Extending

The option of YAVFC must be discussed 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.

Youth must sign a [DHS-1297, YAVFC Agreement](#), before participating in YAVFC. **The youth is not eligible for YAVFC service or payments until the agreement is signed.** The agreement may not be signed until all of the following have occurred:

- The youth reaches 18 years old.
- The caseworker has received verification of eligibility.
- Family/juvenile court jurisdiction has been dismissed on or after the youth's 18th birthday, and the caseworker has received the written court order; see *Judicial Determination* in this policy.
- The superintendent of the Michigan Children's Institute has discharged state wards (if applicable); see [FOM 722-15, Case Closure](#).

The original YAVFC agreement must be placed in the youth's record, a copy must be given to the youth, and a copy must be uploaded into MiSACWIS under Eligibility on the Financial screen.

Youth Entering/ Re-entering

The intake process for youth entering/re-entering YAVFC is as follows:

- Youth who request to enter YAVFC must be referred to the MDHHS office in the county in which s/he resides.

Note: Youth must live in the state of Michigan at the time of entry/re-entry in YAVFC; see *Residency Requirements* in this policy.

- A non-CPS intake must be entered in MiSACWIS and YAVFC eligibility determined on the financial screen.

- Within three calendar days of a young adult's written or verbal request, the case must be assigned to a caseworker.
- Within five business days of case assignment, the caseworker must visit the youth in his/her placement or living arrangement and explain YAVFC requirements.
- If the youth agrees to participate in YAVFC, the caseworker must provide the youth with the appropriate eligibility verification form. The form must be completed and returned within 10 calendar days. The caseworker 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, YAVFC Agreement](#).

The original [DHS-1297, YAVFC Agreement](#) must be placed in the youth's record and a copy must be:

- Given to the youth.
- Filed with the Circuit Court Family Division (CCFD) 20, Ex-Parte Petition Regarding Young Adult Voluntary Foster Care; see *Judicial Determination* in this policy.
- Uploaded into MiSACWIS under Eligibility on the Financial screen.

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, YAVFC Agreement.

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, YAVFC Agreement, the youth is no longer eligible for the YAVFC Program and the case must be closed.

Extended Foster Care Services

A youth may **not** participate in YAVFC until family/juvenile court jurisdiction is dismissed. The following steps must be completed to extend a YAVFC case:

- Once the decision for a youth to participate in YAVFC has been made, the caseworker must request that the court schedule a review hearing for dismissal of the youth's child abuse/neglect (CA/N) case.
- State wards must be discharged by the superintendent of the Michigan Children's Institute before participating in YAVFC; [FOM 722-15, Case Closing](#).
- The court must terminate jurisdiction over the young adult by dismissing the CA/N case, and the Delinquency (DL) case if applicable, on or after the young adult's 18th birthday.
- The caseworker must obtain a copy of the written court order dismissing the CA/N case, and the Delinquency (DL) case if applicable,
- As soon as possible, but no later than five business days after receiving a copy of the written court order, the caseworker must have the young adult sign the DHS-1297, YAVFC Agreement. **The young adult is not eligible for YAVFC until the agreement is signed.**

Ex-Parte Petition and Attachments

The primary foster care caseworker must file the Circuit County Family Division (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, YAVFC Agreement. The following information must be attached to the Ex-Parte Petition Regarding Young Adult Voluntary Foster Care:

- DHS-1297, 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/juvenile court jurisdiction is dismissed, the primary foster care caseworker may bring the completed CCFD 20, Ex-Parte Petition Regarding Young Adult Voluntary Foster Care, all required attachments, and the youth to the review hearing, so that the DHS-1297, YAVFC Agreement, can be signed and the petition can be filed immediately upon receipt of the written court order dismissing the CA/N 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 young adult voluntary foster care case. Determine, not later than 21 days after the date the report was filed, whether it is in the youth's best interest to be in foster care.
- Serve the MDHHS and the youth with the CCFD 21, Order Regarding Voluntary Foster Care Agreement, which makes 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.

PLACEMENT AND LIVING ARRANGEMENT OPTIONS

Matters to discuss when assisting a youth with living arrangement decisions include but are not limited to:

- Safety.
- Level of supervision required.
- Educational/employment opportunities.
- Proximity to support people and services.
- Financial circumstances.
- Cultural considerations.

Youth in YAVFC may reside in one the following living arrangements:

- Licensed foster home.
- Licensed child caring institution.
- Licensed adult foster home.
- Approved setting in which the individual is living independently including, but not limited to, the following:
 - Rental home/apartment setting, with or without roommates.
 - College dormitory.
 - Relative home.
 - Friend/partner home.
 - Host home/supportive adult home.

Ineligible Placements

The following placement types are not eligible for payment:

- **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 caseworker 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.
- **Jail/Incarceration.** Youth expected to be incarcerated for more than 30 days are eligible for an unpaid grace period.
- **Parental Home.** Placement with a legal or biological parent, whether parental rights have been terminated, is considered an ineligible placement. A grace period will not be applied when a

youth enters a parental home placement. The case must be closed, and payments stopped immediately; see [FOM 902-21, Young Adult Voluntary Foster Care Funding and Payments](#).

REPORTING REQUIREMENTS

Case service plans are required for YAVFC cases. The DHS-442, Case Service Plan YAVFC, must be used for all YAVFC case plans, regardless of prior wardship.

For youth *extending, entering, or re-entering* YAVFC, an initial case service plan must be completed within 30 calendar days of the youth signing the DHS-1297, YAVFC Agreement, and at least every 90-calendar days thereafter.

CASEWORKER/ YOUTH VISIT REQUIREMENTS

Caseworker 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, Caseworker Contacts](#).

Note: If a youth placed in independent living refuses to make face-to-face contact with his/her caseworker for 30 days, a grace period would be applied on the 31st day; see *Grace Period* in this policy.

Youth Extending

The caseworker 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, Caseworker Contacts](#).

Youth Entering/ Re-entering

During the first two months of the case assignment date, the caseworker must have two face-to-face contacts with the youth; at least one 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 caseworker. The caseworker must continue to visit the youth in his/her placement/living arrangement monthly thereafter.

**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 primary foster care caseworker unless an interstate compact/out-of-state private agency is providing courtesy supervision. See *Interstate Compact* in this policy.

**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. The original must be placed in the case record and a copy must be given to the youth.

**RESIDENCY
REQUIREMENTS**

Youth must reside in Michigan in order to file the CCFD 20, Ex-Parte Petition Regarding Young Adult Voluntary Foster Care.

**County of
Residence**

The county of residence is the county where the youth has a permanent address or where the youth lives the majority of the time.

Homeless Youth

The county where the youth resides the majority of the time may be used as the county of residence. For further clarification of homeless persons; see [BEM 220, Homeless Persons](#).

**INTERSTATE
COMPACT**

If the receiving state permits the extension of foster care to age 21, that state may provide supervision of the youth participating in YAVFC. If the state will not agree to supervise the case, the sending state has the option to contract with a private agency in the receiving state for courtesy supervision.

If courtesy supervision cannot be secured, the assigned foster care caseworker is responsible for all case management requirements.

**FAMILY TEAM
MEETING (FTM)
REQUIREMENTS****Semi-Annual
Transition Meeting/
Semi-Annual Case
Review**

For a youth extending his/her case into YAVFC, a Semi-Annual Transition Meeting must be completed within 180 days from the date of the previous Semi-Annual Transition Meeting. For youth entering/re-entering, a Semi-Annual Transition Meeting must be held within 30 days of the youth signing the DHS-1297, YAVFC Agreement. Each Semi-Annual Transition Meeting must then be completed within 180 days from the previous. The Semi-Annual Transition Meeting must follow currently established guidelines; see [FOM 722-06B, Family Team Meetings](#).

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.

Note: A neutral person without case management responsibility such as a permanency resource manager, supervisor, or program director, must facilitate the FTM. This is a requirement of title IV-E eligibility and must be documented; see [FOM 902-21, Case Reviews](#).

**90-Day Discharge
Planning Meeting**

Within one business day of discovering the youth is no longer meeting eligibility requirements, the caseworker must schedule a 90-Day Discharge Planning Meeting to be held within three business days, see [FOM 722-06B, Family Team Meetings](#).

The 90-Day Discharge Planning Meeting must be held to determine how the youth will regain eligibility or prepare for discharge from foster care. The youth must be informed that his/her case will close if eligibility requirements are not met by the end of the grace period.

**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 in the same home or child caring institution. Payments may be made for the child, regardless of the child's wardship status or whether or not the child is under the care and supervision of MDHHS; see [FOM 902-21, Youth Parent](#).

MEDICAID

Youth who are eligible for YAVFC are categorically eligible for Medicaid. The child of a parent in YAVFC is categorically eligible for Medicaid.

**TERMINATION OF
YOUNG ADULT
VOLUNTARY
FOSTER CARE****Self-Initiated
Termination**

Youth may terminate the DHS-1297, YAVFC Agreement, at any time, by notifying the caseworker, in writing, of his/her desire to terminate YAVFC.

**MDHHS-Initiated
Termination**

MDHHS must terminate the DHS-1297, YAVFC Agreement, if the youth becomes ineligible. Ineligibility for YAVFC occurs when the youth:

- Discontinues his/her 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 caseworker for more than 30-calendar days and does not make contact within the 30-calendar day grace period.
- Is incarcerated for more than 30 calendar days.
- Reaches his/her 21st birthday.
- Enters active duty military service.

Exception: Membership in the Reserve Officers' Training Corps (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.
- Marries.
- Dies.

Case Closure Process

If the grace period ends and ineligibility continues, the caseworker must initiate case closure within one business day by completing the following steps:

- Notify the youth, either verbally or in writing that a request is being made to close his or her case.
- Submit a DHS-1302, YAVFC Case Closure Request, to the supervisor.

- Obtain the supervisor's signature of approval.
- Send the approved request to one of the following:
 - In a designated county, the county child welfare director.
 - In any other county, the county director.
 - For a private child placing agency provider, the agency's director.
- If the director approves the case closure, send a DHS-1301, YAVFC Case Closure Notice, to the youth and uploaded in the Financial section of MiSACWIS.
- If the director denies the closure, schedule an FTM within one business day of receiving the denial, and conduct the FTM within three business days to determine how the youth will regain eligibility.

YAVFC RE-ENTRY

Regardless of the reason for a prior YAVFC case closure, 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, including all attachments, filed with the court; see *Judicial Determination* in this policy.

Youth must also receive a new initial funding determination; see [FOM 902-21, Young Adult Voluntary Foster Care Funding and Payments](#).

JOB AIDS

[YAVFC Extending Intake and Court Process](#)

[YAVFC Entry Timeframes](#)

[YAVFC Training](#)

[YAVFC Payment Job Aid](#)

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

Questions about this policy may be directed to the [MDHHS-YAVFC](#) mailbox.

OVERVIEW

The Unaccompanied Refugee Minors (URM) program provides culturally appropriate foster care services to assist eligible minors to develop appropriate skills to enter adulthood, while achieving economic self-sufficiency and social adjustment. The URM program currently operates in 21 program sites in 15 states.

Legal Authority

45 CFR 400, Subpart H

Definition

Unaccompanied Refugee Minor- 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: The Director of the U.S. Office of Refugee Resettlement (ORR) may approve the reclassification of a child as unaccompanied; see FOM 722-6K, Services to Children Who are Not U.S. Citizens.

PROGRAM ADMINISTRATION

Michigan has two URM programs; Bethany Christian Services (BCS), in Grand Rapids and Lutheran Social Services of Michigan (LSSM), in Lansing. The programs are administered by the Michigan Department of Health and Human Services' (MDHHS) Office of Refugee Services (ORS).

Agencies that operate the URM program are responsible for:

- Obtaining legal custody of the minor from the court of jurisdiction, by utilizing the documentation supplied by their national affiliated resettlement agency.
- Operating the program in compliance with all applicable contractual, legal, policy, licensing, payment, and administrative review requirements.

MDHHS, Office of Refugee Services (ORS) is responsible for:

- 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.

- Direction and guidance on the reports required by the ORR.
- Completion of federal reporting on the URM program outcomes.
- General program information needed to facilitate the implementation of the URM program.
- 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

Minors eligible for the URM program include:

- **Refugees:** The URM classification is granted while the minor is overseas and the individual is lawfully admitted to the United States as an unaccompanied minor.
- **Cuban/Haitian Entrants:** The ORR reclassifies the individual as a URM after arrival.
- **Asylees:** The ORR reclassifies the individual as a URM after asylum is granted.
- **Minor 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 minors after the letter of eligibility has been issued.
- **Reclassification:** Reclassification of refugee minors of refugee family breakdown cases; see, FOM 722-6K, Services to Children Who Are Not U.S. Citizens.
- Other minors, including those with Special Immigrant Juvenile status (SIJS), which may be determined eligible by ORR.

PROVISION OF SERVICES

In providing child welfare services to refugee children in the state, the supervising agency must provide the same child welfare

services and benefits to the same extent as are provided to other children in the state under the state's title IV-B plan **and** 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.

DETERMINATION OF ELIGIBILITY AND PLACEMENT

Eligibility Determination

Eligibility is determined by the federal government in one of three ways:

1. The U.S. State Department, in concert 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 United States.
2. At the request of the ORS, the ORR may reclassify a non-citizen minor as a URM; see FOM 722-6K, Services to Children Who Are Not U.S. Citizens.
3. The ORR, at the request of law enforcement officials, may issue an eligibility letter on behalf of a non-citizen minor determined to be a victim of a severe form of trafficking under federal law.

Duration of Eligibility

An unaccompanied minor continues to meet the definition of unaccompanied minor while maintaining one of the eligibility statuses listed above, until the minor:

- Is reunited with a parent; or
- Is united with a non-parental adult, willing and able to care for the minor, to whom legal custody and/or guardianship is granted under the appropriate state law; or
- Attains 18 years of age, is continued as a temporary court ward to age 20, or enters and is complying with a Young Adult Voluntary Foster Care agreement.

Note: Youth may voluntarily discharge from URM when youth reaches age of legal majority. The family court must also discharge the case.

State Placement

A URM is placed by the federal government with a participating authorized child care agency, affiliated with a national resettlement agency; U.S. Conference of Catholic Bishops or Lutheran Immigration and Refugee Services. The two affiliated agencies in Michigan, BCS and LSSM, hold contracts with the ORS for services to unaccompanied minors. Once placed in Michigan, the agency must ensure that the services provided to these children meet the requirements set forth by MDHHS.

Establishing Legal Responsibility

The URM program agency must petition the local family court for an order of adjudication for temporary court wardship, placing the youth with MDHHS. The petition is to be filed as soon as possible, but no later than 30 days after the minor is initially placed in the URM program with the agency. Subsequent court reviews and issuances must be completed in accordance with the legal requirements of the family court of legal jurisdiction.

Note: In establishing legal responsibility, ORS strongly cautions against contacting the minor's natural parents in their native country, as contact could place the parents in danger.

DEVELOPING THE SERVICE PLAN

The supervising agency must provide child welfare services and benefits to URMs to the same extent as are provided to other children in the state as identified in the state's title IV-B and IV-E plans.

URM Case Planning

Refugee-specific services may aid in the additional trauma and barriers associated with being a URM 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 special 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 child in a foster home, residential facility, supervised/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 for all necessary medical and dental treatment.
- Orientation, assessment, and counseling to facilitate the adjustment of the child to American culture.
- Preparation for participation in American society, with special emphasis upon English language instruction, 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.
- Periodic review (at least every six months) of the appropriateness of each unaccompanied minor's living arrangement and services.

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 United States by encouraging minors to apply for admission of their parent(s) to the United States. The minor 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 minor.

With a Non-Parental Adult Relative

Upon appropriate investigation and following established MDHHS rules, the agency may approve a prospective non-parent adult relative foster home for URMs.

If any non-parent adult 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;
- Willingness and ability of the non-parental adult relative to care for the minor; and
- Commitment made by the non-parental adult relative(s) to assume legal custody and/or guardianship.

If the agency, ORS, and the court determines that it would not be in the best interests of the minor to transfer legal custody and/or guardianship to the non-parental adult relative(s), foster care will continue as established.

**Permanency
Planning for URM**

Generally, the URM program pursues the concurrent goals of reunification and Permanent Placement with a Fit and Willing Relative or 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/desire to be adopted, the court must find that adoption would be in the best interest of the minor, and there must be a termination of parental rights. When adoption occurs, the URM

classification ends. See FOM 722-7 thru FOM 722-7F for permanency planning policy.

URM PROGRAM REPORTING

The Office of Refugee Resettlement provides the following forms online at <http://www.acf.hhs.gov/programs/orr/resource/report-forms>.

ORR-3 Placement Report Form

This form must be submitted to ORS within 30 days of any of the three following events:

- The initial placement of the child.
- A change of status of the minor in care. A change of status may involve such things as a change of placement, a change in legal responsibility, a reunification of the minor with adult relatives, or a reclassification of the minor.
- Termination or discharge of the child from the care and custody of MDHHS, such as when the child is reunited with the parents or reaches emancipation age.

ORR-4 Progress Report Form

For each minor, the URM program agency must send a completed ORR-4 Progress Report Form, annually. The ORR-4 should be received within 30 days, but in no case later than 60 days, from the annual due date. This report provides information on the status of the minor and the progress towards the goal of self-sufficiency.

INTERSTATE MOVEMENT OF URM

The Michigan Interstate Compact Office processes any interstate movement of URM cases.

After the initial placement of an unaccompanied refugee minor, the same procedures that govern the movement of non-refugee cases to other states apply to the movement of unaccompanied minors to other states.

OVERVIEW

Every effort must be made to ensure that the educational needs of all children in foster care are met. The supervising agency must ensure that children in the care of 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 he/she graduates or successfully completes 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 MiSACWIS.

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 school district identify a foster care liaison. The 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.

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 caseworker 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 caseworkers, when needed.
- Provide technical assistance to foster care caseworkers with transportation paperwork.
- If assisting with an individual case, notify the caseworker so that it can be documented within MiSACWIS.
- Collaborate with district foster care liaisons regarding transportation plans and payment.

**School District
Foster Care Liaisons**

Every 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.

The school district liaison will:

- Coordinate with the corresponding child welfare agency point-of-contact on the implementation of the ESSA provisions.
- Document the 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.
- 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.

**EDUCATION
PLACEMENT**

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 proximity of the caregiver home to the child's school is to be considered when placing or changing a child's placement.

**Best Interest
Determination**

The caseworker must discuss best interest factors with the school district foster care liaison, parent, foster parent/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 education placement best interest decisions for a child, 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

Caseworkers are to engage both the parents/legal guardian and the child in the discussion.

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 private child placing agency) will make the decision, between the school district or origin or the school district of residence, giving preference to the child and parent's wishes.

Neither the school district of origin or the 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 of relative caregiver prefers the child attend a school that is not within the school district of origin or the 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 caseworker 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 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 caseworkers 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 caseworker 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, School Notification and Records Release](#) 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 caseworker change, to notify the school of new contact information.
- When a case worker 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 contained in the foster care case file must be provided to the new caregiver (foster parent, relative, legal parent/guardian, provider, etc.), such as report cards or Individualized Education Plans (IEPs).

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 within MiSACWIS.

CASEWORKER'S ROLE

The caseworker's role is to coordinate with school personnel to ensure the child's educational needs are identified and that the child is provided the necessary educational services. In coordinating these efforts, the caseworker must:

- Send the DHS-942, School Notification and Education Records Release, to the school district foster care liaison at the time of every new foster home 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, school staff, and the student to determine if education needs are met. This should be documented within the social work contact section of MiSACWIS.
- 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 MiSACWIS.
- Update the education section of MiSACWIS within five business days if a school move is required.
- Update the education section of MiSACWIS 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 school district of origin despite being placed in a foster home outside of the school district, there may be an additional cost for transportation. MDHHS and the school district can assist with this cost. 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 school district to re-route school buses.
- Gas reimbursement to foster parent or volunteer driver.
- Public transportation.
 - Taxi cab
 - Taxi cabs should only be used when there are no other available options.
 - When utilizing a taxi cab, alternative more cost-effective options should be considered, on at least a quarterly basis.
 - The caseworker should ask the 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 transportation expense.
- For a child who is in a non-Title IV-E funded placement, MDHHS and the school district of origin split the 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 caseworker and signed by the school district once the transportation plan is established. The MDHHS-5732 will

be uploaded into MiSACWIS, with the payment invoice once the payment is being made.

If MDHHS and the school district are unable to come to an agreement on the transportation plan or payment, a formal dispute may be filed. If MDHHS or private child placing agency is filing a dispute, the foster care supervisor will send information to the [Education Policy mailbox](#). This should include the nature of the dispute and contact information for all parties, such as the foster care worker, foster parent, 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 biological parent.

School District Transportation Plan

Each 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 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 school district of origin is paid within MiSACWIS; see [FOM 903-09, Case Service Payments](#). The cost of transportation cannot be the reason that a child does not remain in the 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, he/she can remain enrolled at that private school when found in the best interest, provided the biological 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 caseworker and foster care placement provider.

Note: This is considered typical parental supervision of education and will not qualify for a Determination of Care level.

- 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 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 Individualized Education Plan (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.

Exception Requests

- Mosaica Online Academy of Michigan.

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:

- Justification for the appropriateness of the online program.
- Documentation that an FTM was completed.
- Documentation that the online *best interest* factors in this item were considered.
- Documentation that the county director or designee, or private child placing agency director or designee, has signed in agreement with the decision, within two weeks of 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 his/her 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](#).

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 (IEP)

An Individualized Education Plan (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 that 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. Caseworkers are strongly encouraged to attend IEPs, to gain a better understanding of the child's needs and the services being provided.

Only the child's legal parent/guardian, caregiver, or an appointed surrogate parent can sign an IEP. **Caseworkers cannot sign an IEP as a parent.**

The caseworker 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 MiSACWIS. This includes uploading a copy of the IEP into the education section of MiSACWIS.

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, or caregiver can request an evaluation to be completed. 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 his/her IEP. If a child is removed from his/her 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 his/her disability and consider changes to the IEP.

**SURROGATE
PARENTS**

Surrogate parents are appointed to represent children with disabilities and developmental delays 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 birth parents for educational matters, (permission for evaluation and placement, release information and request for educational hearing). 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 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, private child placing agency, and CCI employees.

Foster parents are not considered paid employees of MDHHS or a placement agency foster care provider; therefore, foster parents and relative/unrelated caregivers may be appointed to serve as surrogate parents upon the determination that 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, the local MDHHS will accord preference to a person who knows and understands the child and family's cultural, religious, and linguistic background. Surrogate appointments will last until the surrogate resigns, the appointment is terminated by the local MDHHS, or the child is no longer eligible for special education services

Appointing a Surrogate

MDHHS will appoint a surrogate parent for all state wards committed under 1935 P.A. 220 and 1973 P.A. 296, as required under Part C and Part B of the Individuals with Disabilities Education Act (IDEA). A surrogate parent may alternatively be appointed by the court. A school district has concurrent responsibility for the appointment of a surrogate parent.

Reasonable efforts must be made to assign a surrogate not more than 30 days after there is a determination by the supervising agency that the child needs a surrogate parent.

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 child caring institution (CCI). Caseworkers 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 MiSACWIS.

The education section of MiSACWIS 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 that the child is enrolled in and attending school full-time within 5 school days of initial placement or any placement change, including while placed in child care institutions or emergency placements.
- 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.
- Document an initial assessment of the child's educational needs and strengths must be documented in the child assessment of needs and strengths. Each child must be

screened for educational needs within 30 calendar days of his or her entry into foster care. The caseworker must use the child assessment of needs and strengths 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 documented each report period in the child assessment of needs and strengths.
- 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

For caregivers receiving a Determination of Care (DOC) supplement based on providing activities or tasks to meet the child's educational needs, detail the specifics for school collaboration and the actual tasks involved in the daily educational

interventions required in the parent-agency treatment plan and service agreement; see [FOM 722-08C, Foster Parent/Relative Caregiver Activities](#).

JOB AIDS

[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 age 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.

A number of 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](#).

OVERVIEW

All children in foster care are entitled to health care 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 health care requirements for children and youth in foster care. The MDHHS Health Services policy provides the guidelines for compliance with the requirements.

**Continuity of Care/
Medical Home
Model**

To address health service delivery issues, MDHHS has adopted a continuity in health care 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 status to determine any necessary changes or need for additional services and interventions, see glossary for medical home definition.

**Parental
Involvement in
Child's Health Care**

When a child is placed in out-of-home care, it is important to involve the birth parents or the legal guardians in the child's medical, dental, developmental, and mental health care. Parental involvement in and awareness of the child's health needs and the services and treatment provided to meet these needs is necessary to promote positive health outcomes.

Caseworkers are to assist and engage birth parent/legal guardian participation in the child's health care by:

- Providing notification of all health care appointments.
- Inviting parent to attend child's health care appointments.
- Assisting with and resolving barriers that may prevent parent's attendance in child's health care appointments.
- Consulting with parent regarding medical decisions and treatment planning.

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 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. Hospital medical records are to be obtained 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 ages three through 20 years who are placed in an out-of-home placement and continue upon return 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 3 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 offer early and periodic screening, diagnosis, and treatment (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 Periodicity Schedule to meet the special physical, emotional, and developmental needs of Medicaid eligible children.

As specified in federal regulations, the screening component includes a general health screening most commonly known as the EPSDT and/or well child exam. The required EPSDT/well child exam screening guidelines, based on the American Academy of Pediatrics' (AAP) recommendations for preventive pediatric health care, include:

- Health and developmental history.
- Height/weight measurements and age-appropriate head circumference.
- Blood pressure for children age 3 and over.
- Age-appropriate unclothed physical examination.
- Age-appropriate screening, testing, and vaccinations.
- Blood lead testing for children under 6 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 parents or guardians (for foster care purposes includes foster care providers).
- 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 American Academy of Pediatrics.

- For children under 3 years old, the periodicity schedule for EPSDT/well child exams is as follows:
 - Newborn - 1 week of age.
 - 4 weeks of age.
 - 2 months of age.
 - 4 months of age.
 - 6 months of age.
 - 9 months of age.
 - 12 months of age.
 - 15 months of age.
 - 18 months of age.
 - 24 months of age.
 - 30 months of age.
- Children age 3 and older require the EPSDT/well child exam annually.

Dental Examination Schedule

Dental examinations are required for children 3 years of age and older, as follows:

- A dental examination within six months before entry into foster care or an initial dental examination shall be completed not more than 90 calendar days after entry into a foster care out-of-home placement.
- A dental re-examination shall be obtained at least every 12 months unless a greater frequency is indicated.

- Children entering foster care under 3 years of age must have an initial dental exam within three months of his/her third birthday.

A medical practitioner may examine a child's teeth and mouth during the EPSDT/well child 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 Overview section of 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 MiSACWIS.

The standard forms providing the required documentation are:

- Medical Exams
 - MDHHS Well Child form.
 - Medical provider EPSDT/Well Child Exam form.
 - Medical provider electronic medical records (EMR).

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 MiSACWIS 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 MiSACWIS. 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 MiSACWIS.

DHS-Pub-268

In addition to the child's parents, foster parents and relative caregivers 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 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 is provided to all MDHHS and private child placing agency homes upon licensure through the monthly mailing of the MDHHS licensed home welcome letter.

Children's protective services workers and juvenile justice specialists must provide the DHS-PUB-268 to all relative caregiver homes, upon placing children with their relatives after removal. This process ensures that the relative caregiver has immediate access to the foster care health requirements and guidance in scheduling appointments and obtaining health care services.

The assigned caseworker must review the DHS-PUB-268 with the foster parent or relative caregiver at the first home visit after the child's placement in that home. When placing children into the home of another relative (after initial placement), the assigned caseworker must provide the new relative caregiver with the DHS-PUB-268.

**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 home to a parent after placement in out-of-home care.
- A child is placed with a non-offending 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 for adoption and the foster care case remains open.

The medical and dental examination requirements, after return home, continue if a child remains under the wardship and supervision of the court.

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. All health exams are required, as the placement is either:

- Relative.
- Unrelated caregiver.

**Medical and Dental
Exams - Not
Required**

Medical and dental requirements are not required at foster care onset if the child is not placed in an out-of-home setting, and is in one of the following placements:

- Remains in his/her home with a parent after court intervention and placement with MDHHS for care and supervision.
- Is immediately placed with the other parent (including non-offending parent).
- Remains in his/her home with a legal guardian after court intervention and placement with MDHHS for care and supervision. The court has not dissolved guardianship.

Foster Care Re-Entry

Children re-entering foster care and placed in an out-of-home placement 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 dental exams are required for older foster care young adults (ages 18 and older).

YAVFC Youth

Youth entering young adult voluntary foster care (YAVFC) by extending an open foster care case continue to follow his/her current yearly medical and 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 person or young adult age 18 or older refuses to participate in medical and dental exams, a DHS-1147, Foster Care Youth Services Refusal, form must be completed. The DHS-1147 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 job aid, [DHS-1147, Foster Care Youth Services Refusal](#).

Children from Other States

Out-of-state children placed in Michigan are not required to comply with the Michigan foster care health requirements. The caseworker from the child's home state provides the necessary medical, dental, and mental health standards for guidance in the child's health care while placed in Michigan.

Caseworker Role

At all times, while the child remains under the wardship and supervision of the court, regardless of placement setting, the caseworker must assess and document the child's current health status. The caseworker must:

- Actively engage and support the parent/legal guardian in meeting the child's medical, dental, developmental, and mental health needs.
- Monitor and encourage parental involvement in the child's health care treatment and services.
- Notify and assist parent in fully participating in all health care appointments.
- Notify and inform the parent/legal guardian of changes in the child's health status and follow-up treatment recommended or required by health care providers in a timely manner.
- Encourage and assist facilitation of all routine medical and dental care, including the required initial, periodic, and yearly medical and dental exams. Assist parent/legal guardian with resolving barriers and challenges arising from child's health needs.
- Document medical, dental, developmental, and mental health conditions, appointments, services and treatment in case service plans, medical passport and within the Health Profile section of Michigan Statewide Automated Child Welfare System (MiSACWIS).

Emergency Care

The child's birth parents/legal guardian 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 MiSACWIS Health Profile section. Upload the discharge document into MiSACWIS.

Follow-up Health Care

The caseworker is responsible for reviewing the information within the child's well child exam form, the DHS-1664, Youth Health Record, Dental form, and other medical, dental, and mental health reports and/or assessments. If follow-up medical or dental care or mental health treatment is recommended, the caseworker must ensure that the recommendations are followed. Additionally, follow-up recommendations received from emergency room or urgent care visits require that the caseworker ensure treatment recommendations are followed by the foster care provider.

MiSACWIS Follow-Up Documentation Requirement

All follow-up recommendations and ensuing treatment must be documented in the MiSACWIS 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.

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. Caseworkers 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 caseworker 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 caseworker 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 caseworker 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 MiSACWIS. The paper copy of BLL test (if applicable) is downloaded into the MiSACWIS Health Profile section.

If the BLL results indicate the need for health services and other interventions, the caseworker must ensure all follow-up is provided and document all treatment provided under MiSACWIS 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 caseworker.

Caseworker Contact with Health Care Providers

For children with chronic, ongoing health conditions, caseworkers must contact the child's health care provider as recommended by the specific provider to solicit his/her 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 caseworker must discuss the information provided by the health care provider with the child's parents and foster care provider. Contacts must be documented in the social work contacts and the information obtained must be detailed in the medical, dental, mental health section of the service plan; see [FOM 722-6H, Caseworker Contact with Treatment and Service Providers](#), for more information.

All hospitalizations, emergency room, and urgent care visits must be documented in the case service plan and medical passport. The caseworker must obtain and review the hospital discharge report. The information within the report is to be discussed with the child's parents and foster care provider. Scan and upload the discharge report into MISACWIS and file in the medical section of the case file.

Immunizations

Required immunizations are considered routine medical care and must be kept up-to-date. The caseworker must review the

information provided on the MCIR. If a review of MCIR indicates that a child's immunizations are not up-to-date, every attempt should be made to contact former medical providers to verify the information on MCIR. If, after a thorough review, it is determined that the child is not up-to-date on immunizations, action must be taken to begin a schedule of catch-up immunizations as determined by a medical provider. Refer to the applicable [Immunization Schedule](#) within the Centers for Disease Control and Prevention website for the current chart of required immunizations by age.

Note: Birth parent/legal guardian should be involved in decisions regarding immunizations.

Nonmedical Waivers

In 2015, a new administrative rule required parents/guardians who wished to waive or delay immunizations for their child(ren) to receive education from the local health department prior to obtaining the requisite certified waiver. The new rule applies to all children **who are enrolled in public or private schools and daycare centers** as outlined below:

- Licensed childcare, preschool, and Head Start program, or
- Kindergarten, 7th grade, and any newly enrolled student into the school district (all grades).

Children within these specific grades, programs, and new district enrollees must have either an up-to-date immunization record or one of the two allowable waivers, medical or certified nonmedical waiver described below:

- For children with a medical reason for not receiving a required vaccine, a State of Michigan Medical Contraindication form signed by the child's physician is necessary. This form is available at the office of the child's doctor (not the county health department).
- Parent/guardians who object to immunizations (for religious or philosophical reason) 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 affected by the new administrative rule, the parent's waiver from the previous year is acceptable.

If a completed immunization record, Michigan Medical Contraindication, or a certified nonmedical waiver form are not made available, the child in the specific groups listed above may be excluded from school or childcare based on the public health code, unless the child is in a dose waiting (provisional) period. Local school districts may have more stringent immunization requirements.

Caseworker Role

For parents/legal guardians presenting a religious or philosophical objection to immunizations for their child, and the school is requiring a certified nonmedical waiver, the assigned caseworker must:

- Provide the parent with information on obtaining the nonmedical waiver; see [Information for Parents/Guardians: Nonmedical Waiver Rule for Childhood Immunizations](#).
- Assist the parent in obtaining the certified nonmedical waiver (assistance with scheduling appointment, providing, or arranging transportation, etc.) so the child may participate in school.

Court Involvement

If the above cannot be accomplished within a reasonable amount of time (7 business days) and/or if the birth parent/legal guardian with a school-age child in foster care refuses to have their school-age child immunized, and for whatever reason, the parent cannot, will not, or does not obtain a waiver from the health department, the assigned caseworker must document efforts by the department and or agency to assist the parent and should petition the court to obtain a remedy.

MDHHS does not have the authority to circumvent a parent's right to refuse to immunize a temporary court ward. A court order is necessary.

A copy of the certified nonmedical waiver or court order for immunizations is downloaded into the documents section of the MiSACWIS Health Profile.

Other Waivers for Immunizations

For children who do not fall into the categories within the 2015 administrative rules, but whose parent or legal guardian opposes

immunizations for any reason, a statement regarding the parent's objection to immunizations must be entered into the health section of each case service plan until the certified nonmedical waiver is required by the school.

Note: A foster parent may not prohibit immunizations of a child placed in their care children in foster care based on religious or philosophical grounds.

MEDICAL PASSPORTS

For each child in foster care the supervising agency must maintain a medical passport containing all items listed in [MCL 722.954c](#).

The medical passport is generated from MiSACWIS. The health information entered into the MiSACWIS Health Profile section, such as the child's appointments, medications, and so forth, populates the corresponding section of the medical passport. The health screens within the MiSACWIS Health Profile section must be updated quarterly to ensure the child's current health information is up-to-date and accurate.

All medical information required by policy and/or law must be provided to the foster parent. This includes copies of the medical and dental examinations (if available) and the information required in the medical passport.

For children first entering foster care, the initial medical passport must be provided to the foster care provider within two weeks of the child's placement date. The actual date the foster care provider receives the medical passport must be documented in MiSACWIS.

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.

Private child placing agency foster care providers must provide a copy of the medical passport to MDHHS monitoring staff as it is updated but no less often than annually.

Each foster care caseworker who transfers a child's medical passport to another caseworker must sign and date the medical

passport verifying that s/he has sought and obtained the necessary information under law and MDHHS policy.

An updated medical passport is provided to:

- Legal parents, if the child is a temporary court ward.
 - Quarterly.
 - At reunification.
- The child's foster care provider:
 - At or prior to each placement.
 - Quarterly.

Note: Foster care provider includes foster homes, relative placements, detention, and residential facilities.

- All medical and mental health professionals to whom the child is newly referred to and accepted for treatment and/or services prior to or at the first scheduled appointment.
- Older youth:
 - Upon initial independent living placement (youth age 16 and over).
 - Upon exiting the foster care system (young adults age 18 and older).
 - Young adult voluntary foster care (YAVFC) youth/young adult:
 - Within two weeks of re-entry into voluntary foster care.
 - Upon exiting voluntary foster care.

Medical Passport Receipt Documentation

Receipt of the medical passport by the required parties is documented in MiSACWIS by uploading the signed and dated signature page into the Health Profile section.

MiSACWIS Medical Passport Receipt Requirement

Additional documentation of medical passport receipt is required for the following:

- For every placement/replacement the foster care provider must be provided with the child's current medical passport at or prior to placing the child.
- Upon reunification/child placed in own home, the parent/legal guardian must receive a copy of the child's current medical passport.

The foster care provider's or parent's receipt of the medical passport must be documented in the placement detail screen of MiSACWIS by checking the applicable box and entering date the medical passport was provided.

**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 as related to the child's health are maintained as documentation of the child's health status by:

- Uploading the document into Health Profile section of MiSACWIS **and**
- Filing document 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 Yearly Dental, or applicable alternative form.

- Medical Passport, signature pages only.
- Copy of Serious Emotional Disturbance Waiver (SEDW), if applicable.
- Immunization record, including all nonmedical waivers 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.

MiSACWIS Documentation

Health Profile Section Information

- Information entered into the MiSACWIS 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 MiSACWIS Health Profile section are to be completed with all relevant health information to enable caseworkers, 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 MiSACWIS 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 any needed health follow-up treatment and appointments. Refer to Follow-Up Health Care section 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. Caseworkers 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.

Medical Passport Documentation

All health information that has been entered into the MiSACWIS Health Profile section is downloaded into the child's medical passport upon generating the report. The MiSACWIS Health Profile section contains the following items:

Child's birth information, as applicable to child's age at removal.

- Child's medical history.
- Developmental milestones.
- Developmental/behavioral concerns.
- Mental health treatment.

- Dental history.
- Immunization record.
- Medical, dental, and mental health appointments, with date and appointment type. Completed appointment information includes diagnosis, outcomes, findings, recommendations, and all follow-up treatment/services as required by health care provider.
- Hospitalizations, emergency room, and urgent care treatment.
- Medication record, including dosage, diagnosis/reason for prescribed medication and prescribing physician.
- Signatures documenting the receipt of medical passport from:
 - All caseworkers, upon transfer of case.
 - Participating parent/legal guardian(s).
 - Quarterly.
 - At reunification.
 - All foster care providers:
 - Upon child's placement, within two weeks of placement date.
 - At or before child's placement, for replacements.
 - Quarterly, an updated medical passport is provided to current foster care providers.
 - Child's primary medical and mental health providers, indicating receipt of medical passport.
 - Older youth:
 - Upon initial independent living placement (youth age 16 and over).
 - Upon exiting the foster care system (age 18 and older).
 - Young adult voluntary foster care (YAVFC) youth/young adult:

- Within two weeks of re-entry into voluntary foster care.
- Upon exiting voluntary foster care.

Medicaid Card & DHS-3762

Routine, Non-Surgical Medical Care

For the foster care provider to access health care for the child, the caseworker must provide the child's foster care provider with the following health cards:

- Child's Medicaid card.
- DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment 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/Surgical Treatment card, which allows the provider to take the child to the doctor and respond to emergencies. The DHS-3762 is completed by the caseworker placing the child and the caseworker 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 Medicaid status and recipient ID number within 30 days of the date a child enters foster care.

For any subsequent placement, the foster care provider shall receive the child's Medicaid card (or alternative verification, if necessary) and the DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment card prior to or upon the child's placement.

The caseworker must obtain the child's Medicaid 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/legal guardian when child is returned to own home.

MiSACWIS Medical Card Receipt Requirement

The date the caseworker provides the child's Medicaid card or alternative verification and the DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment card must be documented in the placement detail screen of MiSACWIS by checking the applicable box and entering date the cards were provided.

**SUBSTANCE
TESTING/ SCREENS
FOR
CHILDREN/YOUTH****Substance Abuse**

Mental Health Code, MCL 300.1100d(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; see [PSM 713-07, Drug Testing of Minors](#).

**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 under MCL 712A.18 (1) (f) to order substance testing and treatment for a minor under its jurisdiction.

AUTHORITY TO CONSENT

Medical Care

When a child is placed in out-of-home care, it is important to involve birth parents or legal guardians in the child's medical, dental, developmental, and mental health care. Case planning activities require caseworkers to solicit health information from the child's parents/guardians 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.

If a child is placed in out-of-home care, the court, a placement foster care agency or MDHHS may consent to routine, non-surgical medical care, or emergency medical and surgical treatment for the child; see The Child Care Organizations Act, 1973 PA 116, MCL 722.124a within this policy item.

Note: It is important that the caseworker discusses routine medical care (as stated below) with the parent.

The court, placement foster care agency or the department making the placement must execute a written instrument 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.

The DHS-3762, Consent to Routine, Non-surgical Medical Care and Emergency Medical or Surgical Treatment, card is the written instrument authorizing the foster care provider to consent to the routine and emergency medical care for children in foster care.

Although the DHS-3762 authorizes consent for routine medical care, it is important to continue engaging the birth parents or legal guardians 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 needs to be present at all health appointments. The caseworker is responsible for facilitating the parents/legal guardians' involvement in health care appointments; see *Parental Involvement* in the Overview of this policy item regarding

parent/legal guardian participation in child's health care appointments.

Routine, Non-surgical Medical Care Defined

Routine, non-surgical medical care 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 age 3 and over.
- Age-appropriate unclothed physical examination.
- Age-appropriate screening, testing, and immunizations.
- Immunization review and administration.
- Blood lead testing for children under 6 years of age.
- Mental health assessment, evaluation, counseling, and/or therapy.
- 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 parents/legal guardians of temporary court wards who object to required immunizations based on religious or philosophical grounds, refer to *Nonmedical Waivers* within this policy item. [FOM 801, Health Services for Children in Foster Care](#).

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](#), for more information.
- 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.

Consent for Non-Emergency Elective Surgery

MDHHS may not consent to non-emergency, elective surgery for temporary wards. Only the child's parent or legal guardian may consent to non-emergency elective surgery unless parental rights have been terminated by court action. If the parent's whereabouts are unknown, 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, elective surgery for MCI wards. Two weeks prior to the planned surgical procedure, the caseworker 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/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 caseworker. 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 Age 18

At age 18, youth in foster care reach the age of majority and are legal adults. 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 his/her 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.

Authorization for Clinical Trials

Clinical trials and/or new therapies, procedures, or treatments for any type of human research involving children in foster care **requires** parental informed consent for temporary court wards, MCI Superintendent consent for MCI wards and judicial consent for permanent court wards. The MDHHS Medical Consultant will review all MCI requests.

BIRTH CONTROL AND CONTRACEPTIVES

Contraceptive treatment is excluded from routine, non-surgical medical care (MCL722.124a). However, there are no specific

Michigan statutes (laws) on the provision of birth control and/or need for parental/guardian consent.

Federal statutes address minor's right to contraceptives without consent from parent or guardian. 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 Medicaid 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.

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 MDHHS central office personnel.

The individual tasks related to the position are as follows:

- Serve as health advisor to urban and local DHHS/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 CWMU 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 DHHS 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 MI 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 DHHS health policies.

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. There are three models of service delivery - 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 children ages 5-10 and adolescents ages 10-21 as well as infants and small 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, or
 - 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 birth or adoptive families. The program provides a monthly payment of approximately \$229. Families are able to use this money for 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. For this specific program, the family is headed by the birth parent, adoptive 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](#).

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

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 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.
- 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.

State Law

Probate Code, 1939 PA 288, MCL 712A.13a(16)

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; see [FOM 722-02, 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

States the supervising agency shall:

- Obtain from the parent, guardian, or custodian of each child who is placed in its care the name and address of the child's medical provider and a signed document for the release of the child's medical records.
- Require the child's medical provider remain constant while the child is in foster care unless:

- The child's current primary medical provider is a managed care health plan.
- Doing so would create an unreasonable burden for the relative caregiver, foster parent, or custodian.
- Develop a medical passport for each child who comes under its care. The medical passport shall contain all 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.
- Provide a copy of each medical passport and updates as required by the department for maintenance in a central location. Each foster care caseworker who transfers a child's medical passport to another foster care caseworker shall sign and date the passport, verifying that he or she has sought and obtained the necessary information required under this statute and any additional information required under department policy.
- Ensure an experienced and licensed mental health professional (as defined under MCL 330.1100b (14) (a) or (b) or a social worker certified under section 1606 of the occupational code, 1980 PA 299, MCL 333.18511), who is trained in children's psychological assessments performs an assessment or psychological evaluation of a child under the care of a supervising agency who has suffered sexual abuse, serious physical abuse, or mental illness. The costs of the assessment or evaluation shall be borne by the supervising agency. This is applicable only to state wards.
- Ensure that the child receives a medical examination when the child is first placed in foster care. One objective of this examination is to provide a record of the child's medical and physical status upon entry into foster care.

MENTAL AND BEHAVIORAL HEALTH

Mental Health Screening

All children entering foster care are required to have a mental health screening within 30 days of removal. The mental health screening is to be performed during initial and subsequent periodic or yearly well child exams. Verification that mental health screenings occurred must be documented on the Early Periodic, Screening, Diagnostic, and Treatment (EPSDT)/Well Child Exam form or an equivalent approved form; see FOM 801, Health Services for Foster Children.

Recommended Screening Instrument

The department recommends that a validated and normed screening instrument be used by the primary care provider for foster children. The following screening instruments have been made available by the department:

- The Ages and Stages Questionnaire – Social Emotional (ASQ-SE) for children up to age 5 1/2 years, or
- [The Pediatric Symptom Checklist \(PSC\)](#), for children ages 5 1/2 years and older.

The screening instrument must be completed by a person who knows the child best, before the child's 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 caseworker assists in the mental health screening process by ensuring that the completed instrument is provided to the primary care provider.

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.

Caseworker Role

The caseworker's role in the mental health screening process includes the following:

- Facilitate the completion of any documents/screening tools etc. requested by the primary care provider.
- Ensure the Early Periodic, Screening, Diagnostic, and Treatment (EPSDT)/Well Child Exam form indicates a psychosocial/behavioral assessment was completed or a behavioral health screening tool was utilized.
- Upload all documentation in MiSACWIS, including but not limited to:
 - Completed screening tools, if applicable.
 - Early Periodic, Screening, Diagnostic, and Treatment (EPSDT)/Well Child Exam forms.
- If the primary care provider indicates a need for further evaluation, the caseworker must refer the child to the behavioral health division of the child's Medicaid Health Plan (MHP) for an assessment and treatment, unless services are already being provided.

If a significant concern about a child's mental health or behavior arises between well child exams, the foster parent or caseworker must contact the behavioral health division of the child's MHP to schedule an appointment for an assessment.

Note: The caseworker is required to discuss the child's behaviors and any mental health concerns with the foster parent at every monthly home visit; see FOM 722-06H, Caseworker Contacts.

Mental and Behavioral Health Access and Services

When a mental health screening indicates a need for further evaluation, the child is referred to the behavioral health division of the MHP. The MHP's behavioral health provider will assess the child and determine treatment. If the assessment indicates a mild to moderate mental health need, the MHP serves the child. The MHPs provide up to 20 outpatient counseling sessions per calendar year. If the child's needs are greater than mild to moderate, the child is referred to the Community Mental Health Service Provider (CMHSP).

If the 20 outpatient counseling sessions are exhausted prior to the year's end and further mental health services are indicated as dem-

onstrated by the child's behaviors and/or mental health status, contact the MHP behavioral services to ascertain if additional sessions may be acquired.

If the MHP does not authorize additional outpatient services and the child does not qualify for CMHSP services, therapy may be provided by a fair market contractor; see Fair Market Contracted Mental Health Services in this item.

Community Mental Health Service Provider (CMHSP)

Community Mental Health Service Providers serve children with serious emotional disturbance (SED). A determination of SED is made by the CMHSP, based on the child's functioning (measured using the CAFAS, Child and Adolescent Functional Assessment Scale, the PECFAS, Preschool and Early Childhood Functional Assessment Scale or the DECA-I/T, Devereux Early Childhood Assessment Infant/Toddler) and an interview performed by a clinician with specialized training on the effects of trauma, loss and prenatal substance abuse on children and adolescents. If a child is assessed as SED, a plan of service is developed through the CMHSP.

If the CMHSP determines that the child is not SED, the caseworker must refer the child back to the MHP behavioral health division for mental health services. All assessments and/or treatment recommendations provided by the CMHSP are included with the MHP referral.

Serious Emotional Disturbance Waiver (SEDW)

The SEDW Project is currently available in many counties throughout the state to serve DHS foster children. A foster child is eligible for the waiver if all of the following apply. The child:

- Is under the age of 18 at time of initial approval.
- Resides with his/her birth parent, a relative or in a foster home willing to commit to the child for at least one year.
- Has a primary Diagnostic and Statistical Manual of Mental Health Disorders (DSM) Axis 1 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 his/her ability to function in the community.

The SEDW offers expanded mental health services including family training and support, respite care, therapeutic activities, therapeutic overnight camp, and transitional services. Wraparound is a required service for children in the SEDW Project.

A \$50 daily rate is paid to foster parents caring for a foster child in the SEDW Project; see FOM 903-08, Payments Requiring Special Processing.

Infant Mental Health Services

Infant mental health services are available to promote the social and emotional well-being of infants, toddlers, 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

<i>Infant</i> (0-12 months)	<i>Toddler</i> (1-3 years)
<ul style="list-style-type: none"> • 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). • Is failing to thrive. • 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. 	<ul style="list-style-type: none"> • Shows little preference for or excessive dependence on the parent(s) or other primary caregiver. • 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 playthings. • Fails to explore his or her 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.

Detailed information on the social-emotional development of young children can be found at:

http://www.michigan.gov/documents/Social_Emotiona_Development_in_Young_Children_Guide_88553_7.pdf

Infant Mental Health Referrals

Infants and toddlers displaying signs of a social-emotional delay 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) move.
- Within 14 calendar days of a request from the foster parent/birth parent.

**Psychological
Evaluations for MCI
Wards**

A psychological assessment must be obtained (MCL 722.954c(4)) for any child committed as an MCI ward who:

- Has suffered sexual abuse and/or severe physical abuse.
- Is exhibiting behaviors which cause suspicion that the child is experiencing mental health issues.

This assessment must be conducted by a licensed mental health professional or a certified social worker who is trained in children's assessment. For very young children, ages 2 and younger, a developmental assessment will suffice. The results of the evaluation must be incorporated into the narrative of the permanent ward service plan. The costs for such assessments are the responsibility of the supervising agency; see FOM 903-09, Case Service Payments, Mental Health - Psychological Evaluation for the Child.

**Psychiatric
Hospitalization**

Pre-Paid Inpatient Health Plans (PIHP), Community Mental Health Service Providers (CMHSP) are responsible for managing and coordinating Medicaid-paid psychiatric inpatient hospitalizations for foster children. The PIHP/CMHSP provides screening and authorization/certification of requests for psychiatric admissions and continuing stay for inpatient services, defined as follows:

- Screening - the PIHP has been notified of the foster child's mental health status and has been provided enough information to make a determination of 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 foster child and approved the services requested.

After authorization, the PIHP/CMHSP will arrange hospitalization for the foster child. Psychiatric hospitalization without PIHP/CMHSP authorization is not reimbursable through Medicaid. In such situations, county funds must be utilized for payment.

Refer to http://www.michigan.gov/mdch/0,4612,7-132-2941_4868_4899-178824--,00.html for access to the local county CMHSP.

DHS CONTRACTED COUNSELING/ THERAPY SERVICES

Mental health services for foster children are provided by either the MHP behavioral services (for mild to moderate) or Community Mental Health Service Provider (for serious emotional disturbance). However, in very limited circumstances there may be a need for mental health services to be provided by a fair market contractor.

Fair Market Contracted Mental Health Services

Mental health services may be provided by a mental health provider under contract with DHS (known as a fair market contractor), under one of the three following circumstances:

1. The specific type of therapy, recommended by a mental health assessment and required to address mental health needs of the child (for example, trauma-focused cognitive behavioral therapy) is not available through the MHP's behavioral services (for mild to moderate needs) or through the CMHSP (for SED).
2. Therapy was established while the child's case was monitored by ongoing Children's Protective Services (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 (for example trauma-focused cognitive behavioral therapy) not available through the MHP or CMHSP (if applicable).
 - 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.

3. The 20 outpatient therapy sessions provided by the MHP are exhausted and the request to the MHP for additional sessions was denied. The child does not meet eligibility for CMHSP services. Further mental health services are indicated as demonstrated by the child's behaviors and/or mental health status as documented in the child's case service plan.

Behavioral/Mental Health Exception

The DHS-1556, Behavioral/Mental Health Exception, provides documentation of the need for fair market contracted mental health services for foster children. The DHS-1556 is completed by the caseworker, authorized by the supervisor and filed in the medical section of the child's case file.

Note: DHS fair market contracted counseling and therapy services are available to the parents of foster children and for CPS cases.

DEVELOPMENTAL DISABILITY

Developmental disability means either of the following:

If applied to an individual older than 5 years of age, a severe, chronic condition that meets all of 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 5, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined above.

Common disabilities that may fall under this definition include intellectual disabilities, cerebral palsy and autism. However, many other disabilities fall under the definition if the above criteria are met.

Children with Developmental Disabilities in Foster Care

When a child with developmental disabilities enters foster care, efforts must be made by the caseworker to obtain information from the birth family regarding all services in place for the child at the time of removal. The child's school must also be contacted for additional information. This information is required to be provided to the:

- Foster parent.
- New school, if applicable.
- Agency serving the child's needs.

The contacts and transfer of information is required to facilitate a transition for the child and continuation of necessary services. The shared information must be documented in the case service plan.

If the child is without supports and services, or is underserved by current resources, the caseworker must assist the foster parents with a referral to the access center of the local CMHSP.

Specific assessments and/or services may be requested (by the foster parent or worker) dependent upon the needs of the child. Each CMHSP service offered has criteria guidelines established by the Department of Community Health. Potential services through the local Community Mental Health for families and children with developmental disabilities are as follows:

- Community living supports (CLS).
- Occupational therapy (OT).
- Physical therapy (PT).
- Speech-Language pathology (SLP).

- Respite care.
- Supports coordination.

All services provided to the child must be documented in the child's DHS-221, Medical Passport.

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/or learning disabilities with possible lifelong implications. FASD is not a diagnostic term.

Caseworker Role in FASD

Caseworkers are expected to consider the possibility of FASD in children who present with behavioral or other types of problems that impact daily functioning. 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 caseworker may conduct an FASD pre-screening by observing the child and reviewing the child's medical history. If the results of a pre-screening for fetal alcohol syndrome contain two or more of the five identifiers listed below (and are not associated with another known syndrome), the child **must** be referred for a full FASD diagnostic evaluation.

The FASD identifiers include:

- Small head circumference (noted in the first three years).
- Height and weight for age below the 10th percentile.
- Behavioral markers (intellectual disabilities, eating/sleeping problems, attention problems/impulsive/restless, learning disability, speech and/or language delays, problems with reasoning and judgment, acts younger than children the same age).
- Abnormal facial features including short eye opening, thin upper lip and smooth space between nose and lip.

- Maternal alcohol use.

Full FASD diagnostic screenings are available at one of the five Michigan Fetal Alcohol Syndrome assessment centers. The assessment centers are located in Ann Arbor, Detroit, Grand Rapids, Kalamazoo, and Marquette; see http://michigan.gov/documents/mdch/FASD_Prescreen_form_Feb-10_314457_7.pdf for assessment center contact information.

In addition, results of the FASD pre-screen must be included when requesting a pre-10 waiver for placement of children less than 10 years old in residential or other institutional settings.

OVERVIEW

The use of psychotropic medications as part of a child's comprehensive mental health treatment plan may be beneficial and should include consideration of all alternative interventions.

DEFINITION

Psychotropic Medication

A psychotropic medication affects or alters thought processes, mood, sleep, or behavior. A medication 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.
- Anxiolytics or anti-anxiety and anti-panic agents for treatment and prevention of anxiety.
- Mood stabilizers and anticonvulsant medications for treatment of bi-polar disorder (manic-depressive), excessive mood swings, aggressive behavior, impulse control disorders, and severe mood symptoms in schizoaffective disorders and schizophrenia.
- Stimulants and non-stimulants for treatment of attention deficit hyperactivity disorder (ADHD).
- Alpha agonists for treatment of attention deficit hyperactivity disorder (ADHD), insomnia and sleep problems relating to post traumatic stress disorder (PTSD).

Medications that are available over the counter do not require documented consent.

Note: Opioid medications are not considered psychotropic.

Follow the link below for an alphabetical listing of psychotropic medications by trade, generic name, and drug classification:

[The National Institute of Mental Health - Mental Health Medications](#)

**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 enters new claim information for psychotropic medications, updates psychotropic medications when notified by the caseworker and uploads accurately completed consent documents in MISACWIS. The FC-PMOU also tracks, monitors, and uploads documentation related to secondary physician reviews. The FC-PMOU monitors prescription claim trends and prescription quality indicators.

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 6 months of medication use.

**PRIMARY
INSURANCE OTHER
THAN MEDICAID**

Caseworkers 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 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****Definition**

An informed consent is permission for treatment, provided after an explanation from the prescribing clinician to the consenting party of the proposed treatment, expected outcomes, side effects, and risks.

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 supervising agency must obtain informed consent for each psychotropic medication prescribed to a child under the supervision of foster care or in an adoptive home where the adoption is not finalized.

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.

Either form must be completed in entirety, sent via email (encrypted for non-state employees) to the [FC-PMOU mailbox](#) or faxed to 517-763-0143 within five days of receipt of the form.

The FC-PMOU reviews all forms for accuracy and completion. Accurate and completed forms are uploaded by the FC-PMOU into MISACWIS. The FC-PMOU will contact the field 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 Medication(s)	Consent Needed When Child is Already Taking Medication(s)	Time Frame to Complete Consent
Prescribing new psychotropic medication(s)	X		7 business days from recommendation
Increasing dosing beyond the approved dosing range of the most recent valid consent	X		7 business days from recommendation
Continuing medication(s) started before child entered foster care		X	45 business days from foster care entry
Completing annual renewal of medication(s)		X	1 year from prior consent(s)
Continuing medication(s) after a youth in foster care reaches 18		X	At next appointment after youth's birthday

Circumstance	Consent Needed Before Child Starts or Changes Medication(s)	Consent Needed When Child is Already Taking Medication(s)	Time Frame to Complete Consent
Continuing medication(s) after legal status change (TCW to permanent court ward or 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
Temporary Court Wards	A parent or legal guardian.
MCI/State Wards	The supervising agency. *
Permanent Court Wards (regardless of placement setting)	The court must provide a written order.
Temporary Court Wards in a Hospital Setting	Parent or legal guardian.
MCI/State Wards in a Hospital Setting	The supervising agency. *
Youth 18 Years and Older	Youth. ^
Child Placed for Adoption but the Adoption is not Finalized	Adoptive parent.

* Foster care or adoption caseworker, as designated by the MCI superintendent.

^ Unless a court determines they are not competent. In this instance, the appointed guardian provides consent.

Note: Foster parents and relative caregivers may not sign consent for psychotropic medications.

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.

The FC-PMOU staff is responsible for documenting the verbal consent and uploading the completed DHS-1643, in the *Upload Informed Consent Document* hyperlink in MISACWIS.

If the witnessed verbal consent process cannot be completed, the PMOU will contact the caseworker by email. The caseworker must ensure that consent and documentation is obtained and sent to the [FC-PMOU mailbox](#) within seven business days of the treatment recommendation.

When a Parent is Unavailable or Unwilling to Provide Consent

Pursuant to MCL 712A.12, 712A.18(1)(f), and 712A.13a(8)(c), 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 medication(s).

The caseworker must continue to facilitate communication between the child's parent and the prescribing clinician regarding treatment options when medication is not deemed a medical necessity, but the prescribing clinician indicates that 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 MISACWIS.

Informed Consent Exception

Informed consent is not required in an emergency when a prescribing clinician determines that a child is at acute risk of harming self or others and that medication may reduce/eliminate the acute risk. The caseworker 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 MISACWIS.

Note: Emergency use is considered a one-time administration of a medication as opposed to medications prescribed with an ongoing basis.

CHILDREN IN PSYCHIATRIC HOSPITAL SETTINGS

When children are admitted to a psychiatric inpatient setting, the caseworker must:

- Document the hospital admission in MISACWIS by changing the living arrangement to *hospital* and the service type to *psychiatric* no later than the following business day. MISACWIS will prompt the caseworker to call to the FC-PMOU 1-844-764-PMOU (7668). The caseworker should leave a message with the child's name, MISACWIS 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 MISACWIS under social work contacts during the first month of any psychiatric hospital admission. If a hospital stay extends beyond one month, the caseworker will maintain weekly contact with hospital personnel.
- Ensure that 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.

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.

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. 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 anti-depressant 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 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 MISACWIS in the same location

as informed consents. These are in the Health profile section of MISACWIS in the Medication tab, under Upload Informed Consent.

CASEWORKER 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 caseworker during the monthly home visit with the child and caregiver(s).

Caregiver 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 from the child's point of view:

- Noted side effects and benefits of the medication.
- Administration of medication; time frame and regularity.

The caseworker must review with the child and caregiver the following points:

- 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 caseworker.

The caseworker 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 discontinued, stopped, restarted, or if there is a change in medication dosage, the caseworker must send an email to the [FC-PMOU mailbox](#) with current information.

**DOCUMENTATION IN
MISACWIS**

The following documentation is required for all children prescribed psychotropic medication:

- Medical information must be entered in the appropriate health screens in MISACWIS, which will then populate case service plans and the medical passport. Information entered must include:
 - Medication reviews (appointment screen).
 - Psychological evaluations (appointment screen).
 - All non-pharmacological treatment services (therapy, behavioral supports/monitoring, other interventions, etc.) (appointment screen).
 - Lab work (appointment screen).
 - Diagnosis (health needs and diagnosis screen).

Note: Psychotropic medications are entered by FC-PMOU in the medication screen.

- Signed documentation supporting psychotropic medication use including the DHS-1643, Informed Consent, or approved alternative consent form must be sent via email (encrypted for non-state employees) to the [FC-PMOU mailbox](#) or faxed to 517-763-0143. The FC-PMOU will upload within the health screen tabs in MISACWIS.
- Court orders and supporting documentation are required to be uploaded in MISACWIS under the case overview.

Monthly home visits must be documented in social work contacts.

**TECHNICAL
ASSISTANCE**

For technical assistance regarding the caseworker's role in monitoring psychotropic medications or psychotropic medication informed consent, contact the [Child Welfare policy inbox](#).

LEGAL BASE**MCL 712A.12**

Authority for the court to order an examination of a child by a physician, dentist, psychologist, or psychiatrist.

MCL 712A.18(1)(f)

Provide the juvenile with medical, dental, surgical, or other health care, in a local hospital if available, or elsewhere, maintaining as much as possible a local physician-patient relationship, and with clothing and other incidental items the court determines are necessary.

MCL 712A.13a(8)(c)

The court may include any reasonable term or condition necessary for the juvenile's physical or mental well-being or necessary to protect the juvenile.

OVERVIEW

Counseling services often target a particular symptom or problematic situation and offer guidance for effective change. Counseling involves the application of clinical counseling principles, methods or procedures for the purpose of achieving social, personal and emotional development. For some children and families in the foster care system, counseling services provide a short-term treatment that is focused on behavior.

Counseling services can be used to provide treatment to:

- Address current family situations and strengthen family systems.
- Reduce the risk of child abuse or neglect in a home.
- Enhance individual or family functioning.
- Provide opportunities for self-exploration, adaptation and new functional behaviors for children in out-of-home placements.

If a child's behavior is considered out-of-control or extremely destructive, the local Community Mental Health (CMH) agency may be a resource for assessment and/or treatment. Children who are seriously emotionally disturbed (SED) and their families can benefit from services that may be much more comprehensive and responsive than those available from the DHS contracted therapist.

The following counseling services are provided through the referral process and reimbursed through DHS:

- Counseling services for youth in foster care under the supervision of DHS.
- Counseling services for parents/caregivers that are part of the reunification household. DHS is responsible for reimbursement for counseling services provided to these family members, regardless of whether the youth is supervised directly by DHS or by a placement agency foster care provider. For a DHS contracted therapist to receive payment, a referral must be issued by DHS. Prior to the DHS contracted therapist billing DHS, the placement agency foster care provider must:

Contact a therapist contracted with DHS (the local DHS office has the option of identifying their preferred therapists) to confirm that the therapist is available and willing to accept the referral.

Complete the referral information and send the request through the DHS foster care monitor responsible for the case for submission and approval of the referral to the therapist; see referral process in this item.

Ineligible Services

The following services are not counseling services for foster care youth and their families:

- Parenting classes; for example, Love and Logic.
- Anger management classes.
- Work preparation/readiness classes.
- Independent living classes.
- Counseling services for youth in foster care under the supervision of a placement agency foster care provider.
 - The placement agency foster care provider is responsible for the cost of counseling services for foster care youth under their supervision.
 - DHS does not provide counseling referrals for placement agency foster care supervised foster care youth. Those agencies are not required to make referrals to therapists contracted with DHS.

Note: The ineligible services may not be billed by a DHS counseling contractor.

Referral Process

The DHS caseworker, in consultation with his or her supervisor, determines the client's (foster child and parents/caregivers that are part of the reunification household) eligibility for services. To be reimbursed by DHS, a counseling contractor cannot accept referrals from any source other than DHS. Counseling contractors can be found at <http://mdhsintranet.state.mi.us/Counseling/searchservice.aspx>.

Note: Within this section of the manual, the term client refers to either the foster child/youth or the parents/caregivers that are part of the reunification household.

When it is determined that counseling services are necessary and the client is eligible, the referral process requires the following steps from the caseworker:

- Contact the counselor/therapist by phone to discuss the referral and document in the social work contacts.
- Obtain the counselor's agreement to provide counseling services with the client.
- Complete the DHS-880, Child Welfare Counseling Services Referral.
 - The period of eligibility and number of counseling units must be listed.
 - No more than 12 units may be initially authorized.
 - Obtain supervisor signature.
- Send the DHS-880 to the counselor and document in social work contacts.

Note: Counseling services cannot begin until the counselor receives the appropriate referral form and approvals.

- File a copy of the referral in the child's case file.
- Upon receipt of the written DHS referral, the counselor must contact the referring caseworker to discuss the client's circumstances and discuss preliminary goals and objectives. Documentation of the contact with the counselor within the social work contacts in the case service plan is required.

Note: 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 caseworker, the supervisor, and approved by the county director on the DHS-880.

Service Delivery Requirements

Within 10 business days of receipt of a written referral from DHS, an initial session shall occur between the counselor and client. This initial session shall assess the client's:

- Current circumstances and view of the presenting concern.
- Developmental history, family structure, support system and employment.

- Physical health, emotional and mental status.

**Counseling
Services
Assessment and
Treatment Plan
Report (DHS-840)**

Within 10 business days of the initial session with the client, the counselor submits a DHS-840, Counseling Services Assessment and Treatment Plan Report, to the referring DHS caseworker. The report shall address:

- Record of client sessions, kept and missed appointments.
- Phone or other case contacts.
- Individual and/or family assessment.
- Diagnosis.
- Identified concerns and client strengths.
- Specific objectives and time frames. The objectives listed in the counselor's treatment plan shall 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 caseworker.

**Monthly DHS-840
Reports from
Therapist**

The DHS-840, Counseling Services Assessment and Treatment Plan Report, provides ongoing client information and progress updates to the caseworker. The DHS-840 is:

- Completed monthly by the counselor.
- Submitted to the caseworker 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 caseworker to closely monitor the client's progress or lack of progress with the service and provide feedback to the client.

Termination of Counseling Services

When counseling services are terminated, the counselor shall complete a DHS-841, Counseling Services Termination Summary. The summary is submitted to the caseworker no later than 10 working days following termination of services. The DHS-841 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 caseworker and the counselor provides the best assurance for a good working relationship and effective service for the referred client. The caseworker must keep the counselor informed of significant case developments, court hearings, permanency case conferences, changes in caseworkers, or address changes. The counselor needs to be notified before the DHS case is closed.

In monitoring the provision of services, the caseworker 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 working days of a missed appointment?

- Did the counselor notify the caseworker by phone each time two consecutive appointments were missed?

**Contracted
Counseling
Service
Noncompliance**

Each contractor signs a CM-F910, Counseling Services Contract, that outlines the counselor's responsibilities, including the services to be delivered. If a counselor is not meeting the requirements, the following action(s) must be taken:

- The caseworker contacts the counselor, discusses the concerns, and documents the contact in the social work contacts.
- If the counselor does not address the concerns, the caseworker notifies his/her supervisor, in writing, of the issue.
- The supervisor or designated local office contract monitor reviews the caseworker's concerns and submits a written complaint to the local office director.
- The local office director submits the written complaint outlining the details of any action taken to date to the assigned Business Service Center Analyst.

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 work with the counselor to rectify the concern.

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](#) for additional information.

Exception: Children placed in foster care who are not U.S. citizens or qualified aliens 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](#). Refer to [FOM 902, U.S. Citizenship/Qualified Alien Status](#) for information on determining a child's status.

Opening Medicaid

The Medicaid program for all children in foster care is opened in Michigan Statewide Automated Child Welfare Information System (MiSACWIS), 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 non-licensed relative in Michigan through the Interstate Compact.

MiSACWIS opens, updates, and closes Medicaid through an interface with Bridges. All children in foster care with Medicaid opened in MiSACWIS receive MA-FCDW (foster care departmental ward).

Standard of Promptness

MA-FCDW must be opened in MiSACWIS 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 MISACWIS.

Children with MA-ADSW

MA-ADSW must be closed when a child with MA-ADSW (adoption assistance Medicaid) is removed from the adoptive home and placed into foster care. **The required MA-FCDW cannot be opened until the MA-ADSW is closed.**

Caseworkers 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 following link: [Adoption and Guardianship Office](#).

Unlicensed Relative/Unrelated Placement

Children placed with unlicensed relatives or unrelated caregivers must have an open MA-FCDW case in MISACWIS.

CHILDREN RECEIVING SSI

Medicaid is not opened in MISACWIS 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 caseworker must complete the actions described in paragraphs below to keep the SSI case active.

SSI and DHS-3205

A DHS-3205, Foster Care/Delinquent Ward 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](#) for title IV-E, state ward board and care or limited term/emergency foster care funded children, or
- Local county probate court for county funded children in foster care.

Timely completion and submission of the DHS-3205 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 caseworker may need to initiate a new SSI application. Refer to [FOM 902-10, SSI Benefits Application and Determination](#) 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 the appropriate office (MDHHS Governmental Benefits or the County Probate Court) 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, 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 youth.
- 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 caseworker 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/ Delinquent Ward Benefit Eligibility Record, the caseworker must ensure that all information requests from the MDHHS Governmental Benefits Unit are met with prompt response. This includes completion of Social Security Administration Continuing Disability Review (CDR) forms for the SSI recipient in foster care. Caseworkers 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 assigned caseworker (direct care worker) 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 caseworker must:

- Screen the child to determine if he/she meets the definition of disabled per SSA. See [FOM 902-10, SSI Benefits Application and Determination](#).

- Email the DHS-3205 and current court order to the [Government Benefit Unit Mailbox](#) 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 MiSACWIS Financial Eligibility documents with clear identification of form (DHS-3205, date) for verification of DHS-3205 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 MISACWIS 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 can only be used if the health care provider in the child's placement state agrees to enroll in Michigan Medicaid. No Medicaid payments can be made to health care providers in other states unless that provider is enrolled in the Michigan Medicaid program.

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 MISACWIS.

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 in a licensed foster home or licensed private child caring institution outside Michigan, the child is

eligible for medical assistance in the state where he/she is residing/placed. However, the Medicaid is not closed in MISACWIS 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 child caring institution by an agency in another state are eligible for the Michigan medical assistance program. Follow the MiSACWIS 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 child caring institution 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 [Interstate Compact](#) 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 caseworker 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 caseworker must complete the DHS-3243, to the best of his/her 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, Request to Add, Terminate or Change Other Insurance, 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 DHS-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 MiSACWIS 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, Request to Add, Terminate or Change Other Insurance 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 is not able to verify or update private insurance status in cases where parental rights have been terminated. In this type of situation, the caseworker must attach a copy of the court order terminating the parental rights to the DCH-0078 form 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 MiSACWIS Financial Section.

**DETENTION, COURT
TREATMENT
CENTER, JAIL, OR
TRAINING SCHOOL
PLACEMENTS**

A youth remains Medicaid eligible while placed in a detention facility, court treatment center, jail, or MDHHS training school. The Medicaid case must remain open in MiSACWIS. 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 youth.

Process

The MDHHS Medicaid exception unit will enter a program enrollment type (PET) code, INC EXM PET or INC-JDET, to identify a youth 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 caseworker must enter the youth's placement in MiSACWIS 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 youth is discharged, the caseworker enters the youth's new placement information into MiSACWIS and transmits to Bridges. Upon updating MiSACWIS 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 his/her own home (reunification), the child is no longer categorically eligible for foster care Medicaid. The caseworker must ensure that the family is aware that 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 caseworker is to encourage the parents to apply for Medicaid for the child. Michigan offers several medical assistance programs. The caseworker 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 MiSACWIS, the caseworker must update demographic information, which includes the child's current address in MISACWIS. The MISACWIS 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 caseworker can close the MA-FCDW in MiSACWIS.

MA-FCDW does not close automatically with the MiSACWIS 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 (pay) 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 a MHP. Approximately 85% 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. The majority of children in foster care are mandatorily enrolled into an MHP. See the MISACWIS Service Type and Living Arrangement Code within this section for more information.

- **Voluntary:** Medicaid beneficiaries can, but are not required to, enroll in an MHP. Examples include American Indians/Alaska Natives and migrant workers. See below for more information on voluntary enrollment status for Indian children.
- **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 Indians/Alaska Natives 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 worker or through the Michigan Enrolls auto-enrollment process. Workers are required to discuss the Medicaid options with the family and/or tribe, obtain the preferred decision and ensure appropriate Medicaid coverage.

MISACWIS Entry

Since the enrollment materials are based on enrollment status (and county) it is important that the race code in MISACWIS 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 as the primary race (documented membership in a federally recognized tribe is required) in the MiSACWIS 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 Fee for Service (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.

MISACWIS 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 youth placed within these service types.

Children in all other service types and living arrangements within Michigan receive health care coverage under fee for service (FFS) Medicaid.

Living Arrangement Exceptions

Fee for service Medicaid is retroactive to the first day of the month the child is placed into a child care institution (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 as long as 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 caseworker/monitor or HLO should call the Beneficiary Helpline (1-800-642-3195). The Helpline will advise how to resolve the billing problem or indicate if the foster parent or private agency is actually responsible for payment.

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 caseworker must ensure that 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 his/her mihealth card (Medicaid) and Medicaid Health Plan (MHP) member ID card in order 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 MiSACWIS 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. Refer to DHS-3762, Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment, in [FOM 801](#) for more information.

FOSTER CARE TRANSITIONAL MEDICAID (FCTMA)

Youth who age out of foster care 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) 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 his/her 18th birthday**, was:
 - Under the responsibility of MDHHS or a tribal court, **and**
 - In an out-of-home placement (including AWOLP).

Additional information is available in [BEM 118, Foster Care Transitional Medicaid \(FCTMA\)](#).

Absent Without Legal Permission (AWOLP)

A youth's absence from a foster care placement upon reaching his/her 18th birthday does not exclude him/her 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 his/her unknown location. If the youth contacts the former caseworker 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 his/her 18th birthday
- Youth returned to the parental home prior to his/her 18th birthday.
- Youth placed with a legal guardian or adoptive parent prior to his/her 18th birthday.
- Youth with foster care case closures or dismissals prior to his/her 18th birthday.

Procedures for Enrollment

Prior to enrollment in FCTMA, the following must be in place:

- The MA-FCDW (foster care departmental ward Medicaid) must be closed.
- The youth must have a current valid mailing address in MiSACWIS 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 MISACWIS Custody End Reason. A manual FCTMA referral is used for all other custody end reasons (see below).

At case closure, update the MISACWIS 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 MISACWIS. 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](#) form, must be completed for eligible youth with any one of the following situations:

- The MISACWIS custody end reason is not emancipation.
- The MISACWIS 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 absent without legal permission at case closure, and youth's location is unknown. (If the youth later contacts the former caseworker 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 his/her 18th birthday and remains eligible for the current Medicaid plan (MA-FCDW).
- Youth is living in an out-of-state placement.

The DHS-57 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](#)
- By fax to (517) 432-6079.

For questions, contact the FCTMA Unit at (800) 343 -7320.

Private Agency Foster Care (PAFC) Worker Process

To preclude duplication of referrals and ensure that FCTMA eligibility is accurately determined prior to submission to the FCTMA Unit, the DHS-57 must be signed and submitted by the MDHHS caseworker, monitor, or other MDHHS designee only. PAFC caseworkers must forward the completed DHS-57, FCTMA referral to the MDHHS PAFC 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 caseworker will provide the youth with the following information:

- Youth receiving FCTMA will continue to be Medicaid eligible through the month of their 26th birthday.

A copy of the MDHHS publication, Guide to Michigan Medicaid Health Plans Quality Checkup (updated annually). The caseworker 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 fee-for-service Medicaid or has moved outside of his/her MHP service area at the point of referral, Michigan 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 caseworker 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 Report.

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 (Foster Care Departmental Ward Medicaid).
- FCTMA (Foster Care Transitional Medicaid).
- MA-SSI (Supplemental Security Income Medicaid).

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 caseworker 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 in order 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, as long as the SSI is active.

LEGAL AUTHORITY

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](#).

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 are 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).

**SERVICE TYPES
AND LIVING
ARRANGEMENTS**

The following service types and living arrangements are the only possibilities that may be identified for a child. The worker must update the service type and living arrangement in MiSACWIS each time the child changes placement. The first bullet is the service type; some service types have a more specific living arrangement that must also be identified.

Note: Any out-of-state living arrangement requires approval from the Interstate Compact Office; see [ICM 110, Interstate Service Program Requirements](#).

- **Parental Home:** Custodial parent, non-custodial parent, adoptive parent, legal parent, or biological parent regardless of status of legal rights.
 - Parental Home.
 - This includes when a parent resides in the same home as the child. An example is the child is placed in the grandparents' home. The child's mother moves into the grandparents' home. The placement episode ends and the child is living in a parental home placement. If the mother moves from the home, new legal findings must be made for this new removal episode to be considered for title IV-E eligibility. This also includes a child living in the same placement as their teen parent.
 - Out-of-State Parental Home.
 - Terminated Parental Home.
 - This placement is used when a child is placed into the home of their parent whose rights were terminated.
- **Legal Guardian:** Related or non-related individual appointed by the court. This unpaid service type is to be entered into MiSACWIS effective the date the court order is signed appointing the guardian.
 - EPIC Guardianship Home.
 - Juvenile Guardianship Home.

- **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/Unlicensed Relative Home.
 - Licensed Unrelated Foster Home.
 - Out-of-State Foster Home.
 - Out-of-State Unlicensed Relative Home.
 - Out-of-State Licensed Relative Home.
- **Adoptive Home:** Adoptive home once the child is legally placed by a court order for adoption.
- **Independent Living:** Youth's own residence, including living in the residence of an adult who has no supervisory responsibility for the youth.
 - Rental Home/Apartment.
 - College Dormitory.
 - Unrelated Caregiver.
 - Licensed/Unlicensed Relative Home.
 - Friend/Partner Home.
- **Unrelated Caregiver:** Unlicensed individual, not related to the child by blood, marriage or adoption.
- **Emergency Shelter Home (Non-CCI):** Family foster home providing temporary shelter care.
- **Detention:** Court- or state-operated short-term secure facility.
- **Jail.**
- **Child Caring Institution (CCI):** Privately operated, licensed residential treatment facility. This includes small community-based facilities operated by the private sector.
 - Child Caring Institution.
 - Out-of-State Child Caring Institution.
 - Emergency Residential Shelter.
 - Runaway Service Facility.
- **MDHHS Training School:** Bay Pines Center or Shawono Center.

- **Runaway Service Facility** - Under contract with the Michigan Department of Health and Human Services (MDHHS), a private, non-profit corporation that provides temporary shelter care for youth voluntarily requesting this service.
- **Mental Health Facility:** Facilities operated by either the Department of Health and Human Services or a private entity.
- **Court Treatment Facility:** Court- or county-operated residential care centers.
- **Adult Foster Care Home:** An adult foster care home (AFC) is a home licensed by the Licensing and Regulatory Affairs (LARA). A youth must be 16 years old to be placed in an AFC home; see [FOM 722-03C, Older Youth: Preparation, Placement, and Discharge](#).
- **Hospital:** Placement is to be used for medical or psychiatric care.
 - Medical hospital.
 - Psychiatric hospital.
- **AWOLP:** Absent without legal permission (AWOLP) for an abuse/neglect child. Child who ran away from his/her placement or who has not yet entered a placement because he/she cannot be located. All AWOLP policies must be followed as outlined in [FOM 722-03A, Absent without Legal Permission](#).
- **Escape:** Escape for a delinquency youth. Youth who ran away from his/her placement or who has not yet entered a placement because he/she cannot be located. All AWOLP policies must be followed as outlined in [JJ 410, Placement Selection and Standards](#).
- **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 Care](#).

**PAYMENT FOR
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 Record, must be sent to the Government Benefits Unit at MDHHS-govtbenefits@michigan.gov.

In order 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 902-10, SSI Benefits Application and Determination](#).

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 youth; 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. Details are found in [SRF 904, Child Care Fund Handbook Published Policies and 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 youth in out-of-home placements under certain conditions. State ward board and care funds may be used to reimburse the foster family, placement agency foster care (PAFC) provider or residential facility for care provided, for certain intermittent or case service payments, and for independent living payments to the youth if all the following criteria are met:

- The youth is a state ward committed to MDHHS under Act 150 (Delinquent), Act 220 (MCI or MCI-O), or Act 296 (Adoption Voluntary Release).
- The child is in a Michigan Department of Health and Human Services (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 youth 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 FUNDS**

Limited term/emergency/general funds 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 youth 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 MiSACWIS 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 children placed with unlicensed relatives.
- Youth in the Young Adult Voluntary Foster Care (YAVFC) program who are not eligible for title IV-E funding.

**APPROPRIATE
PAYMENT SOURCE
GUIDE**

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**

MiSACWIS Payments - Local office staff initiate and terminate service authorizations. Payments from county child care funds, state ward board and care 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 the different fund sources available for youth ages 19 and 20 years old.

**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 Licensed relative home Emergency shelter home Child caring institution Independent living (age 18)	Title IV-E or child care fund (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	Child care fund
MDHHS training school	State ward board and care
Unlicensed relative home	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 Emergency shelter home Child caring institution Independent living (age 18)	Title IV-E (youth must meet an exception at age 18) or state ward board and care

Unlicensed relative home Independent living (under age 18) Adult foster care home Hospital Runaway service facility Detention	State ward board and care
MDHHS training school	State ward board and care

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 Licensed relative home	Child care fund or limited term/emergency/general funds
Independent living	Limited term/emergency/general funds
Emergency shelter home	Child care fund

**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 Licensed relative home Emergency shelter home Child caring institution Independent living Detention Court treatment facility Adult foster care home Hospital Runaway service facility	Child care fund
MDHHS training school	State ward board and care
Unlicensed relative home	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 Unlicensed/licensed relative home Emergency shelter home Child caring institution Independent living Adult foster care home Runaway service facility MDHHS training school	State ward board and care

Non-Ward, MDHHS Supervised Placement - legal status of:

- 51 - Former MCI.

Living Arrangement	Fund Source
Licensed unrelated foster home Treatment foster care Licensed relative home 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 902-21, Young Adult Voluntary Foster Care \(YAVFC\) Funding and Payments](#).

Age 21 - No payments are made for a youth age 21 or older.

**FUNDING
DETERMINATIONS**

Title IV-E is a fund source which requires all applicable federal regulations be followed for use of the funds. Other fund sources such as state ward board and care, county child care funds, 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 902-21, Young Adult Voluntary Foster Care \(YAVFC\) Funding and Payments](#).

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; see [FOM 722-01, Court Ordered Placements](#).

Initial title IV-E determinations and title IV-E reimbursability determinations are to be completed using MiSACWIS. If the youth is in his/her own home at the time of acceptance, an initial title IV-E determination or title IV-E reimbursability determination is not necessary until 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 is terminated after it has been finalized. The abuse/neglect court case must also be terminated prior to a new initial being required.

Title IV-E reimbursability determinations for youth in out-of-home placements are to be completed annually, or more frequently if MDHHS becomes aware of a change which may affect title IV-E reimbursability.

MiSACWIS maintains an historical record of each determination. Individual determinations must be printed, signed and scanned into MiSACWIS in the documents hyperlink on the initial funding 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 the Michigan Department of Health and Human Services (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:
 - Parental home; see note in *reimbursable living arrangements* regarding minor parents.
 - Legal guardian.
 - Out-of-state parent.
- To an out-of-home living arrangement, or
- When a case is opened with the living arrangement noted as out-of-home.

When a youth is removed from their home for the purposes of detention through a delinquency case, the court order may not contain a contrary to the welfare finding based on the child's situation. If the child is then removed through an abuse/neglect

(NA) case, the later removal order may be used to start a foster care placement/removal episode.

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 re Ayotte, 326 Mich App 483 (2018)].

The placement episode ends when the:

- Child is returned home.
- Child is placed with the non-custodial legal parent.
- Child is placed with a legal guardian.
- Child is discharged from court wardship regardless of the child's placement.
- Parent resides in the same home as the child.
- Child's adoption is finalized (foster care payments cannot be made after the order placing the child for adoption has been signed).

Example: The child is placed with the paternal grandfather. The legal father moves into the home. The date the legal father moves into the home, that placement episode ends and the child is living in an own home placement. If the legal father moves from the home, new legal findings must be made for this new removal episode to be considered for title IV-E eligibility.

Payments from title IV-E cannot be made on or after any of these placement episode end reasons happen. Payments cannot be made from title IV-E on or after the date the court order is signed or the placement end occurs. 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 they 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.

The placement episode does **not** end when the foster care program type is closed in MiSACWIS 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.

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 youth 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 unlicensed relatives, detention or training school reimbursability may exist in subsequent placements.

If a youth 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), he/she will never be eligible for title IV-E funding while in this placement episode.

Voluntarily released children may be eligible for title IV-E funding if there is a court order terminating parental rights and making MDHHS responsible for the child's placement and care and if all other eligibility requirements are met.

Secondarily released children cannot be title IV-E eligible. A secondary release is defined as 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 placement agency foster care (PAFC) provider. Upon a secondary release, the child becomes a state ward.

Youth committed to the department **only** under Act 150 by circuit courts following adult criminal proceedings are not eligible for title IV-E funding.

**Required
Timeframes**

Court orders must be entered into MiSACWIS within **10** calendar days of receipt by MDHHS. The order terminating parental rights must be entered into MiSACWIS 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
ELIGIBILITY 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.
- Living 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 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 youth until it is in receipt of a court order delegating legal authority for a youth 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, Court Ordered Placements](#), and [JJ2 230, Service Plans](#).

TITLE IV-E ELIGIBILITY REQUIREMENTS

Title IV-E eligibility begins with a determination of the child and family's ability to qualify for the former Aid to Families with Dependent Children (AFDC) program under the 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.

US Citizenship/ Qualified Alien Status

Receipt of title IV-E funds is limited to U.S. citizens and qualified aliens. If the worker determines 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** and the procedures outlined in [FOM 902-05, Title IV-E Funding Denial or Cancellation](#) must be followed.

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.
- Human trafficking victim.

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:

- 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 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 worker 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. Verification **must** be done in a non-discriminatory way.

A worker 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 worker should inquire of the parent whether the child is a citizen. If the parent responds that the child is not a citizen, the worker 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 worker must make a copy of both sides of any verification document(s) and file the copy in the case file in the fourth inside cover in an envelope; see [FOM 722-05, Case File and JJ2-255, Case Record Requirements](#).

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 or birth record.
- 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, I-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-551 or 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/Alien 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 Information Unit, 11411 East Jefferson Avenue, Detroit, Michigan 48214.

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 worker determines that a child is title IV-E ineligible because the child's presence in the U.S. is unlawful, the worker must give the information to the supervisor; see [BEM 225](#), Notification to USCIS. Workers 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 REQUIREMENTS

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 his/her home.

The eligibility requirements include age, deprivation, and need. A reasonable effort to reconstruct the elements of eligibility at the time the court action occurred which led to removal 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 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 financial information at a later date.

Living with Specified Relative

The child lived with a specified relative at the time of, or within six months prior to, the initiation of court action. A specified relative 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 section of policy and is used only for the 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-grandmother.

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 he/she has lived with the relative 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 child is court-ordered into the custody of the department.
- 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 awarded custody.
- 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 jurisdiction.

Deprivation

The situation of the child in relationship to the parent or relative home from which he/she 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 it 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.
 - 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.
 - 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.
- If the mother and father have filed an Affidavit of Parentage with the Michigan Department of Health and Human Services, 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.

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. The incapacitated parent is defined as unemployable due to incapacity for 30 calendar days or longer. Workers cannot determine incapacity without documentation. Persons who are incapacitated may receive SSI or RSDI based upon 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. The unemployed parent is 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**

- Receive unemployment benefits (UB).

or

- Received UB 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 MiSACWIS.

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 member is not included in the eligibility group or group size if he/she was receiving SSI during the removal month. The child's income and assets are always used in determinations unless he/she 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 his/her 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.
 - Do not include the income and assets of the non-parent adult, putative father or living together partner. They are not counted in the group size.
- 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 above 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 they were living with the parent(s) or the specified relative at the time of removal.
- 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, they are not counted in the group size.
 - The AFDC eligibility is based on the gross earned income, net unearned income and assets of the child(ren).
 - 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 they were also living with the specified relative at the time of removal.

- For a child removed from an unrelated guardian:
 - When the child has been with an unrelated guardian **more than six months** prior to removal, the child is **not** eligible for title IV-E funding.
 - When the child has been with an unrelated guardian **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 and must be budgeted within MiSACWIS if the adoption has been finalized. Only the first \$76.00 of the assistance, per child, is considered as income.

The property of the eligibility group members, the child, parent(s), stepparent(s) and siblings 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.

Deductions

The MiSACWIS title IV-E determination process automatically applies the following income and asset deductions:

- Income disregards. Additional income deductions are applied if the eligibility group would have qualified for the former AFDC program.
- Child care expenses. Enter the amount paid for the actual child care expenses, not the MDHHS allowable amount.
- 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.
- Property exemptions. \$10,000 in property is exempted.

LEGAL JURISDICTION

As a condition for title IV-E funding, court orders must make MDHHS solely responsible for the child's placement and care.

- 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.
- Jurisdiction of the eligible child must have been taken under either the neglect or delinquency section of the Juvenile Code (but not under any adult criminal code or proceedings).
- A court order giving the MDHHS responsibility for placement and care acts as the application for title IV-E. For youth released under 1974 PA 296, the order terminating rights meets this requirement as long as MDHHS is given responsibility for placement and care.
- Orders for state wards must include the words: committed to the Michigan Department of Health and Human Services. The public act under which the youth is committed (such as the Youth Rehabilitation Services Act, 1974 PA 150 or the Michigan Children's Institute (MCI) Act, 1935 PA 220) must be identified on the commitment order. Orders for temporary or permanent court wards must contain the words: placed with the Michigan Department of Health and Human Services for placement and care; see MCL 400.55(h).
- 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.

- Orders issued by tribal courts for American Indian children have the same validity as 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 contained within the child's case file.
- If a worker'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.

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 his/her home** for title IV-E eligibility. The court order must coincide with 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 his/her 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).

Exception: For a child removed prior to March 27, 2000 - the court finding of contrary to the welfare or best interest does not need to be made within the first court order. This determination must be part of a written court order issued prior to or at the time of the dispositional order.

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](#) and [JJ7-700](#). The child's placement must be entered as AWOLP in MiSACWIS. If the AWOLP policies are followed and documented in the electronic and paper case file, the child can be title IV-E eligible.

Note: This AWOLP procedure is applicable to both juvenile justice and abuse/neglect wards even if the department was not supervising the case at the time of removal.

When 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 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 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.

As a minimally acceptable standard for abuse/neglect wards:

- The child's correct name and date of birth must be on the court order, and
- A box is checked that states/finds that it is contrary to the child's welfare to remain in his/her home, based on the specific petition, or MDHHS report, and/or testimony.

**Consent for the
Removal/Verbal
Approval Prior to
11/1/2012**

Pursuant to [PSM 715-2, Removal 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.

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 his/her 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.

As a minimally acceptable standard for abuse/neglect wards the court order must contain:

- The child's correct name and date of birth.
- A checked box indicating the court has found that reasonable efforts were made to prevent the removal of a child from the home, based on the petition, MDHHS report and/or testimony.

For a child removed prior to March 27, 2000 - The judicial determination of reasonable efforts to prevent removal does not need to be made within 60 days of removal.

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 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 involuntary.

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 days following a judicial determination that reasonable efforts to prevent removal are not required. This 28-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.

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 they entered foster care.

The determination must be based upon the permanency plan identified on 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 within the 12 months. The CY-460 report is sent to MDHHS agencies and the CY-463 is sent to placement agency foster care (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 placement agency foster care (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.

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.

REIMBURSABLE LIVING ARRANGEMENTS

The child must currently be in foster care in a licensed foster home, non-secure licensed private child caring institution, or a MDHHS child care treatment facility of 25 beds or less; see [FOM 721 Foster Care](#).

- Michigan can utilize title IV-E funds for placement with **for profit** private non-secure 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 minor parents who are placed in the same foster care setting as the parent(s) are **not** eligible for title IV-E funding. Even though the court may have taken jurisdiction, these children have **not** been physically removed from the home of a parent. Foster care payments for these children must be included in the parent's foster care payment authorization as a ward child.

Note: A new placement episode begins for the child of a minor parent when the child is no longer residing in the same placement as the minor parent. At that point an initial IV-E determination for the child must be completed.

- Relatives and unrelated caregiver homes must be licensed as foster family homes for title IV-E funding to be paid.
 - If a child who is otherwise eligible for title IV-E has been placed in an unlicensed home, title IV-E funding cannot be used until the home is licensed. Once licensed, retroactive title IV-E payments can be made back to the effective date of the license as long as no FIP or county child care fund payments were issued for the same time period. If the relative received FIP payments they 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 must be completed.

Title IV-E payments cannot be authorized for any period of time covered by FIP or county child care fund payments during completion of the licensing process.

- An administrative rate cannot be paid to the placement agency foster care (PAFC) provider using title IV-E funds when a child is placed with an unlicensed relative.

Note: State wards living with unlicensed relatives are eligible to receive state ward board and care payments. County child care funds may also be used to fund these placements for temporary court wards according to county policy. Foster parents 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 placement agency foster care (PAFC) provider cannot be paid from title IV-E funds for a ward placed in a foster home with a numbered provisional license for a licensing violation. Payment must be made from county child care funds for temporary court wards or from state ward board and care funds for state wards.
- 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.

Note: Verification of citizenship or alien status for foster parents is **only** required when MDHHS is placing a qualified alien child who entered the U.S. on or after August 22, 1996.

- 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](#).
- Any residential facility that is classified as secure is not title IV-E reimbursable.
- If a child is placed with an American Indian family living on a reservation, that family must be licensed or approved by the tribal council based on tribal criteria.

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 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 MiSACWIS along with any supporting documentation.

Exception: Youth who are in the Young Adult Voluntary Foster Care Program may be eligible for title IV-E funding past age 18; see [FOM 902-21, Young Adult Voluntary Foster Care \(YAVFC\) Funding and Payments](#).

**TITLE IV-E
DOCUMENTATION
AND VALIDATION**

Title IV-E eligibility is to be documented and validated by the inclusion of the following items in the local office case file and scanned into MiSACWIS:

- A copy of the court order which commits the child to the MDHHS or which gives MDHHS responsibility for placement and care of the child must be uploaded in MiSACWIS attached in the documents hyperlink for that court order.
- A copy of the petition that lead to the child's removal from his/her home must be uploaded in MiSACWIS attached in the documents hyperlink for that petition.
- Copies of all abuse/neglect and delinquency orders issued by the court must be uploaded in MiSACWIS attached in the documents 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; see Required Judicial Findings must be uploaded in MiSACWIS attached in the documents hyperlink for that petition or court order.
- MiSACWIS maintains a historical record of each determination of appropriate fund source. Individual determinations must be printed and signed. 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 certificates or other citizenship documentation or qualified alien documentation must be attached and kept in the case file and uploaded in MiSACWIS attached in the documents hyperlink for that initial funding determination.

**CASE READING
REQUIREMENTS**

Comprehensive case reading practices must be utilized at all times for Michigan 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.

COURT ORDERS REQUIRING INAPPROPRIATE PAYMENTS

If a family court or circuit court orders payment from title IV-E (or another fund source) inappropriately, the local office is to follow the court's order but attempt to negotiate the matter with the court and if unsuccessful, immediately refer the order to the CSARequestforRepresentation@michigan.gov email box and to the Federal Compliance Division.

Note: Legal appeals of court orders are not to be confused with eligibility for title IV-E funding. It is important to note that MDHHS will not appeal any court order in which there is no factual dispute. For example, if the placement is specified but title IV-E funding is not ordered, there is no factual dispute. Eligibility for title IV-E funding is to be denied/cancelled since the order restricts the authority of MDHHS to carry out its responsibilities for care and placement of the child.

However, if the court subsequently reaffirms an order for title IV-E funding while continuing the placement stipulation, there is a factual dispute which can be appealed, such as the court orders title IV-E funding and MDHHS stated the child is not eligible. This order is to be forwarded immediately to the CSARequestforRepresentation@michigan.gov email box and the Federal Compliance Division for action; the title IV-E funding is to be authorized. This process preserves federal financial participation and avoids contempt of court.

Immediate transmittal of an order which requires title IV-E funding for an ineligible child is necessary to ensure that a court appeal can be affected within the time frames allowed by Michigan Court Rules.

The final decision regarding a request for an appeal or amendment through the Attorney General's Office will be made upon the advisement of representatives from the Bureau of Legal Affairs - Children's Services Legal Division and the Federal Compliance Division.

Copies of court orders which appear to be problematic are to be forwarded to the Federal Compliance Division the next working day following the receipt of the order. An email or memo including a brief description of the issues as the local office perceives them is to be forwarded with a copy of the court order. The local office must obey the court order but is to discuss the problematic aspects of the court order with the court and request modification of the order. The local office is to make a second contact with the Federal Compliance Division, within five working days of receipt of the court order to notify the Federal Compliance Division of efforts made to resolve issues pertaining to the problematic court order and the results of those efforts. This contact must be submitted to mdhhs-federalcompliance@mdhhs.gov.

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.

OVERVIEW

Title IV-E funding is a federal fund source that may be utilized if specific policy requirements are met. If a child is either not title IV-E eligible or reimbursable 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 alien; see [FOM 902, Funding Determinations and Title IV-E Eligibility](#), US Citizenship/Qualified Alien 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 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.

Notice of Denial/ Cancellation

The MiSACWIS generated DHS-176-MiSACWIS, Fund Source Determination, must be sent to the Family Division of 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-MiSACWIS must be completed accurately to reflect all the reasons the child 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-MiSACWIS must be signed within 10 business days of the decision to change the fund source.

Example: If the child 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 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, 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 hearings 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 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-day 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).
 - MiSACWIS person ID(s).
 - Copies of:
 - Court petition(s).
 - Order(s) removing the child from his/her 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 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 his/her 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) 241-8541 or (517) 335-6696. 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/dhs-forms in the Other category.
 - When the request for withdrawal is received, 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 AHR or local office may request a postponement (also called adjournment) of a scheduled hearing. If the AHR requests a postponement, 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 30695, Lansing, MI 48909; **or**
- Call MOAHR at the toll-free number included on the DHS-26A, Notice of Hearing.

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 only on evidence introduced at the hearing, draws conclusion of the law, and determines whether MDHHS policy was appropriately applied. The ALJ issues a final decision **unless**:

- The ALJ believes that the applicable law does **not** support MDHHS policy.
- MDHHS policy is silent on the issue being considered.

In that case, the ALJ recommends a decision and the policy hearing authority (the MDHHS director) makes the final decision.

MOAHR mails the final hearing decision to the AHR and the local office. In most cases, the AHR and MDHHS have the right to appeal a final decision to circuit court within 30 days after that decision is received.

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-federalcompliance@mi.gov.

**Standard of
Promptness**

Final action on hearing requests, including implementation of the decision and order, must be completed within 90 calendar days. The standard of promptness begins on the date the hearing request was first date stamped by any local office.

**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 MiSACWIS 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.

**SSI BENEFITS
DETERMINATION**

Children who have physical, emotional, or mental disabilities may be potentially eligible for, or could be currently eligible for Supplemental Security Income (SSI) benefits.

A child may be SSI eligible if:

- He/she has a physical or mental condition or conditions that can be medically proven and which result in **marked and severe** functional limitations.
- 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.
- He/she does 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 MA-FCDW for children receiving MA-SSI; see FOM 803.** 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:

1. Youth receiving a determination of care supplement in family foster care.
2. Youth who, later in their placement, become disabled.
3. Youth approaching age **18** whose disability prevents them from becoming self-supporting. Within three months of a youth's 18th birthday, an application should be initiated with the Reconciliation and Recoupment Section.

**Initial SSI
Application -
Procedures for
Determining
Potential Disability**

This process only applies to children who are funded through title IV-E, state ward board and care or limited term/emergency foster care payments. **Children funded through county child care**

payments must follow their local office procedures for SSI applications.

Children that do not need to be screened for SSI benefits:

- Children currently receiving SSI benefits (can be determined by review of MiSACWIS). SSI eligibility is also indicated on Bridges Type of Assistance MA-SSI.
- Children currently pending SSI. The memo from the Reconciliation and Recoupment Section will also indicate if an SSI application has already been filed.

Note: For a child supervised by a placement agency foster care (PAFC) provider, the DHS monitor must be notified that the child is potentially eligible for SSI benefits. The DHS monitor will contact the Reconciliation and Recoupment Section by faxing the DHS-3205 to 517-335-6147.

For those youth who may be eligible for SSI:

1. The Reconciliation and Recoupment Section will work as a liaison between the Social Security Administration and the DHS caseworker. Submit the following documents to the Reconciliation and Recoupment Section by fax at 517-335-6147:
 - DHS3205 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.
 - Court order granting DHS placement and care responsibility of the child.
2. The Recoupment and Reconciliation Section will send an initial SSI 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. Do not wait for documentation to submit the rest of the packet. If documentation is received later, it can be submitted at that time.

3. The Social Security Administration may take up to six months to make a determination. The Social Security Administration may send a letter directly to the child's placement requesting that the child be taken for further medical appointments. 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 DHS worker of the appointment as a separate notice will not be sent directly to the DHS worker. Failure to attend the medical appointment may result in a denial by the Social Security Administration.
4. If the application is denied by the Social Security Administration, the Reconciliation and Recoupment Section will not appeal their decision. The local office can appeal the decision on behalf of the child.

GOVERNMENT AND OTHER BENEFITS

When a child is placed in an out-of-home situation and funded by the Department of Human Services or county funds, 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.

Upon entering care, a DHS-3205, Foster Care/Delinquent Ward/Benefit, is to be completed for each ward. One copy is to be forwarded to Central Office, Governmental Benefits Coordination and County Chargeback Section. Applications to obtain any available governmental or insurance benefits will be completed by Central Office. DHS is to become the payee for youth paid from state ward board and care (SWBC), Title IV-E and limited term and emergency foster care fund sources. The courts/local office will be instructed to apply for benefits for children paid from county child care funds.

An updated DHS-3205 is to be faxed to (517) 335-6147 to notify Central Office, Governmental Benefits Coordination and County Chargeback Section of any change in circumstances after acceptance that might qualify a child in DHS care, for governmental or insurance benefits, such as if the parent dies, becomes disabled, retires, or the child becomes disabled, etc.

Note: Termination of parental rights does not effect 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.

INDIAN TRIBAL BENEFITS

Indian Tribal benefits received by Indian children while in foster care are exempt as income and assets. Lump sum payments may be totally exempt; consult with the tribe providing the payment and/or the applicable federal laws.

It is recommended a trust be established for the ward to be available to the ward at age 18 years.

Gambling/Casino profit sharing received by an Indian child is not exempt, and is to be counted dollar for dollar as unearned income.

**COURT ORDERED
SUPPORT AND
REIMBURSEMENT**

Public Act 398 of 1982 requires that “an order of disposition placing a child in or committing a child to care outside of the child's own home and under state or court supervision shall contain a provision for the reimbursement by the child, parent, guardian or custodian to the court for the cost of care or service...” Any court order, except an order for permanent wardship, “placing a child in or committing a child to” the department is to be reviewed for this reimbursement provision. The order may state “\$0” reimbursement. If such a provision is not contained in the order, the local office is to attempt to negotiate the matter with the court and, if necessary, refer the order to the appropriate Business Service Center. Efforts to negotiate a court change of the order and subsequent transmittal of a disputed order is to occur within a week to 10 calendar days of the hearing to ensure that appeal to circuit court can be effected within the 20-day appeal limit (Court Rules, Special Proceedings, Rule 701).

Public Act 398 of 1982 further assigns responsibility for collection of any court ordered support for state wards and court wards to the circuit court, family division. It also allows the court to retain 25% of the money collected for administration of the collection program. The 25 percent collection allowance **does not** apply to child support orders or governmental benefits such as RSDI, SSI and Veteran's Benefits. It is the court's responsibility to transmit the state's share of these collections according to established procedures.

The Governmental Benefits Coordination and County Chargeback Section will maintain records for state wards and title IV-E funded court wards, by child, of court ordered support and reimbursement received from the court. The records contain the following information:

- Child's name.
- The court that ordered the support.
- The amount of reimbursement received from the court.

**LOCAL RECEIPT OF
BENEFIT/
WARRANTS**

All financial benefits due a state ward or a DHS supervised court ward (title IV-E funded foster care) 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 ward and submit the packet to the Governmental Benefits Coordination and County Chargeback Section. The Governmental Benefits Coordination and County Chargeback Section, 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 wards, are in excess of the amount expended for the child's care, a savings account will be established by Central Office, Governmental Benefits Coordination and County Chargeback Section, in an interest bearing account for the child. The balance of the account will be available in MiSACWIS. 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. Requests to utilize these funds can be made in MiSACWIS.

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 state ward or a title IV-E, or limited term and emergency foster care funded court ward should be directed to the Governmental Benefits Coordination and County Chargeback Section.

State Wards

Regardless of excess property or income, DHS 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.

**DHS Supervised
Court Wards (Title
IV-E Funded)**

Central Office, Governmental Benefits Coordination and County Chargeback Section, is to be notified by the DHS-3205, Foster Care/Delinquent Ward/Benefit, faxed to 517-335-6147, of any benefits available to DHS supervised court wards receiving title IV-E funding.

**DHS Supervised
Court Wards
(County Funded)**

Any available governmental benefits are to be secured by the county or court and used to apply toward the child's cost of care. For ongoing benefits such as Social Security, the county should request to be made representative payee. Any funds collected are to be reported on the DHS-206B, Monthly Report on Foster Care Under the Family Division of the Circuit Court, form. The result will be that 50 percent of the income will be used to offset county costs and 50 percent to offset state costs. In the event income exceeds cost of care, there should be no direct cost to either the state or the county, and any surplus should be placed in a trust/savings account for the child.

Collection and reporting of court ordered support and reimbursement for DHS-supervised court wards is the responsibility of the Family Court.

Any parental participation in the cost of voluntary foster care or any circuit court ordered support collections are to be reported on the DHS-206B. The 25 percent collection fee is not allowed for voluntary foster care or circuit court ordered supervision.

SOCIAL SECURITY NUMBERS

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 his/her 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 MiSACWIS. **When a child already has a verified Social Security number**, the Social Security number must be recorded on the DHS-3377, Initial Placement Outline and Information Record, and all other **required** areas. A printout of the MiSACWIS 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 MiSACWIS 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 DHS MiSACWIS system before submitting the form to the SSA.

Complete instructions for the DHS-3471 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-3377, 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 Initial Placement Outline and Information Record, DHS-3307 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 alien status as a part of the requirement.

Detailed instructions for obtaining the SSN are found in Bridges Eligibility Manual, (BEM) 223.

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.

**PER DIEM COST
FOR STATE WARD
EXPENDITURES**

The state ward act states that “the cost of care shall be determined on a per diem basis using the initial annual allotment of appropriations for the current fiscal year...and the population figures upon which that allotment was based. The cost of care so determined shall apply in determining required reimbursement to the state for care provided during the calendar year immediately following the beginning of the current fiscal year for which state expenditures were allotted.” **This methodology is used to calculate the per diem amount to be charged for youth in DHS operated facilities and family foster care. If the youth is in private residential care or a county operated facility, the actual payment for the placement is used for chargeback purposes.** To implement this section of the laws, the department has established a Chargeback System and has developed several categories or facility types to differentiate the kinds of out-of-home care. In August of each year a letter is released which details the per diem costs and chargeback rates appropriate to each facility type. The facility types for out-of-home care are: (See FOM 901-7 for definitions of corresponding living arrangements.)

- County Detention Facilities (half the actual cost).
- Foster Family Homes (including independent living and purchased care administrative rate).
- Private Child Care Institutions (half the actual cost).
- State Detention Facilities.
- Bay Pines Center.
- W.J. Maxey Boys Training School.
- Shawono Center.

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-federalcompliance@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-federalcompliance@mdhhs.state.mi.us.

PROGRAM REQUIREMENTS

This policy **only** applies to youth who have signed the DHS-1297, Young Adult Voluntary Foster Care Agreement, and meet certain program requirements; see [FOM 722-16, Program Requirements](#).

Both a youth's abuse/neglect and delinquency court case (if applicable) must be closed by the court prior to the youth entering into the YAVFC program and signing the DHS-1297, Young Adult Voluntary Foster Care Agreement, which grants MDHHS placement and care responsibility; see [FOM 722-16, Judicial Determinations](#).

Integration with Other Funding and Payments Policy

FOM 902-21, Young Adult Voluntary Foster Care (YAVFC) Funding and Payment, supersedes other funding, title IV-E eligibility and payment policy requirements when conflicts arise specific to this population.

Title IV-E Eligibility

The department will allow a youth to receive title IV-E funded extended foster care services if a youth meets one of the following conditions for eligibility:

- Actively completing high school or a program leading to a general equivalency diploma (GED).
- Enrolled at least part-time in a college, university, vocational program, or trade school.

Note: 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.

- A school determines if a student is enrolled in the institution. Once the school no longer considers a youth enrolled, he/she begins the grace period (see section on grace periods). There is not an attendance requirement for this eligibility reason.
- Employed in either full 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 any of the above activities.

Note: 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 education or employment to meet minimum eligibility requirements.

Note: Volunteering for MDHHS or other child welfare agency caseworkers does not qualify. A community organization representative must document hours spent volunteering.

- Incapable of the above educational or employment activities due to a documented medical condition.

Note: If eligibility is based on incapacity, the caseworker must assist the youth in applying for Supplemental Security Income (SSI); see [FOM 902-10, SSI Benefits Determination](#).

For verification requirements of the above eligibility conditions, see [FOM 722-16, Young Adult Voluntary Foster Care](#).

Court Involvement

Once the department determines that a youth is eligible for YAVFC and the youth signs the DHS-1297, Young Adult Voluntary Foster Care Agreement, the department must provide extended foster care services to the youth. Because the youth's involvement is voluntary, family/juvenile court jurisdiction must be dismissed prior to the youth being eligible for YAVFC services; see [FOM 722-16, Judicial Determination](#).

Best Interest Finding

Federal guidelines require that there be a judicial determination that remaining in foster care is in the youth's best interests if title IV-E foster care maintenance payments are to continue beyond the first 180 days of the voluntary placement. See [FOM 722-16, Judicial Determination](#), for YAVFC Request Packet filing guidelines.

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, YAVFC Agreement, the youth is no longer eligible for the YAVFC program for this removal episode, and the case must be closed.

Note: The DHS-1297, YAVFC Agreement, is the agreement that gives the Michigan Department of Health and Human Services placement and care responsibility. This agreement is required to be completed for all youth entering and re-entering YAVFC.

Case Reviews

Case reviews, in the form of a Family Team Meeting (FTM), must be held by the supervising agency not less than once every six months to address 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 [FOM722-06B, Family Team Meetings](#).

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 and 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 and in this case would be August 1st. A new reimbursability determination would be entered effective August 1st which would determine as title IV-E reimbursable. This youth would lose title IV-E reimbursability for just the month of July.

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 Agreement.

Re-Entry

Youth requesting to re-enter YAVFC must sign a new DHS-1297.

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 s/he has his/her minor children living with him/her upon entering YAVFC.

The month the youth signs a DHS-1297, Young Adult Voluntary Foster Care Agreement, is considered the removal month for the new placement episode.

Note: If a youth's available net income exceeds the paid board and care rate, eligibility may still exist since the needs of a youth include costs other than basic maintenance.

Earned Income

Earned income of a youth is not budgeted when s/he is a full-time student and expected to complete graduation requirements prior to age 19.

Earned income of a youth is budgeted if one or more of the following applies:

- A youth is not a full-time student.
- A youth is a full-time student and not expected to complete the graduation requirements prior to age 19.
- A youth is age 19 or 20.

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 receives continuing benefits (such as Retirement, Survivor and Disability Insurance [RSDI]), the caseworker must notify the Governmental Benefits Coordination and County Chargeback Unit by emailing to mdhhs-govtbenefits@michigan.gov, to have MDHHS designated as the payee.

Any interim collection of funds received on behalf of the youth by the local office are to be returned to the originating entity. Payment to the provider will be for the full amount of the board and care rate.

Note: A youth cannot be funded from both title IV-E and Supplemental Security Income (SSI). The reimbursability determination evaluates the advantage of continuing the SSI or utilizing title IV-E funding. This decision is made by the Government Benefits Coordination and County Chargeback Unit in MiSACWIS.

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 his/her ordinary living expenses.

Reimbursability Determinations

A reimbursability determination must be completed every six months or sooner, if a youth's situation changes in a manner that may impact funding. Examples of changes requiring a reimbursability determination include:

- A youth's placement changes.
- A youth's cost of care changes and he/she is receiving SSI.
- A youth does not comply with the education, work, volunteering, or incapacity requirements in the MDHHS YAVFC agreement and enters a 30-day grace period. Verification of these requirements will be completed by the caseworker quarterly; see [FOM 722-16, Verification of Eligibility](#).
- The case review is not completed by a neutral party within six months of the previous case review; see Case Reviews in this policy 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; see [FOM 722-16, Grace Period](#). Limited term/emergency/general fund (GF) must be used for all payments made during a grace period. If a youth reestablishes program eligibility and the grace period ends, a new reimbursability determination must be completed to determine if the youth is title IV-E reimbursable.

The grace period start dates differ based on which eligibility criteria they qualify for the YAVFC program under.

- **Actively completing high school or a program leading to a general educational development GED.** - The grace period starts 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 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.
- **Employed in either full-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 80 hour requirement, the grace period would end the last day of the month. 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.

Reimbursable Placements

Licensing requirements must be met for a placement to be paid from title IV-E funds for a foster family home, licensed relative, or a child caring institution (CCI).

Independent living placements can be paid from title IV-E funds for youth participating in YAVFC. Examples of allowable independent living placements are as follows:

- Rental home/apartment setting, with or without roommates.
- College dormitory.
- Unrelated caregiver.

- Licensed/unlicensed relative home.
- Friend/partner home.

Note: Placement with a legal and/or biological parent, whether or not parental rights have been terminated, is considered ineligible for title IV-E payments. A grace period will not be applied when a youth enters a parental home placement. The case must be closed and payments must be stopped immediately.

Any time a youth moves to an approved placement from his/her parental home, a new DHS-1297, Young Adult Voluntary Foster Care Agreement, must be signed, and a new initial title IV-E determination **must** be completed.

Youth Parent

A youth parent in an independent living placement will be paid directly for each of his/her minor children living with him/her. A youth parent being paid directly for his/her minor child(ren) living with him/her cannot simultaneously receive FIP benefits for him/her or the child(ren).

Funding Source

If a youth is determined to **not** 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 (GF) must be used. This includes but is not limited to:

- Orthodontic care if approved prior to the youth entering YAVFC.
- Medical expenses not covered by Medicaid.
- Foster home or CCI on a numbered provisional license.
- Adult foster care home.
- An unapproved independent living arrangement.
- Grace period.

Exception: No payments are to be made for a youth in jail or in a parental home.

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 Agreement.

The following payment policy changes **only** apply to youth participating in YAVFC:

- Youth receiving an independent living allowance will be paid after the service dates have occurred.
- 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/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 placement who has already been paid and his/her fund source changes as a result of entering the YAVFC program, reconciliation action is required.

Example: The caseworker 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.

Note: If a child becomes ineligible and/or non-reimbursable for title IV-E, payments must be reconciled back to the date of ineligibility and/or non-reimbursability, not the date the ineligibility and/or non-reimbursability was discovered by the worker. If title IV-E payments have been made for grace periods, they must be reconciled to

limited term/emergency/general funds (GF) effective the start date of the grace period.

CASE READING REQUIREMENTS

Comprehensive case reading practices must be utilized at all times for Michigan 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 DHHS-5442, Young Adult Voluntary Foster Care (YAVFC) Case Read Tool.

Note: Best practice is for a full case read to be completed annually on every title IV-E eligible case which would include a review of the payments.

FAIR HEARINGS OVERVIEW

The youth has the right to contest a Department decision affecting YAVFC eligibility. After the Department notifies the youth of a denial or closure of YAVFC through a DHS-1301, Young Adult Voluntary Foster Care Case Denial/Closure Notice, the youth may request an administrative hearing. The Department provides an administrative hearing to review the decision and determine its appropriateness. Resolution to issues raised in the request for a hearing should be resolved in the quickest manner possible. If the youth can verify they are eligible, the necessary forms should be completed to enroll the youth immediately and to withdraw the hearing request.

Hearing Request

Hearing requests must be made in writing and signed by the youth. Faxes or photocopies of signatures are acceptable. The Michigan Administrative Hearing System (MAHS) will deny requests signed by unauthorized individuals and requests without signatures. The hearing request must reference the reason(s) for requesting the hearing and the specific issue at dispute.

Where to File a Hearing Request

Instruct youth to email or mail the hearing request to:

MDHHS-YAVFC@Michigan.gov or
MDHHS-Education and Youth Services
Young Adult Voluntary Foster Care
235 Grand Ave., Suite 514
Lansing, MI 48909

The Education and Youth Services Unit receives the request on behalf of the Department. Route all hearings related material through the Education and Youth Services Unit regardless of the addressee.

All hearing requests received must be date stamped and forwarded immediately to the Education and Youth Services Unit. 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 Education and Youth Services Unit.

Deadlines for Requesting a Hearing

Only MAHS may deny a request for a hearing. Accept and forward all hearing requests to MAHS.

The youth has 21 calendar days from the mailing of the DHS-1301, Young Adult Voluntary Foster Care Case Denial/Closure Notice, to request a hearing. If a hearing request is filed more than 21 calendar days from the date of the notice of case action, the Education and Youth Services Unit must do the following:

- Ensure the local office supervisor completes a DHS-3050, Hearing Summary, stating:
 - Why the request is ineligible for a hearing.
 - Specific reasons for lack of YAVFC eligibility.
 - The request was received after 21 days from the date of the mailing of the notice of case action (attach a copy of the notice).
- Forward the hearing request and the summary to MAHS.

MAHS will inform the youth and the hearings coordinator if the request is denied.

Hearing Request Process

If the hearing request is timely, the Education and Youth Services Unit has 15 days from receipt of the hearing request to complete the following:

- Contact the local MDHHS director, program manager and supervisor and worker.
- Prior to the pre-hearing conference, the local MDHHS office must review the case to assure staff did the following:
 - Applied MDHHS policies and procedures correctly.
 - Explained MDHHS policies and procedures to the youth.

- Ensure all documentation is uploaded in MiSACWIS to allow 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 is responsible for determining that a hearing 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.
 - Submit the results of the review to the Education and Youth Services Unit.
 - Contact the youth.
 - Arrange and hold a pre-hearing conference.
- Note:** The conference need not be held within the 15 day standard.
- Determine the nature of the complaint and any possible resolution.
 - Forward the request with either a DHS-18A, Hearing Request Withdrawal, or a DHS-3050, Hearing Summary, to MAHS so that MAHS receives it by the 15th day from the receipt of the hearing request.

Administrative Review

The Education and Youth Services Unit 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 (for example, if the denial is based on unemployment, is the youth involved in MI Works!?).

- The Education and Youth Services Unit manager or designee 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.
- The Education and Youth Services Unit manager is responsible for determining that a hearing 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.

Pre-hearing Conference

Concerns expressed in the hearing request should be resolved whenever appropriate and possible through a conference with the youth rather than through a hearing.

The spokesperson for the Education and Youth Services Unit at the pre-hearing conference may be anyone from the Education and Youth Services Unit. Whoever is assigned this function acts on behalf of the Education and Youth Services Unit manager.

A pre-hearing conference must be offered to the youth upon receipt of a hearing request.

The pre-hearing conference must take place as soon as possible after the Education and Youth Services Unit receives the request unless:

- The youth 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 youth.

All appropriate staff, including placement agency foster care (PAFC) staff if applicable, must be consulted before the pre-hearing conference and attend as necessary.

All of the following must be completed at the pre-hearing conference:

- Determine why the youth is disputing the MDHHS action.
- Review any documentation the youth has to support his/her 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

If the Education and Youth Services Unit determines that the denial or termination is incorrect and the youth is eligible for YAVFC the youth's worker must complete the following steps:

- Have the youth sign the DHS-1297, YAVFC Agreement.
- Have the youth sign the DHS-18A, Hearing Request Withdrawal.
- Provide notification to the youth that corrective action has been taken.

Notify MAHS that the disputed action has been corrected and that the youth's concerns have been resolved. MAHS must have all the following documentation to deny hearing requests:

- The hearing request with the signature of the youth.
- A short summary of the actions taken to correct all the concerns (a DHS-3050 may be used).

MAHS will send the youth 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 youth claims that the Department failed to correct all the disputed actions.

Hearing Summary

Complete a DHS-3050, Hearing Summary, if the dispute is not resolved at a pre-hearing conference. All case identifiers and notations on case status must be complete.

The narrative must include all of 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 the Education and Youth Services Unit intends to offer as exhibits at the hearing. Attached exhibits and documents must be clearly numbered and identified.

Withdrawals

When any 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 MAHS

When all issues are resolved and the youth wishes to withdraw the request, the Education and Youth Services Unit must request 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. Enter all identifying case information on the withdrawal, attach the original copy to the request and forward them to MAHS. File a copy of the withdrawal in the case record.

After Mailing Hearing Request to MAHS

When all issues are resolved and the youth wishes to withdraw the request, do the following:

- Youth requests withdrawal while meeting with their caseworker:
 - Have the youth complete the DHS-18A, Hearing Request Withdrawal.
 - Fax a copy of the withdrawal request to MAHS at (517) 763-0155. The original request form must be placed in the case file at the local office and submitted to the Education and Youth Services Unit.
- Youth requests withdrawal via telephone:
 - Ask the youth to promptly send a written request for withdrawal to the Education and Youth Services Unit. 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.

- When the request for withdrawal is received, fax a copy to MAHS at (517) 763-0155. File the original in the case record and submit to the Education and Youth Services Unit.

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, instruct the youth to call MAHS at (517) 335-7519 to request the postponement. Only MAHS can grant or deny a postponement. MAHS will notify the hearings coordinator if the postponement is granted. When the hearing is rescheduled, MAHS 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 youth, 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 youth arrives within 30 minutes of the scheduled time.

If the youth arrives more than 30 minutes late, immediately call MAHS at (517) 335-7519 for direction on how to proceed. Whenever possible, the hearing will be held on the scheduled date.

Failure to Appear for the Hearing

Contact MAHS if the youth does not appear for the hearing within 30 minutes of the scheduled time. The Department may request a default judgement for a non-appearance. Do not take negative action until written authorization from MAHS has been received. If the youth later contacts MDHHS to have the hearing rescheduled, instruct the youth to contact MAHS at:

Michigan Administrative Hearing System (MAHS)

Benefits Service Division
P.O. Box 30763
Lansing, MI 48909
Tel.: (517)335-7519
Fax: (517)763-0155

Presentation of the Case

The Education and Youth Services Unit and youth will each present their positions to the Administrative Law Judge (ALJ), who will determine whether the actions taken by the caseworker and the Education and Youth Services Unit are correct according to fact, law, policy, and procedure.

Following the opening statement(s), if any, the ALJ directs the Education and Youth Services Unit to explain the position of the Department. 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 youth received adequate or timely notice of the proposed action and affording all other rights.

Both the Education and Youth Services Unit 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 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.

Both parties 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.

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 only on evidence introduced at the hearing, draws conclusion of the law, and determines whether MDHHS policy was appropriately applied. The ALJ issues a final decision and order unless:

- The ALJ believes that the applicable law does not support MDHHS policy.
- MDHHS policy is silent on the issue being considered.

In that case, the ALJ recommends a decision and the MDHHS director makes the final decision and order.

MAHS mails the final hearing decision and order to the youth and the Education and Youth Services Unit. In most cases, the youth and MDHHS have the right to appeal a final decision and order to circuit court within 30 days after that decision is received.

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 Education and Youth Services Unit and the caseworker. 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 serves 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.

Standard of Promptness

Final action on hearing requests, including implementation of the decision and order, must be completed within 90 calendar days. The standard of promptness begins on the date the hearing request was first date stamped by any local office or the Education and Youth Services Unit.

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](#).

PAYMENT 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, 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.

INTRODUCTION TO 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 MiSACWIS. Further policy clarification is provided for many placement service authorizations.

- For family foster care service authorization details for all foster families and paid relative providers see [FOM 903-03, Payment for Family Foster Care](#).
- For purchased care payment procedures for placement agency foster care (PAFC) and child caring institutions (CCIs) see [FOM 903-04, Purchased Care Payment Procedures](#).
- For foster care rates see [FOM 905-3, Foster Care Rates](#).
- For rates regarding PAFC and CCIs 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 902-21, Young Adult Voluntary Foster Care (YAVFC) Funding and Payments.

- 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 at

https://www.michigan.gov/documents/mdhhs/Provider_Payment_Handbook_648470_7.pdf.

- In all cases the service authorization must be completed in a timely manner in MiSACWIS; 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 MiSACWIS.

Returned, Lost, Stolen, Forged or Undelivered Warrants

Warrants issued from MiSACWIS that are returned, lost, stolen, forged or undelivered can be stopped or rewritten. Review the MiSACWIS 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 MiSACWIS.

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, licensed provider to an unlicensed relative and an overpayment is made to the licensed 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 complete 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 MiSACWIS. 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 worker must ensure accuracy for all independent living placements and service authorizations in MiSACWIS 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 Federal Compliance Division (FCD) at MDHHS-federalcompliance@mi.gov. The exception request must include the approval of MDHHS local office director and Business Services Center (BSC) director.

**Problem Payment
Inquiries**

Workers with questions concerning payments can contact the Federal Compliance Division (FCD) at MDHHS-federalcompliance@mi.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 MiSACWIS as a *detention - unpaid placement* to ensure payment through a process outside of MiSACWIS.

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 MiSACWIS 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 MiSACWIS 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 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 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 MiSACWIS 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 that are 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.

The fund source for non-routine needs such as psychiatric medication and emergency room care is not included in the per diem rate. Those costs are paid by the detention facility or billed to the responsible fiscal county. The county child care fund (CCF) reimbursement process would then be followed to request partial reimbursement; see [SRF 904, Child Care Fund Handbook Published Policies and Procedures](#).

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 MiSACWIS.

**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 MiSACWIS person ID.
- The MiSACWIS Case ID.
- Legal status and Act 150 commitment date.
- Signature of the juvenile justice specialist and supervisor.

Invoice only when all appropriate documentation in MiSACWIS 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 being 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 MiSACWIS. 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 XIA of 1939 PA 288, MCL 712A.18, if the court acquired jurisdiction over the youth under section 2(a) or (d) of chapter XIA of 1939 PA 288, MCL 712A.2, and the act for which the youth is committed occurred before his or her seventeenth 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 seventeenth birthday."

POLICY CONTACT

Policy clarification questions may be submitted to MDHHS-federalcompliance@mdhhs.state.mi.us.

JOB AID

MiSACWIS job aid: Entering Paid Detention and Paid Court Treatment Facility.

**PAYMENT FOR
FOSTER
FAMILY/RELATIVE
CARE**

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 and Unaccompanied Refugee Minor (URM) fund sources are routed, approved and amended in MiSACWIS. For age appropriate rates see [FOM 905-3, Foster Care Rates](#).

The entire rate paid to the placement agency foster care (PAFC) provider for maintenance, clothing allowance and any determination of care (DOC) shall be paid by the PAFC provider to the foster families/relatives providing the care.

**When a Foster
Parent/Relative
Moves**

When the Michigan Department of Health and Human Services (MDHHS) is notified by foster parents/relatives that they are moving and want to continue being foster parents/relative placement, a referral to the licensing worker must be made immediately requesting the new location be licensed/approved. There may be a gap in payment until the new address is licensed. For a foster parent/relative who moves out-of-state, additional processes must be followed. The foster parent/relative must also complete their address change in SIGMA Vendor Self Service (VSS).

Note: There will most likely be an extended gap in payments for unrelated foster parents until the new out-of-state address is licensed. If there is a gap in licensure, payment is not made for the time the unrelated foster parent is not licensed. There should not be a gap in payments for unlicensed relatives because their payments can continue and are not related to the license.

**Maintenance Rate
for Foster Care**

The maintenance rate refers to the scheduled uniform rate which is to be paid for a child who requires no extraordinary care in relation to age other than what is normally expected of children placed in foster care.

The amount of the maintenance rate was established based on the U.S.D.A. 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, normally expected costs including:

- The room and board portion of the maintenance rate is intended for food, shelter, personal care, transportation and over-the-counter medical supplies not available through Medicaid.
- The allowance and personal incidentals portion is intended to cover the child's weekly allowance and out-of-pocket expenses such as magazines, books, recreation, gifts, contributions, expendable school supplies, etc. The exact determination of how much and on what basis the foster family/relative provides the allowance to the youth is a matter for joint family and worker determination.
- The portion of the maintenance rate intended for clothing is for incidental clothing needs through the year. More details regarding additional clothing allowance payments can be found in [FOM 903-9, Case Service Payments](#).

Policy recognizes there are instances in which the maintenance payment will not cover unique situations of foster children; most common is the child who enters foster care from his/her own home without adequate clothing. A provision is made to purchase an initial clothing supply by means of a case service payment. It is not expected that the foster parent/relative would have to purchase an entire wardrobe from the per diem; however, it is expected that the foster parent/relative will maintain that wardrobe with necessary replacement clothing through using some of the per diem rate and the semi-annual clothing allowance; see [FOM 903-09, Case Service Payments](#).

Details regarding additional available case service payments can be found in [FOM 903-9, Case Service Payments](#).

DETERMINATION OF CARE (DOC) SUPPLEMENTS FOR FOSTER CARE

A determination of care (DOC) supplement may be justified when extraordinary care or expense is required of the foster parents or relative (foster care provider) who is eligible for a foster care payment. The appropriate DOC form is to be completed in

MiSACWIS for every child in a paid foster home or relative placement. DOC forms are to be completed **with** the active involvement of the foster parent/relative provider. **The completion of the form is required and not contingent on a request being received from the provider.** If the foster parent/relative is completing the additional tasks identified to meet the child's needs, they are eligible for the DOC rate. Timely completion of the DOC forms and ensuring that the foster parent/relative providers are paid the appropriate rate is an important task of the foster care worker.

Note: The foster parent/relative provider and the worker may not agree on what DOC level should be requested based on the assessment on the completed DOC form. The foster parent/relative provider's request is what must be submitted. The worker may add comments to the DOC form that they do not agree with the assessment and list the reasons why.

The receipt of Social Security Income (SSI) benefits by a child in a paid placement still requires a DOC assessment. The child does **not** automatically qualify for a DOC due to receipt of SSI. When a DOC supplement is due to a disability, screen the youth for SSI eligibility; see [FOM 902-10, SSI Benefits Determination](#).

When assessing the potential eligibility for a DOC supplement, complete the DOC form that most closely fits the case situation:

- DHS-470 for children ages one day through 12 years requiring extraordinary care or expense.
- DHS-470A for children age 13 and over requiring extraordinary care or expense.
- DHS-1945 for children who are medically fragile (all ages) or who have a documented medical condition which threatens health, life or independent functioning.

A DOC assessment must be completed in MiSACWIS at the initial case opening **and** at least every six months or if the child's care needs or level changes or the child moves. This applies to all foster care/relative providers eligible for payment, regardless of the fund source. In all case situations, the foster care worker is to involve the foster care/relative provider in completion of the form and the foster care/relative provider must sign the assessment form. Each signed DOC assessment must be uploaded in MiSACWIS and filed in the child's case record. The foster parent/relative placement must also be provided with a copy of the DOC assessment once it has been

signed by MDHHS. The DOC assessment contains the information regarding the foster parent/relative placement's right to an appeal if they do not agree with the approved DOC.

DOC rates are **not** to be authorized for any time period that exceeds six months. If a DOC supplement continues to be necessary at the end of the authorized time period, a new assessment must be done, appropriate approval obtained, and the payment authorization completed.

Justify the continuation of the level for a DOC on the DHS-470, DHS 470-A, or DHS-1945. Since the DOC rate is based on the extraordinary care required of the foster care provider, all tasks and additional expenses must be documented in detail under the caregiver activities section of the DHS-67, Children's Foster Care Parent Agency Treatment Plan and Service Agreement. These needs and activities must be consistently addressed in the child's current status section of all service plans.

The DOC supplement must **not** include activities provided by a third party (person) for child care, nursing care, respite care, assisted care, etc. The child day care program is to be used for child day care needs and the medical assistance program for nursing care, etc.

Note: Children receiving the additional rate for the SED Waiver or treatment foster care are not also eligible for a DOC.

DOC Documentation

The parent agency treatment plan should reflect the foster parent activities presented in the DOC request form. The DOC request form is a separate document that does not need to be verified by reviewing social work contacts, therapy reports and other school and/or medical documents contained in the case file. While completing the DOC request form, these activities may be verified through discussions with the child, foster parent, relative, school or therapist which would then also be documented in parent agency treatment plan. Submission of documentation beyond what is already maintained in the case file is only required for a DOC level IV.

Example: The foster parent/relative, therapist or the child report that the provider participates in therapy with the child weekly. A

letter from the therapist documenting the foster parent/relative's involvement is not required solely for the approval of the DOC form.

Example: The foster parent/relative report they are working with the school. The details regarding their involvement is documented in the child's service plan. Additional documentation from the school may be included in the child's case file but is not required solely for the approval of the DOC form.

Example: The foster parent/relative provider discuss the child's behavioral needs at the monthly home visits. While the foster parent/relative 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 form.

A copy of the approved DOC form must be sent to the foster care/relative provider **and** the PAFC provider if applicable.

Begin/Effective Date of Request

The time frames listed below are the expected standard of promptness for this process. If the worker does not complete these steps timely, this does not negatively impact the payment to the foster parent/relative. The begin/effective date should still reflect the appropriate date for the DOC payment but also include an explanation as to the delay.

- The begin/effective date for an initial DOC is the date of placement. The expectation is that the primary foster care worker will submit the completed DOC to their supervisor (for MDHHS) or the MDHHS local office (for PAFC) within the first 30 calendar days of a child's placement.
- The begin/effective date for a DOC renewal is the date following the end date of the last DOC approval. There should not be a gap between the DOC approvals. The expectation is that the primary foster care worker will submit the completed DOC to their supervisor (for MDHHS) or the MDHHS local office (for PAFC) within 30 calendar days of the end date on 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. The expectation is that the primary foster care worker will submit the completed DOC to their

supervisor (for MDHHS) or the MDHHS local office (for PAFC) within 30 calendar days of the change in circumstance.

- When the resolution of a request for a change in level occurs, the DOC rate is retroactive to the begin/effective date on the DOC form.

Note: The foster care/relative provider, PAFC or MDHHS worker may initiate an administrative review if not notified timely of the DOC decision. It is expected that an administrative review will be initiated for any DOC decision that is not received within 45 calendar days from the begin/effective date of the DOC request form.

Duration of DOC

A DOC can be approved for up to 180 days. No DOC is to be approved for longer than 180 days.

When completing the DOC and it is known that the foster parent/relative provider involvement is not expected to last 180 days the end date can be approved for less than the full 180 day maximum.

For a child with an approved DOC, a de-escalation should be discussed with the foster care/relative provider at length to ensure that the child does not meet other criteria to maintain the approved level.

Example: A child is approved with an begin/effective date of 4/1 with some school activities included in the DOC assessment. The DOC should not be ended for the summer or other school breaks.

Foster Care/Relative Provider Approval of Rate

All completed/approved DOC forms must be provided to the foster care/relative provider. The direct worker must complete the DHS-668 with the foster care/relative provider within 30 calendar days of the DOC decision. The DHS-668 is required for every DOC form completed and must be uploaded in MiSACWIS along with the signed DOC form.

Administrative Review Process

If the foster care/relative provider disagrees with the DOC determination or is not notified of a decision in a timely manner, an administrative review process must be initiated within 10 business days of the DHS-668 signature date.

For PAFC supervised family foster care, the agency must initiate the request for the administrative review on behalf of the foster parent or relative placement. The foster parent/relative placement has a right to the administrative review. The request must be submitted even if the PAFC provider agrees with the MDHHS' decision.

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 DOC, as determined by FCD.

Note: The Business Service Center (BSC) director's decision on a DOC level IV is final and not eligible for the administrative review process.

Placement Agency Foster Care (PAFC) Supervised Process

If the foster parent/relative provider signs the DHS-668 requesting an administrative review, the following steps are to be taken.

1. PAFC supervisor requests an administrative review on behalf of the foster parent/relative provider by submitting the DHS-669 to the MDHHS worker's supervisor. This request must be sent within 5 business days of receipt/request by the foster parent/relative provider.
2. The local MDHHS office has 10 business days from receipt of the DHS-668 to review the DOC assessment and complete the DHS-669, Local MDHHS Response to Administrative Review Request for Determination of Care Denial, form. If, after review, the local MDHHS office now agrees with the foster parent/relative provider, the local MDHHS office must authorize all necessary changes to the assessment and payments. No further administrative review action is necessary. A new DHS-668 is required to reflect the approved rate.

3. If the local MDHHS office agrees with the original assessment the local MDHHS worker's supervisor must forward the DOC assessment, DHS-668 and DHS-669 to FCD at mdhhs-federalcompliance@mdhhs.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, FCD Decision to Administrative Review Request for Determination of Care (DOC) Denial, form.
5. Once an FCD decision is received, the local MDHHS office must implement any change in DOC, as determined by FCD.

State Agency Supervised Process

If the foster parent/relative provider signs the DHS-668 requesting an administrative review, the following steps are to be taken.

1. The MDHHS foster care worker submits the DHS-668 to their supervisor.
2. The local MDHHS office has 10 business days from receipt of the DHS-668 to review the DOC assessment and complete the DHS-669, Local MDHHS Response to Administrative Review Request for Determination of Care Denial form. If, after review, the local MDHHS office now agrees with the foster parent/relative provider, the local MDHHS office must authorize all necessary changes to the assessment and payments. No further administrative review action is necessary. A new DHS-668 is required to reflect the approved rate.
3. If the local MDHHS office agrees with the original assessment the local MDHHS worker's supervisor must forward the DOC assessment, DHS-668 and DHS-669 to FCD at MDHHS-federalcompliance@mdhhs.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, FCD Decision to Administrative Review Request for Determination of Care (DOC) Denial form.
5. Once an FCD decision is received, the local MDHHS office must implement any change in DOC, as determined by FCD.

Determination of Care (DOC)-Level IV

If the child's DOC level meets or exceeds level III on the DHS-470, DHS-470A, or DHS-1945, the foster parent/relative provider and supervising agency/MDHHS staff may request an exception for a level IV child specific DOC supplement.

Level IV DOC supplement requests require BSC director or designee approval. Approval must be based on the results of the DHS-470, DHS-470A or DHS-1945, and documentation submitted with the request. Level IV DOC requests are used to reimburse the foster care provider for meeting the child's extraordinary care needs. The DOC level IV is a rate approved by the BSC director or designee. The maximum allowable foster parent/relative DOC supplement is \$80 a day.

The request for approval must be submitted in MiSACWIS using the DHS-470, DHS-470A or DHS-1945, documenting the extraordinary care and supervision required, and **detail how the reimbursement amount was determined**. The request must include a description of any other services and payments being provided for the child's care; for example, assisted care, nursing services, day care, etc. Activities completed by another person cannot also be included in the DOC assessment.

Example: Assisted care provider is in the home for eight hours per day to assist with feeding. The foster parent cannot also claim eight hours of feeding assistance.

Copies of the documentation supporting the DOC supplement must be scanned into MiSACWIS and attached to the DOC task within the service authorization and in the child's case record.

Note: Documentation may include any of the following:

- Hospital/medical records/doctor's statement(s).
- Psychiatric evaluation.
- Psychological evaluation.
- Initial service plan/updated service plan.
- Foster care provider logs.
- School records/evaluations/individual education plan.
- Institutional discharge summaries.

Following the BSC Director's approval, the request must be routed by either the MDHHS local office or the BSC to the Federal Compliance Division to process payments.

Note: Reauthorization requests for DOC level IV must be submitted 30 calendar days in advance of the expiration of the prior authorization to ensure adequate review time.

WAIVER FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE (SED WAIVER)

Community Mental Health and MDHHS determines eligibility and approval for the SED Waiver. A foster parent or a relative who is receiving foster care payments for a child enrolled in the SED Waiver Project is eligible for the \$50 per diem. The SED Waiver approved rate is only applicable to foster care payments.

Once the local MDHHS office receives notification from the Waiver Support Application (WSA) of the child's eligibility for the SED Waiver the worker must route the DHS-1254, SED Waiver Foster Home Payment Request and Approval, to the behavioral health analyst in the Child Welfare Medical Unit for approval and signature. The behavioral health analyst will approve and route the service authorization to FCD for final approval.

Note: Children receiving the additional rate for the SED Waiver are not also eligible for a DOC or a treatment foster care rate.

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 homes have a standard daily maintenance rate of \$75. The approval for treatment foster care placement is requested through the placement exception request screens in MiSACWIS. 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 also eligible for a DOC or SED Waiver rate.

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 parent are **not** eligible for title IV-E funding or for an individual foster care payment. Even though the court may have taken jurisdiction, these children have **not** been removed from the home of their parent. Payments to the foster family/relative for the care of these children are to be included in the parent's placement service authorization as a ward child add on cost. A separate placement service authorization is not to be initiated.

Case Service Payments

When case service payments are needed for the youth parent's child, the case service must be authorized using the youth parent's information in MiSACWIS. See [FOM 903-9, Case Service Payments](#).

Holiday Allowance

A holiday allowance is not auto-generated for the youth parent's child. 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 foster parent/relative (or agency if appropriate).

If an initial clothing is necessary, a case service authorization for the initial clothing allowance can also be requested in MiSACWIS. The case service authorization for the initial clothing order is to be issued in the youth parent's name with the notation in the comments section that this is the initial clothing allowance for the child of the youth parent.

Note: No treatment/administration rate or DOC is paid for the youth parent's child. A child's maintenance rate is included for each child. A Family Independence Program (FIP) grant for the child's personal needs cannot be established.

Child's Medical Assistance Eligibility

It is necessary to establish a medical assistance (MA) case for the youth parent's child(ren). Bridges Eligibility Manual (BEM) item 145 states that a newborn is automatically eligible for MA the month of birth if, for his/her date of birth, his mother is eligible for MA and receives MA coverage. Automatic eligibility may continue through the month of the newborn's first birthday; see [BEM 145, Newborns](#).

A newborn who meets the above criteria is eligible for MA. The foster care worker or foster parent/relative provider should 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 foster parent/relative 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.

Independent Living for youth age 18 or older with children

Independent living (IL) payments cannot be authorized to the youth parent if he/she is receiving FIP assistance for themselves. If a youth parent, age 18 or older, and his/her 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 his/her child(ren). If MiSACWIS shows an error and will not allow FIP and IL payments in the same month, route the placement service authorization to the Federal Compliance Division in MiSACWIS.

**Youth Parents
under the age of 18**

Independent living (IL) payments cannot be authorized to the youth parent if he/she is receiving FIP assistance for themselves. This policy, located in BEM 201, applies to youth parents under the age of 18 with dependent children in their care. If the youth parent and his/her child(ren) are not living in a licensed foster care situation, they must reside in an adult supervised setting to qualify for FIP. The youth parent may apply for a FIP grant for their child(ren). If MiSACWIS shows an error and will not allow FIP and IL payments in the same month, route the placement service authorization to the Federal Compliance Division in MiSACWIS.

**PURCHASED CARE
PAYMENT
AUTHORIZATION
PROCEDURES**

The Michigan Department of Health and Human Services (MDHHS) will authorize payments to an agency for care and services only if a completed DHS-3600, Individual Service Agreement, exists. Efforts must be made to ensure that the DHS-3600 is completed at placement, but no longer than within 30 days of the placement. If the DHS-3600 is not signed on the effective date, the effective date should be indicated on the approved agreement. The rates for child caring institutions and placement agency foster care (PAFC) providers are located on [FOM 905-5, Rates for Child Care Institutions and PAFC Providers \(A-Z\)](#), and at [Residential, Foster Care, and Adoption Rates](#). Payment will be made by MDHHS for authorized rates and only when the purchased care payment procedures outlined within this section of the manual are followed.

**Purchased Family
Foster Care
Licensed
Placement Agency
Foster Care
(PAFC) Provider**

The 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.
- Payment of post placement (or aftercare) services. Payments for trial home visits can be paid outside of MISACWIS through the Federal Compliance Division (FCD). There is to be no payment of a treatment/administration rate from MISACWIS after a youth has returned home.

Note: The treatment/administration rate and the maintenance rate are displayed separately and totaled on the DHS-659 which can be printed from MISACWIS.

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.

Purchased Family Foster Care When a Child Is Placed in an Unlicensed Relative Placement

Title IV-E eligibility requires that the child's placement be licensed. Title IV-E cannot be used to fund a child's placement in an unlicensed relative placement.

When the child is a state ward (MCI, Act 220, Act 296, or Delinquent, Act 150) state ward board and care funding may be used to pay cost of care in an unlicensed relative placement including the treatment/administration rate. When the child is a court ward, limited term fund source is used. Requirements related to licensing 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 home, title IV-E funding cannot be used until the home is licensed. Once licensed, retroactive title IV-E payments can be made back to the effective date of the license 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 he/she 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 the Federal Compliance Division for payments to be authorized in MISACWIS for these situations. If another fund source was used, reconciliation action in MISACWIS must be completed.

Purchased 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 MISACWIS.
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 MISACWIS. 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 is only possible 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**

Cross-program placement of an abuse/neglect youth into a juvenile justice residential facility requires written or verbal consent 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 the placement of a juvenile justice youth in a contracted abuse/neglect program see [JJ7-700, Juvenile Justice Assignment Unit Placement Process](#) and [FOM 722-03E, Placement Exception Requests and Approvals](#).

TEMPORARY BREAK

Placement with a paid placement provider is on a continuous basis. 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 MiSACWIS 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 does not need to be created.

Bed Hold Payments

Bed hold payments are only to be made to placement providers who were receiving maintenance payments prior to the temporary break. 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 detention, jail, or psychiatric hospital placements. 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 authorized 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 authorized from the child's alternate fund source.

All bed hold payment requests must be submitted by the supervising MDHHS or placement agency foster care (PAFC) worker to MDHHS-federalcompliance@mdhhs.state.mi.us using the MDHHS-5406, Bed Hold Payment Request. If approved, the Federal Compliance Division (FCD) will add the manual payment request into MiSACWIS.

Temporary Break from a Shelter Placement

Bed hold payment requests from a shelter placement must be first approved by the Regional Placement Unit (RPU) director or designee; Kent County requests must be first approved by the West Michigan Partnership for Children (WMPC). Approval must be obtained in writing on the MDHHS-5406, Bed Hold Payment Request. The primary caseworker must send the request to the RPU mailbox MDHHS-Regional-Placement-Unit@mdhhs.state.mi.us or to the assigned WMPC care coordinator, with the subject line "Shelter Bed Hold Request" prior to submission to FCD for payment. FCD cannot process bed hold payment requests without RPU or WMPC approval. If approved, FCD will add the manual payment request into MiSACWIS.

AWOLP/Detention/ Jail

Bed hold payments for AWOLP, detention, and jail are limited to a **maximum** of five days. AWOLP includes trancies and escapes. Placement must be updated in MiSACWIS to AWOLP, detention, or jail effective the first date of the AWOLP, detention, or jail placement.

- 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 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 [JJ 722-03A Absent Without Legal Permission \(AWOLP\) & Escape](#) for more information.

- The bed hold payment request may include the Determination of Care (DOC), independent living stipend, and administrative or residential rate if applicable.

Example: A child runs away from his/her foster home and is AWOLP for nine calendar days, then returns to that same foster home. A bed hold may be paid for five days using the fund source that was effective the day before the temporary break began.

Example: A youth residing in a Child Caring Institution (CCI) is arrested and detained in jail for 5 days. The CCI refuses to take the youth back when she/he is released from jail. No bed hold may be paid for this period.

Medical and Psychiatric Hospitalization

Medical or psychiatric hospitalization in which the foster parents/relatives, PAFC staff (if assigned), and/or CCI staff continues active involvement are eligible for a bed hold payment. Active involvement efforts must be documented on the MDHHS-5406. The placement must be changed 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 days or less.

Temporary break of six to 14 days:

- The county director must provide written approval on the MDHHS-5406 to request the bed hold payment for more than a five-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:

- Payments for a CCI, determination of care (DOC) supplements or any PAFC administrative rates above the general foster care administrative rate cannot be approved beyond 14 calendar days.
- The county director may approve payment of the age appropriate rate and the PAFC general foster care administrative 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.

POLICY CONTACT

Questions about this policy item may be directed to the [Child Welfare Policy Mailbox](#) or [MDHHS Federal Compliance Mailbox](#).

**PAYMENTS
REQUIRING
SPECIAL
PROCESSING**

Occasionally there are placement situations which require special processing. This section 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 approval and are paid by Medicaid.

Exception: When a youth 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 MDHHS Interstate Compact Office; see [ICM 110, Interstate Compact on the Placement of Children Requirements](#).

When a child is placed, or a court orders placement out-of-state prior to the Michigan Department of Health and Human Services (MDHHS) Interstate Compact Office approval, the caseworker, in conjunction with the county director, Business Service Center Director, the Interstate Compact Office, and the MDHHS Children's Services Legal Division, 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 110, Interstate Compact on the Placement of Children Requirements](#).

Youth in Out-of-State Child Care Institutions

Out-of-state placements must be approved by the Interstate Compact Unit, 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, Interstate Compact Report on Child's Placement Status, 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, Developing the Service Plan](#).

Local office staff are to:

- If the provider is not previously enrolled as a paid provider, complete a DHS-2351X, Provider Enrollment/Change Request, and submit it to FCD at mdhhs-federalcompliance@mdhhs.gov.
- Authorize the placement service in MiSACWIS and route it to the Federal Compliance Division (FCD).

Note: Out-of-state tuition costs are authorized for state wards only as a case service authorization in MiSACWIS. 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:

- If the provider is not previously enrolled as a paid provider, complete a DHS-2351X, Provider Enrollment/Change Request, and submit it to FCD at mdhhs-federalcompliancedivision@michigan.gov.
- Authorize the placement service in MiSACWIS and route it to the Federal Compliance Division (FCD).

Youth in Adult Foster Care Home

Payment for wards 16 years of age and older in adult foster homes is made from the appropriate child foster care fund source, such as state ward board and care funds for state wards and county child care funds for court wards. **Title IV-E funding cannot be used for youth placed in an adult foster care home.** Payments are made monthly as a case service authorization in MiSACWIS and entered by FCD. **Unless the child is already receiving SSI, an SSI application is to be initiated following the instructions in [FOM 902-10, SSI Benefits Determination](#).**

The rate is the same paid 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 adult foster care 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 adult foster care homes.

State wards attaining age 18 must have plans formulated for an orderly transfer to the Adult Foster Care program no later than the mandatory discharge age of 19. Payments for youth in adult foster care 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 adult care home are made as a case service; see [FOM 903-9, Case Service Payments](#).

Living with Relatives

Note: 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 903-3, Payment for Foster Family Care](#) and case service payments; see [FOM 903-9, Case Service Payments](#). Unrelated caregivers must be licensed as foster parents to receive 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 state ward board and care 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](#).

There is **no payment** of placement agency foster care (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 state ward board and care funds.

Non-Contracted Placement

Placement of a ward with a non-contracted placement agency foster care (PAFC) provider or child caring institution (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 Department 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 MiSACWIS.

Pre-ten Waiver

Pre-ten waivers must be requested for any child under the age of 10 placed in a Child Caring Institution (CCI). The Placement Exception Request (PER), must be completed and approved by the Business Service Center (BSC) director or designee for pre-ten waivers in MiSACWIS prior to payment being made. Once the PER is approved by the BSC director, route the placement service authorization to FCD.

Independent Living Payments

The 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 placement agency foster care (PAFC) provider - called network in MiSACWIS.
- 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 worker assigned to the case.

Youth placed in independent living and supervised directly by the MDHHS worker 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 Social Security 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 MiS-ACWIS. 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 worker to reduce the maintenance rate and enter the amount as budgetable income in MiSACWIS. 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 in central office.

INTRODUCTION

Case service payments are for specific services that are not included in the child's daily maintenance rate. The following procedures are for case service payments (formerly referred to as non-scheduled payments) entered into MiSACWIS.

CASE SERVICE AUTHORIZATION

Several special services may be authorized for payment as specified in this policy item. Payments for these items will in most cases be made to the paid placement, agency providing care for the child, or provider of the service and are to be authorized in MiSACWIS.

All case service authorizations **must** be created **prior to case closure**. Once payment documentation is received, the manual payment can be created. MDHHS does not pay for late fees, finance charges or interest on the unpaid balance.

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 worker must make every effort to obtain available clothing from the child's own home or previous placement. **Clothing payments are only to be made to placement providers who are also receiving maintenance payments.**

Initial Clothing Payment

An initial clothing allowance is to provide needed clothing one time per removal episode for a child in a paid placement. If the DHS-3377 clothing inventory reflects that the child is in need of clothing items, an initial clothing allowance case service must be created effective the date on the signed DHS-3377. The initial clothing allowance is only paid for a DHS-3377 effective the child's first 30 calendar days of the removal episode.

Example: A child is removed and placed into a paid placement on 6/1. The DHS-3377 is completed and signed by the placement on 6/5. The worker would create an initial clothing allowance case service for the effective date on the DHS-3377. The case service is

expected to be created within the child's first 30 calendar days in the paid placement.

Example: A child is removed and placed into a paid placement for three days. The child is then moved to a different paid placement. 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](#) and listed below. The correct service code based on the age of the youth 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
Ward child	\$210	0804

Initial clothing payments are to be a supplement only. It is **not** an automatic allowance for every child entering care. The DHS-3377 must be completed, uploaded to the documents hyperlink on the service authorization, and filed in the child's case file to document need.

The portion of the placement's daily maintenance rate intended for clothing is for incidental clothing needs through the year; see [FOM 905-3](#) for amounts. This amount is provided to the placement to maintain the standards listed on the DHS-3377.

The Semiannual Clothing Payment

The semiannual clothing payment is made automatically twice per year for 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 semi-annual clothing allowance does not require a clothing inventory to be completed nor receipts provided.

Note: The worker does **not** need to initiate a case service authorization for this automatic payment.

Youth in the Young Adult Voluntary Foster Care (YAVFC) program receive payments for their ward child(ren) through their own independent living service authorization. The semiannual clothing payment for their ward children must be manually added as case services.

Special Clothing Authorizations

Special clothing authorizations are approved only in exceptional situations and for emergencies. Some allowable circumstances are:

- Fire, flood or other natural disaster.
- Excessive weight gain or loss with a documented explanation. This includes due to pregnancy and/or following the birth of a child.
- Re-removal or placement change without sufficient clothing. This requires a new DHS-3377 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.

Note: Growth spurts and wear and tear on clothing are expected reasons that 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 must be uploaded to the documents hyperlink on the service authorization and filed in the child's case file. The case service authorization effective date is at the top of the DHS-3377. The case service authorization must also contain the reason for the special need. The service authorization must be routed to FCD for final approval. The worker can then add the manual payment.

Special clothing authorizations must not exceed the maximum amounts listed in [FOM 905-3](#). 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
Ward child	\$210	0824

Note: Both child caring institutions (CCI) and placement agency foster care (PAFC) providers shall assure that each child has an adequate wardrobe which includes at least those items as defined by the DHS-3377 while in placement and upon leaving placement. **Appropriate clothing must be considered the property of the youth and a concerted effort must be made to move all clothing with the youth when a change in placement is made.**

HOLIDAY ALLOWANCE

Service Description 0898.

The holiday allowance payment is only to be made to placement providers who are also receiving maintenance payments.

Each foster child in a paid placement on November 30 of each year is eligible to receive a holiday allowance of \$25. This is a personal incidental for the child. This allowance will automatically be paid to

the placement provider on the first payroll following December 1 each year.

This payment is made for all youth in a paid placement including but not limited to foster families, paid relative placements, CCIs and independent living placements.

The payment is not automatically generated for a foster care youth's child who is placed with in the same home with them. This can be added as a case service, and an email sent to MDHHS-federalcompliance@mdhhs.state.mi.us to request the manual payment.

SCHOOL TUTORING

Service Description 0805

School tutoring cannot be paid from title IV-E funds.

School tutoring payments are only to be made to placement providers who are also receiving maintenance payments.

Educational services must be provided by the local school district.

Some tutoring that the school district is not required to provide under the Special Education Act may be provided to children, age seven and older, in family foster care. This tutoring must be for the purpose of assisting a student with a class(es) they may be at risk of failing and recommended in writing by the child's teacher. The teacher must identify the subject(s) in which the student needs assistance and an estimate of the length of time tutoring will be needed.

Tutoring must occur outside of regular school hours and must not exceed 10 hours per week, with a maximum rate of \$30 per hour. The foster parent or relative placement 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 some college courses in the area they are tutoring, and must also pass a central registry check.

A request by a foster parent/relative or PAFC provider for the case service authorization of tutoring must be submitted. This case service is not allowable for children placed in a CCI.

Tutoring must be pre-approved by the supervisor. The following documents must be provided to the supervisor prior to the approval:

- A memo with approval begin and end dates.
- The foster parent/relative request.
- A letter from the teacher/school.

After such approval, one case service may be authorized for the approval time period from the child's maintenance funding source. Upon receipt of a bill or invoice from the tutor which itemizes dates, hours of tutoring and rate, a manual payment would be added. The bill or invoice must be uploaded to the documents hyperlink on the manual payment and maintained in the case file.

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/semester at a time. A progress report from the child's teacher which evaluates the results of continued tutoring must be provided to the local MDHHS office. Additional tutoring services may be approved if the teacher's progress report indicates the need for continued remedial assistance and an estimate of the additional amount of time needed.

The costs of private school tuition, advanced placement fees, etc. are not tutoring and are not case service authorization reason. If the expense is beyond the financial scope of the child and the provider, efforts must be made to obtain funding through community resources or [FOM 950, Youth in Transition](#).

SUMMER SCHOOL

Service Description 0836

Summer school cannot be paid from title IV-E funds.

Summer school payments are only to be made to placement providers who are also 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 MiSACWIS 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 on the manual payment and maintained in the case file.

Reimbursement is made directly to the foster parent/relative, placement agency foster care (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 only to be made to placement providers who are also receiving maintenance payments.

The expense of a driver's education course may be paid for a **youth who is at least 15 years of age**. Payments for driver's education cannot be authorized directly to the driving school. The maximum amount the local office can authorize is \$300. Only one case service authorization may be completed by the local office. The documentation from the driving school detailing the cost of the service must be uploaded in the documents hyperlink on the case service authorization and filed in the youth's case file.

Note: If the local office completes an authorization for \$250 for segment 1 and now needs to authorize \$50 for segment 2, route the case service authorization for segment 2 to FCD in MiSACWIS 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 youth meets the eligibility requirements; see [FOM 950, Youth in Transition](#).

GRADUATION EXPENSES

Service Description 0806

Most, if not all, educational needs should be provided by the school district. However, graduation expenses such as class rings, senior pictures, prom attire, and announcements, may be reimbursed by entering the case service authorization in MiSACWIS. Each of the following requests are completed separately. Only two separate requests can be completed for a maximum of \$100 per request.

- **Tuxedo rentals and dress purchases** are reimbursable for youth attending their senior prom. This can be processed by the local office in MiSACWIS for up to \$100. For expenses over that amount, Youth in Transition (YIT) funds may be utilized provided the youth meets the eligibility requirements; see [FOM 950, Youth In Transition \(YIT\) Program](#).
- **Senior cap and gown rental and other incidental graduation expenses**, including announcements, can be reimbursed. This can be processed by the local office in MiSACWIS for up to \$100. For expenses over \$100, YIT funds may be utilized provided the youth meets the eligibility requirements; see [FOM 950, Youth In Transition \(YIT\) Program](#).

Service Description 0830

- **Class rings** are reimbursable for a youth in grades 10-12. This can be processed by the local office in MiSACWIS for up to \$100. YIT funds may be utilized for amounts over \$100, provided the youth meets the eligibility requirements; see [FOM 950, Youth In Transition \(YIT\) Program](#).
- **Senior pictures** may be reimbursable under YIT funds provided the ward is YIT program eligible; see [FOM 950, Youth In Transition \(YIT\) Program](#).

MEDICAL EXPENSE

Service Description 0825

Most medical treatment for children in foster care is a benefit through the Medicaid (MA) program. Some medical services not eligible through MA may be available.

Medical needs not covered by MA cannot be paid from title IV-E funds. Medical expense payments are only to be made for children who are also receiving maintenance payments.

Prior to submitting requests for reimbursement of any medical expenditures, other resources such as private medical insurance, Children's Special Health Care or MA should **always** be pursued.

Prior approval from FCD is required for any expense exceeding \$250. These are two examples of common medical expenses:

- **Glasses** - (and other non-MA approved corrective appliances). This is not to be used for frame upgrades, 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. The efforts to try an alternative prescription or obtain an MA exception by the prescribing doctor must also be documented in the case service authorization. This is not intended to be a monthly expense or include over the counter medications; see [FOM 903-3, Payment for Foster Family Care](#). Efforts must be made to utilize MA covered prescriptions.

Documentation of the following must be uploaded to the documents hyperlink on the case service authorization routed to FCD in MiSACWIS and maintained in the case file:

- Need for the medical service and/or item.
- Reason why other resources could not be utilized, such as MA denial/rejection reason notice.
- Receipt for item purchased or estimate detailing cost.

Note: Reimbursement to the foster parent directly is only available if the item has already been purchased and requires a paid receipt. The preferred avenue of payment is to issue the payment to the medical provider or PAFC directly.

**DENTAL
TREATMENT****Service Description 0826**

Dental treatment payments are only to be made for children who are also receiving maintenance payments. Most dental treatment for children in foster care is a benefit of the MA program.

Dental needs not covered by MA cannot be paid from title IV-E funds.

When needed dental services cannot be provided through MA funding, prior approval from FCD is necessary for expenses that exceed \$250. This request and the following documentation are to be submitted to FCD:

- Narrative by the worker explaining the effect the dental need has on the child's physical, psychological and social functioning.
- Documentation from the dental provider detailing the need for the dental service and/or item.
- Reason why other resources could not be utilized, such as a MA denial/rejection reason notice.
- Estimate detailing cost.

**ORTHODONTIC
TREATMENT (STATE
WARDS ONLY)****Service Description 0826**

Orthodontic treatment payments are only to be made for children who are also 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 Department of Community Health's Children's Special Health Care Program.

Payment to cover the cost of obtaining an estimate and/or records for orthodontic treatment may be authorized to the medical provider without prior approval in MiSACWIS. 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.

1. 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).
2. A written memo must be submitted to FCD that includes a narrative by the worker addressing the following:
 - The effect the orthodontic need has on the child's physical, psychological and social functioning.
 - The permanency plan for the child.
 - How treatment will continue if the child is adopted, changes placement, or is discharged from the system.
 - Payment arrangements must be negotiated with the orthodontist and included if not detailed on the treatment plan from the dental provider. The payment arrangements must include:
 - Breakdown of down payment due after the initial treatment has begun. The down payment is typically 20-25 percent of the total cost. Quarterly payments due to the provider, with amounts spaced over the length of the expected treatment.

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 MiSACWIS 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 worker and supervisor with bill.

- \$1,000 down payment following the appliances being placed.
- Seven quarterly payments of \$500.

The memo **must** contain a typed name and title for signature by the local office director or designee and FCD if the request is for \$5,000 or higher. If approving this request as the local office director designee, this must be indicated on the memo. The approval memo must be attached to the case service authorization.

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 above memo must be approved by the local office director or designee.

If the request is for \$5,000 or higher, the above memo, treatment plan and estimate must be submitted to FCD for pre-approval.

3. The dental provider must be enrolled in Bridges by submitting the DHS 2351, Provider Enrollment/Change Request, to FCD prior to payment(s) being authorized.
4. A copy of the memo must be given to the orthodontist once approved.
5. If a state ward is expected to be adopted during the course of the orthodontic treatment, the worker must consult with the adoption worker 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 MiSACWIS 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 that the necessary application is made and processed for medical subsidy. Otherwise, the foster care worker 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 for anyone but the child cannot be paid with title IV-E funds. The maximum allowable amount for a psychological evaluation is \$500. The case service authorization request must have the worker and supervisor approval. An exception to the \$500 maximum may be granted based on specific child needs and supervisor approval.

Note: The DHS-93, Examination Authorization for Services, may also be used for other case members; see [SRF 800, DHS-93 Medical Service Authorizations](#).

For YIT eligible youth seeking services after their foster care or juvenile justice case closed, but before age 21; see [FOM 950, Youth In Transition \(YIT\) Program](#).

TRANSPORTATION

Transportation reimbursements are only to be made for children who are also receiving maintenance payments.

**Medical
Transportation**

Medical transportation payments cannot be made from MiSACWIS as a transportation payment. To receive payment the transportation must meet the definition of Essential Medical Transportation to be funded by Medicaid; see [BAM 825, MA Transportation](#).

If the transportation does not meet essential medical transportation criteria or the BAM 825 is not followed, an exception to policy may be requested by emailing MDHHS-federalcompliance@michigan.gov.

**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/Child
Visitation for a
Parent
Transportation
Reimbursement**

The State of Michigan does not have an established fund source for the payment or reimbursement of transportation costs for parents to attend parenting time. Payment of transportation cost for a parent to attend parenting time with a child is not paid within MiSACWIS.

MDHHS Supervised Cases

Payment of transportation costs for a parent to attend parenting time may not be made from any of the following fund sources:

- Title IV-E.
- Child Care Fund (CCF), unless it is identified in the county's annual plan and budget.
- Limited term/Emergency/General funds.

If available, local MDHHS offices may utilize Strong Families/Safe Children (SF/SC) flexible funds for transportation assistance to and from time-limited reunification services, which may include parenting time, when a transportation need has been identified. The need must be documented in the case service plan. Payment requests are made on the MDHHS-5602 with the SF/SC Time Limited Reunification SIGMA 491xx4299. SFSC program standards can be accessed on the Bureau of Grants and Purchasing site for further information.

Placement Agency Foster Care (PAFC) 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

Parent/Child Visitation Service Description 0809

Sibling Visitation Service Description 0819

Note: Child care fund (CCF) source **cannot** be used for sibling visitation. Limited term/emergency funding must be utilized for a child with a CCF fund source.

All reimbursable transportation expenses and rates are to be based on Michigan Standardized Travel Regulations currently in effect.

The fund source for the transportation case service is the same fund source that is approved for the child's maintenance payments.

The foster parent may be reimbursed for multiple trips in one day if they return home and do not remain for the duration of the visit. 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 drives the child 15 miles from their home to the approved destination. The foster parent returned home and then later returned to pick up the child. The total miles the foster parent can claim is 15 each way to take the child and 15 each way to pick up the child for a total of 60 miles.

Mileage reimbursement requests should be submitted monthly by the foster parent. One request can be made for siblings if they are visiting the same location(s). If the same foster parent is transporting multiple children, the miles cannot be claimed more than once.

Note: Pre-approval is required for all round-trip travel over 150 miles. All pre-approvals must be renewed every quarter (90 calendar days). Caseworkers must submit pre-approval requests by

completing a MDHHS-5822 and submit to the FCD email at mdhhs-federalcompliancedivision@michigan.gov at least 24 hours prior to the anticipated date of travel. The email must include the subject line 'Visitation Mileage Exception Request'.

Caseworker Role in Mileage Reimbursement

1. Determine the maximum number of visits according to the parenting time/sibling visit plan for a period of time in which the visits should remain the same frequency at the beginning of the period.

Example: For the next 90 days weekly visitation is to occur; there are 12 weeks scheduled in the next 90 days.

2. Determine the maximum number of miles per round trip using MapQuest or Google Maps detailing round trip mileage expected for travel and save document.
3. Enter the case service in MiSACWIS and route for supervisory approval.
4. Navigate to the Service Authorization Document hyperlink and upload MapQuest or Google Map saved document. Transportation is a service that can be entered for any period of time, however, during the period of time 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.
5. Transportation can be entered for a quarter, then the caseworker must complete the case service four times per year. The transportation can also be entered monthly, then the caseworker must enter the case service 12 times per year.
6. Upon receipt of the request for mileage reimbursement, the caseworker must:
 - Review the foster parent's mileage documentation for accuracy.
 - Enter the manual payment for the period of reimbursement and upload the foster parent mileage reimbursement request to the document hyperlink that appears when you apply prior to save/close to support the payment being

issued. A manual payment can be entered for a different period of time than the service authorization to pay the provider more frequently.

- Reimburse the provider within 30 days from the receipt of the request.
7. PAFC providers must route mileage requests to the MDHHS monitoring worker.

Foster Parent Responsibilities

Mileage logs should be submitted monthly by the foster parent after the travel has occurred. The foster parent must include the following details in the log:

- Child(ren)'s name(s).
- Dates of travel.
- Addresses of starting location of travel and ending location of travel.
- Number of miles traveled.

School Transportation Payment Process

Service Description 811 - Educational Stability

If it has been determined to be in the child's best interest to remain in his/her school of origin despite being placed in a foster home 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](#), for further details.

Options for transportation include, but are not limited to:

- Working with the school district to re-route school buses.
- Mileage reimbursement to foster parent or other approved volunteer driver.
- Public transportation.

Foster parent/caregiver expenses for reasonable travel accommodations, such as public transportation, will be reimbursed at actual cost. Mileage rates will be reimbursed at the Department

of Technology, Management and Budget (DTMB) standard 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 on a monthly basis to the foster care worker. The foster parent must submit a memo and supporting documentation which include the following:

- Child(ren)'s name(s).
- Date(s) of birth.
- Dates of travel.
- Number of miles traveled.
- Amount to be reimbursed.
- A map printout indicating the distance to the approved destination or the actual cost of the alternate means of transportation (receipts required).

Once the caseworker receives the transportation reimbursement request, they must create the case service and obtain necessary approvals. 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 (CCI) Transportation

If the transportation is for a child placed in a CCI, that CCI is responsible for **all** costs of transportation. The cost is included in the established per diem reimbursement rate see [JJ2 275, Transport and Wards Meal Reimbursement](#).

Travel for Out-of- State Placement

This travel must be arranged through the Interstate Compact 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 in a foster home. Assisted care is to be based on the care needs of the child.

Assisted care services may be approved for a foster parent or paid relative placement to assist with a child with complex and continuing medical maintenance issues until ongoing care and/or service can be obtained through the Medical Assistance program. Assisted care can also be utilized to prevent hospitalization or a residential care placement of the child.

Assisted care is available for youth with a determination of care (DOC) Level II or above. This case service authorization can be entered into MiSACWIS by the local office. Local office director approval is required. The case service authorization is to be linked directly to the foster parent or placement agency foster care agency, **not** to the assisted care provider.

Assisted care for a child not eligible for payment through SWBC payments may be covered by CCF, if the child is a court ward and the county approves the service.

Other examples of a child's needs that would be appropriate for assisted care are:

- A pattern of broken placements or indications that a child may have a pattern of broken placements.
- Severe attachment issues.
- Severe oppositional/defiant behaviors.
- Ongoing risk of destruction of property.
- Self-injury.
- Severe enuresis, encopresis, or fecal smearing.
- Fire-setting.
- Violence toward foster parents or other children.

- In school educational assistance until available through the school district.
- Other ongoing behaviors not manageable by only the foster family.

A written case plan must be in place which explains the:

- Supervision and daily living needs of the child.
- How the assisted care is meeting the needs of the child.
- A log of times and places of the assisted care activity.
- Narrative description of the success or failure of the assisted care.
- Process and procedures used to phase out assisted care.

Assisted care is **not** an appropriate substitute service for child care needed, because the foster parent or licensed relative works, goes to school or volunteers. Child care payments may be available through MDHHS's child care program for employment or education leading to a high school diploma, when a completed application is submitted and all eligibility criteria are met.

Examples of other situations in which payment would **not** be appropriate:

- For a caregiver who provides care while foster parents run errands, or other activities outside of the home.
- Foster home **A** provides temporary relief to foster home **B**. This could be a day, night, weekend, or week. This would be handled by foster home **B** paying foster home **A** the daily rate for the time involved.
- 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 is as follows:

- The child scores level II or above on the appropriate determination of care (DOC) assessment form (DHS-470, DHS-470A or DHS-1945).
- Prior approval by the local office director (not designee) has been obtained.
- Payments for assisted care are **not** to be included in the determination of care (DOC) supplement.
- The case service is authorized in MiSACWIS upon receipt of billing statement(s) and the daily logs from the assisted care provider and written confirmation from the foster parent of the actual dates and hours of assistance. This documentation must be uploaded to the documentation hyperlink on the case service authorization.
- 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 eight hours per day.
- A local office review for assisted care is to be completed every six months or at the time of the determination of care (DOC) review **and** at every placement change.
- Exception to the maximum allowable payment amounts and hours per day require prior FCD approval.

ONE-TO-ONE SUPERVISION

Service Description 0834

One-to-one supervision is increased supervision and monitoring of a child at a ratio of one monitor to one child to ensure the safety of the child and others. 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 child caring institution (CCI)'s current contracted staff to youth ratio. See [FOM 722-03E, Placement Exception Requests and Approvals](#) for more details regarding this process.

The abuse/neglect 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 MiSACWIS 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 days) can then be created.

One-to-one supervision can only be authorized to an abuse/neglect CCI with a PER approval from the local MDHHS office director and the Division of Child Welfare Licensing (DCWL). If the youth 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 worker monthly. 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 MiSACWIS for approval.

ADULT FOSTER CARE (AFC) PLACEMENT (STATE WARDS ONLY)

Service Description 0837

Adult foster care (AFC) placements cannot be paid from title IV-E funds.

Payment for the basic AFC rate will be made for youth placed in adult foster care (AFC) homes. Payments that exceed the AFC rates established in [ASM-077, ACP SSI/SDA Provider Rates](#), are **not** covered. Route the case service authorization with a monthly bill from the provider to FCD in MiSACWIS for approval; see [FOM 903-8, Payments Requiring Special Processing](#).

EXCEPTIONAL REQUEST

Service Description 0827

This service description can be used to authorize case service payments for other unique situations which require FCD approval, such

as psychiatric hospital overstay, medical transportation not covered by Medicaid, or payment for AFC providers that exceed the established rate. This does not include home remodeling, damages, or excessive phone bills, etc. Email FCD at mdhhs-federalcompliance@mdhhs.state.mi.us with a detailed memo approved by the local office MDHHS director and BSC director and any supporting documentation attached. **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 provider, efforts should be made to obtain funding via community resources.

REIMBURSEMENT TO FOSTER PARENTS OF PRIVATE ATTORNEY FEES

Reimbursement to a foster parent for private attorney fees cannot be paid from title IV-E funds.

The Department of Health and Human Services may reimburse a foster parent for the costs of legal counsel (such as attorney fees) when legal action is taken against the foster parent for injury or damage which:

- Resulted from an action(s) of the foster child.
- Was sustained by the foster child.

The foster parent must be licensed under 1973 PA 116 and must be acting within the scope of his or her authority as a foster parent. This reimbursement is available to a foster parent licensed by either MDHHS or a PAFC provider. Payment may be made:

- In a civil action only if a judgment for damages is not awarded against the foster parent(s)
- In a criminal action if the 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 at 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 youth's education. These requests must be done in MiSACWIS as a case service authorization with manager approval, then routed to FCD with a bill from the school district attached. The school must be enrolled in Bridges by submitting the DHS 2351, Provider Enrollment/Change Request, at <mailto:mdhhs-federalcompliancedivision@michigan.gov> prior to payment(s) being authorized.

REIMBURSEMENT FOR COUNSELING/ THERAPY

Counseling/therapy cannot be paid from title IV-E funds.

Reimbursement for counseling is not completed in MiSACWIS. Payment for counseling services are submitted by the contractor on the DHS-3469-COUN, Statement of Expenditures to the BSC contract administrator. To be reimbursed by MDHHS, a counseling contractor cannot accept referrals from any source other than MDHHS. Counseling contractors are listed on MDHHSNet under

Office of Contracts and Purchasing (OCP) at <http://inside.michigan.gov/dhs/DeptSites/CentOff/OCP/Pages/default.aspx>. 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 Medicaid 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.

A counselor cannot bill for more than one unit per counseling session for clinical and group counseling. Counselors can only bill for more than one unit for an outreach session if the referral expressly permits it and specifies the maximum number of units that can be billed per session. A counselor cannot bill for missed appointments.

See https://www.michigan.gov/mdhhs/0,5885,7-339-71551_7199_17182---,00.html for more information about counseling contracts.

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 caseworkers 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 MiSACWIS.

- MDHHS office submits a MDHHS-5602, with a copy of the application and submit to 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.
- InvoiceMDHHS@michigan.gov can answer any questions regarding this process.

**REIMBURSEMENT
OF PRIVATE
ATTORNEY FEES TO
REPRESENT
MDHHS/PAFC**

The Michigan Department of Health and Human Services 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 Business Service Center (BSC) director.

BSC Actions

Review local office request. If approved, BSC will request involvement of an attorney general by contacting the Children's Services Legal Division. If denied, BSC will return the request to the local office. If the attorney general declines involvement, 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 BSC and the Children's Services Legal Division.
- 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.

Method of Payment

The BSC will review, approve and process payment requests for non-contracted attorneys.

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 was title IV-E eligible prior to his or her death.

Payments for funeral expenses for wards whose parental rights have not been terminated are the responsibility of the child's family. Families in financial need should be informed of the possibility of the local office resources available to assist with the burial cost of an indigent ward; see [ERM 306, Burials](#).

**MCI
WARDS/FORMER
MCI WARDS**

A Michigan Children's Institute (MCI) ward is a permanent ward of MDHHS, thus the department becomes the parent and has the legal responsibility to handle all arrangements relating to the child's burial. Minor children of an MCI ward or former MCI ward with an active foster care case are also eligible for funeral payments.

If an MCI ward's family is known, the family is to be advised of the child's death. 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.

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-federalcompliance@mdhhs.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 between \$6,000 and \$8,000. The request must include justification for the exception and the reasonable alternatives that were explored. Exceptions will not be granted for costs over \$8,000.

The provider must be enrolled in Bridges by submitting the [DHS-2351-X, Provider Enrollment/Change Request](#), to FCD at mdhhs-federalcompliance@mdhhs.gov.

federalcompliance@mdhhs.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 MiSACWIS. 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 \$600. Service authorizations for gravestone markers must be submitted as a taxable exceptional request in MiSACWIS 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-federalcompliance@mdhhs.michigan.gov prior to payment(s) being authorized.

POLICY CONTACT

Questions about this policy item may be directed to the MDHHS-federalcompliance@mdhhs.michigan.gov email box.

SUPPORT SERVICES TO FAMILIES

Foster Care funds are only to be used to pay for services to the youth and family while they are in care and not when they have returned home except as noted in FOM 901-8, Fund Sources. However, other non-foster care funded services are available to maintain children in their homes or to provide services to help reunite families. These services are described in this policy item.

Family Reunification Program (FRP)

Family Reunification Program (FRP) services are available to families with a child(ren) residing in an out-of-home placement due to abuse or neglect. A court order must exist allowing return of a child(ren) to a permanent family home. A referral may be made to FRP within 30 calendar days prior to a scheduled court hearing where a recommendation for the child(ren) to be returned home will occur. The return home must be planned **within 30 calendar days of the referral** to FRP, **or** if the child(ren) was previously returned home unexpectedly at a court hearing, the referral to FRP is made within 48 hours of the court order. The child(ren) must be in out-of-home placement due to wardship for abuse, neglect, or as a dual ward (in out-of-home placement due to abuse or neglect **and** delinquency). Through various services and supports, FRP aims to help the child(ren) and family achieve and maintain permanency in the family home. FRP services may reduce the risk of further Children's Protective Services (CPS) involvement and out-of-home placement.

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 it is determined that reunification is not appropriate without intensive services. 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. FFM services are designed to support the family unit and to protect the well-being of the child(ren). FFM commits to help increase family safety and support for changes families make to ensure the family remains **safely** intact or that the child(ren) may remain **safely** in the care of their parent/guardian.

Family Reunification Funds

The State Emergency Relief Program and Family Reunification funds may be available to assist families in crisis to stay together or help accomplish an early return home for a child placed in care. The State Emergency Relief Program Manual has guidelines for its use. Instructions for the use of the Family Reunification funds can be found in FOM 722-12, Financial Support.

TUITION INCENTIVE PROGRAM (TIP)

TIP provides tuition assistance and mandatory fee payments for students who qualify to attend college at participating institutions. This includes youth in foster care, state wards, court wards and FIP, MA, SFA and FS-only recipients.

TIP is recognized as a state funding resource for students who wish to further their education and attend college. TIP provides tuition assistance on behalf of eligible students who meet the following requirements:

- **Apply before graduation** from high school or receiving a GED (General Education Development) certification.
- Are **under the age of 20** at the time of graduation or GED completion.
- Are identified by DHS as having met the Medicaid eligibility requirement. Students may be identified as TIP eligible as early as sixth grade, using the 36-month period immediately preceding enrollment in the sixth grade. Medicaid eligibility prior to that 36-month period is not counted. To review the TIP Fact Sheet and a list of participating Michigan institutions, visit this website at http://www.michigan.gov/documents/FactSheetTIP_161201_7.pdf.

The Michigan Department of Treasury will send an application form to the home of each of these identified students. Questions regarding the TIP program can be directed to 1 (888) 4-GRANTS, or visit their website at www.michigan.gov/mistudentaid.

FOSTER CARE RATES

Foster Family Care and Independent Living - Effective 10/1/2012

The following are the approved maintenance payment rates for youth placed in foster family care or independent living:

Daily Rates Paid Biweekly						
Age Group	Room & Board	Personal Incidentals & Allowance	Clothing	Daily Total	Biweekly Total	Semiannual Clothing
00-12	\$13.08	\$2.84	\$1.32	\$17.24	\$241.36	\$107
13-18	\$15.57	\$3.54	\$1.48	\$20.59	\$288.26	\$122
Independent living				\$21.27	\$297.78	NONE

Note: The \$21.27 daily total for independent living includes the semiannual clothing allowance.

Effective on the child's 13th birthday, the maintenance rate is automatically increased.

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-470	\$6	\$11	\$16
Medically Fragile	DHS-1945	\$8	\$13	\$18
Note: Refer to FOM 903-3, Payment for Foster Family Care.				

Note: DOC IV is a negotiated rate up to \$80 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:

Note: 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 903-9, Case Service Payments](#).

Age Group	Maximum Initial Clothing Allowance
00-05	\$210
06-12	\$310
13-18	\$500

Holiday Allowance - Effective 10/1/2001

Each foster child in state paid placement on November 30 of each year is eligible to receive a holiday allowance of \$25. This is a personal incidental for the child. This allowance will automatically be paid to the placement provider on the first payroll following December 1 each year. More information regarding policy requirements can be found in [FOM 903-9, Case Service Payments](#).

**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

http://www.michigan.gov/documents/mdhhs/Residential_Foster_Care_Adoption_Combos_Spreadsheet_516066_7.xls

**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 MiSACWIS 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, Reimbursement for Birth Certificates 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 regarding 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
ALIEN 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 he or she 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 <http://www.uscis.gov/portal/site/uscis/menu-item.5af9bb95919f35e66f614176543f6d1a/?vgnextoid=a936cac09aa5d010VgnVCM10000048f3d6a1RCRD&vgnnextchannel=db029c7755cb9010VgnVCM10000045f3d6a1RCRD>. 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.

PROGRAM OVERVIEW

Legal Requirements

The Social Welfare Act, Act 280 of 1939, MCL 400.1 et seq., gives the Department of Human Services (DHS) responsibility for developing a coordinated system of care for delinquent and neglected/abused children committed to the department. This coordinated system of care includes the appropriate placement of youth in out of home settings. The department is authorized, under the provisions of MCL 400.14- 400.122, to contract with other State or local units of government and private agencies (Contractors). The department has the authority to purchase services under Title IV-B and Title IV-E of the Social Security Act and under provisions of MCL 400.14- 400.122.

Definitions

Department - Department of Human Services.

CIC - Central Intake Committee.

Contractor - State or local units of government, and private contractors that contract with the department.

**RESIDENTIAL CARE
REQUIREMENTS**

When it has been determined, with supervisory concurrence, that placement into a residential setting is necessary, the department and the child caring institution (“Contractor”) have the following contractual responsibilities and procedures which must be followed.

**SERVICES TO BE
PROVIDED****Basic Residential Care**

The following maintenance elements are considered essential to the physical and emotional well-being of children in out of home care and must be provided by the Contractor. If, in the opinion of the department, these are not provided by the Contractor, the department may consider immediate termination of the contract:

Food, shelter, ongoing clothing needs, personal incidentals such as personal allowances and school supplies, routine health, medical and dental care, routine transportation (defined as any travel, including family visitation, required by the child and family for treatment which may not reasonably be provided by the parents or other funding source), supervision of the child, emotional nurturing, and discipline which must not be punitive but must be relevant to the growth and development of the child. Each of these maintenance items must be provided in a degree to which the child and family can experience an environment that is inviting, clean, well-maintained, and meets each child's physical, sustenance, and emotional needs.

Related Services

These are defined as a comprehensive and coordinated set of activities (except for Emergency Shelter Services) concerned with the investigation and resolution of the problems which necessitated the child's out of home placement. The Contractor must provide the following in accordance with the treatment plan for an individual youth:

Psychological Services

Various professional activities or methods provided by a licensed psychologist or a limited licensed psychologist, including individual or group therapy, consultation with staff, administering and interpreting psychological tests, and working with parents.

Note: For delinquent youth referred through the Central Intake Committee (CIC) Process, the Contractor must provide, at least weekly, direct counseling services for each youth either individually or in group sessions.

Psychiatric Services

Various professional activities or methods performed by a medical doctor certified by the Michigan Medical Board in psychiatry. Activities include individual or group therapy, diagnostic interviews with children, and consultation or supervision of department staff.

School Support Services

Individual education assistance to youth, as a supplement to their on-going educational programs, to assist their participation in either basic or educational programs (e.g. tutorial services, educational assessments).

Emergency Shelter Service

These are unique services provided by the Contractor on a short-term basis following a youth's removal from their own home or on-going out of home placement. In addition to Basic Residential Care, services must include a written behavioral assessment of the youth, an assessment of the family and family alternatives, and recommendations for the type of subsequent placement.

Note: These services are not included in all residential contracts. Refer to FOM 915 for information specific to each residential facility.

Legal or Court Related Services

The department must involve the Contractor in matters relating to any legal or court activity concerning a youth in the Contractor's care. If the Contractor is to be involved, the department must provide the Contractor with written reports for court use upon request subject to confidentiality requirements imposed by statute (see SRM 131, Confidentiality - Children's Services).

Note: For CIC youth, the Contractor must cooperate with the department in any legal or court matters concerning the youth. The Contractor must provide primary court testimony, recommendations, and reports to the court as requested by the Court or the department. If court reports and recommendations are requested, they must be sent to the department for review prior to the court hearing.

Note: The Contractor must provide trained staff and must demonstrate a good faith effort to recruit and employ staff which

reflect the racial, ethnic and cultural composition of the Contractor's client population.

**REFERRAL
PROCEDURES**

The Contractor shall accept and act on referrals from the Agency upon receipt of the Agency's referral packet. Any contractor forms or narrative information required on a referral must be completed by Contractor staff from information in the department's referral packet or other sources. (department staff shall not be required to complete application or other Contractor forms for inclusion in the agency case record or department files or for any other purpose.)

Referral Packet

The department's referral packet shall include the following:

- Copy of the commitment order or placement and care order from the court, or appropriate documentation of authorization from the local law enforcement agency.
- Copy of the Initial Service Plan, Updated Service Plan(s), progress report(s), and Termination Summary(ies) from prior placement(s) if applicable as required by the Bureau of Children and Adult Licensing (BCAL) rules and as specified in the DHS foster care policy manual (FCM). 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 Youth Health Record (DHS-1662, DHS-1663, and DHS-1664) or other documentation of physical and dental examination(s) within the past 12 months and history, including immunization record.
- Photo copy 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 Agency shall provide a copy of the MA recipient ID number as soon as available.
- Photocopy of Social Security Card or the application (SS-5).

- Initial Placement Outline and Information Record (DHS-3307), if required, or other documentation required as specified in the DHS foster care policy manual or BCAL rules.
- Court study(ies)/report(s), if available.
- Educational report(s), if available and applicable.
- Copy(ies) of psychological/psychiatric report(s), if available.
- Copy of the Children’s Protective Services 5-day Placement Packet and Transfer Summary as specified in the DHS foster care policy manual (FCM), if applicable. Additional Protective Services reports shall be forwarded when completed.

The DHS local office shall be notified, within 5 working days of the receipt of appropriate referral materials, of the decision to set up the initial interview, reject or accept the child, and, if accepted, the admission date or status on a waiting list. If an initial interview is held, the DHS local office shall be notified within 3 working days of rejection or acceptance of the referral, and if accepted the date of admission or the status on waiting list.

If a child is rejected, the reasons for non-acceptance shall be given to DHS in writing within 5 working days. The Contractor shall not refuse to consider providing services to a youth solely based upon a handicap, which is defined as emotionally impaired, hearing impaired, mentally impaired, physically or otherwise health-impaired, learning disabled, speech or language impaired, or visually impaired.

The Contractor, in accepting the youth, has indicated an ability to meet the service needs of the youth as described in the written referral material. This includes the provision of sufficient structure and supervision to continue service to youth who exhibit dangerous and self-destructive behavior identified before or at the time of acceptance.

CIC Referrals

In instances of a CIC referral, the Contractor shall participate in and cooperate fully with the CIC process as follows:

The Contractor shall consider for admission to its facility any youth referred to them by the CIC Committee (“Committee”) for assignment to its facility within the network of service facilities.

The Contractor shall review referral information which conforms to requirements of the DHS foster care policy manual (FCM). Referral information which does not conform shall be returned to the originator with a request for specific information and the Contractor shall, in the meantime, notify the Committee of any delay resulting from insufficient referral information.

Within three working days of receipt of appropriate referral information from the department, the Contractor shall notify the Committee and the DHS local office of its intention to conduct a pre-placement interview. When possible, and no later than 3 working days after the pre-placement interview, on the day of the interview the Contractor shall notify the Committee and the DHS local office of acceptance or rejection of the youth for placement.

When the Contractor has accepted a referred youth, it will admit the youth within 10 working days if there is a vacancy.

**INTAKE
PROCEDURES****Acceptance Authorization**

The Contractor shall not accept a child for placement prior to the signing of an Individual Service Agreement, (DHS-3600) by both the Contractor and the Agency's local office. When a child is placed in an out of county, private child caring institution and the Agency's placing local office requests monitoring service from the local office where the child is placed, the DHS-3600 shall clearly state which local office is responsible for ongoing monitoring of the child's care. The DHS-3600 shall also state whether the Agency's local office or the Contractor shall be responsible for ongoing service to the child's family. **Note:** For emergency shelter care, an DHS-3600 shall be signed no later than the first working day following placement.

Case Plan

Within the initial 30 days of placement (the intake period), the Contractor shall submit to the DHS local office an intake assessment (Initial Service Plan) and prepare a plan for ongoing provision of service and care. This plan shall include:

- An assessment of current functioning of the child and family unit which includes, but is not limited to, siblings
- An appraisal of resources available to the contractor to resolve identified problems
- A statement of the immediate and long-term treatment goals and the methods relating to the specific behavior precipitating the out of home placement which, when met, shall enable the child to be placed in a non-institutional setting.
- A projected time limit for reaching treatment goals and an anticipated next placement.

**REPORTING AND
REVIEW PROCESS****Reporting Procedures**

At the end of every 90 day period following submission of the Initial Service Plan, unless required more frequently by law or court order, the Contractor shall complete an Updated Service Plan (USP) containing a reassessment of the child, the status of the attainment of goals and the establishment of new goals as specified in the department's SM.

The Contractor shall complete and retain an Attendance Record (DHS-667) provided by the department or a similar record of the Contractor's design containing like data.

Involvement of the Youth's Family

The Contractor shall, in accordance with the individual treatment plan of each youth, include the family in the development of the case plan for the child within the first 30 days or as otherwise specific in the DHS-3600. Where siblings have been placed within other child placing agencies, the DHS-3600 for each child must specify that family work shall be the responsibility of the child placing agency, and the DHS-3600 for the youth in the Contractor's care shall specify that home visits and post-placement planning shall be coordinated with the child placing agency.

The Contractor shall offer transportation assistance and flexible hours to meet the time schedules of the family to facilitate the family's achievement of the treatment goals. The Contractor must also provide an identifiable, private and comfortable area in which the family can have their visits.

The Contractor shall include a specific plan as to the attainment of family goals and needs and must define the respective roles of the Contractor, department staff, and family to achieve the goals.

Program Performance Objectives

The Contractor shall maintain a performance level at or above the standards enumerated in their contract with the department.

The Contractor shall make available to the department any copies of outside reviews or audits relating to the contracted program. Audits must be conducted in compliance with Federal requirements

and in accordance with the department's Accounting Manual for Foster Care Agencies.

Monitoring

The department's Bureau of Child and Family Services shall be responsible for program review and may review, analyze and comment on all activities covered within the terms of a contract between the department and Contractor.

Corrective Action Requirements

If a program review by the department reveals a lack of compliance, the following procedure shall be implemented:

- The department shall notify the Contractor, in writing, of the problem
- The Contractor shall meet with the department to discuss and examine the noncompliance
- The Contractor shall submit a corrective plan of action to the department within 30 days of the meeting, and
- After the Contractor's plan of action has been reviewed and approved by Child and Family Services, the contractor must achieve compliance within 60 days of receipt of the department's approval of the corrective action plan (unless other time frames are agreed upon in writing by the department).

Audit Requirements

The Contractor shall have an annual audit conducted by an independent certified public accountant and shall submit to the department, no later than the fifteenth day of the fifth month following the end of the Contractor's fiscal year, any audited financial statements disclosing any amount due to the department as the result of an overpayment, excessive initial payment or Contractor financial non-compliance in their contract with the department.

CIC Performance Review

A CIC Contractor's performance shall be evaluated by means of department review of compliance with the General Provisions and Contractor Responsibilities as outlined in the contract between the department and the Contractor.

The Contractor shall provide data for program evaluation using the Bureau of Child and Family Services Residential Services Division's (RSD) Program Objectives and RSD's actual performance as comparison criteria.

- a. At least 75% (minimum acceptable) to 85% (Program Objective) of the youth placed under this agreement shall complete the program as planned. (A Truancy Completion is not to be counted as a Planned Completion).
- b. Youth entering the program with educational skills at or above the fifth grade level shall achieve an average gain in grade level equivalent to 1.0 (minimum acceptable) to 1.5 (Program Objective) grade levels per year.
- c. Youth entering the program with educational skills below the fifth grade level shall achieve an average gain in grade level equivalent to 1.0 (minimum acceptable) to 1.2 (Program Objective) grade levels per year.

Note: The average gain in grade level is accessed through pre- and post-administration of an educational achievement test and an Index of Educational Achievement. The index is determined by the following formula:

Average gain in grade level=

Average length of stay (in days) divided by 365.

- d. No more than 21% of youth receiving services from the Contractor shall be formally re-arrested within three months of release.
- e. No more than 42% of youth receiving services from the Contractor shall be formally re-arrested within 12 months after release.
- f. At least 62% of youth receiving services from the Contractor shall be productive (i.e. in school, skill training, or employed part-time or full-time) three months after release.
- g. Definitions:

Crisis Completion: a release for an escalation into a more highly structured setting such as return to a training school center, to a mental health hospital or to adult prosecution.

Truancy Completion: a release of a youth while on truancy status who has been truant longer than 6 hours.

Planned Completion: a release of a youth which is not a Truancy Completion or a Crisis Completion.

**TERMINATION AND
RELEASE
PROCEDURES**

The contractor must agree to continue services to a youth for at least 30 days following written notification to the department of the contractor's decision to terminate the placement. However, in order to avoid termination, to provide adequate care to the child, and to define those youth in need of specific, additional resources, the contractor must not issue a 30-day notification until contact has been made with the department's local office worker supervising the placement and the department's Office of Children Service's contract initiator or designee, and a determination has been made as to what resources are needed to preserve the placement and meet the needs of the child.

The contractor must request the department to remove a child from the contractor's program in less than 30 days only if the following conditions are met:

- 1) The behaviors or their intensity which endanger the child or others were not made known to the contractor before or at the time of admission, and
- 2) The youth makes actual physical attacks upon other persons and requires ongoing restraint to prevent harm to self or others, or
- 3) The youth makes an overt suicide attempt and hospitalization is necessary, and
- 4) The actual behavior considered dangerous to self or others is grossly deviant from what the department has specified as acceptable in the Admission Criteria (contained in the contract between the department and contractor).

Note: Non-physical disruption of, or non-cooperation in program is not sufficient reason for the contractor to request immediate removal of a child.

- 5) When a child who must be terminated from the contractor's care is in need of further residential treatment, the contractor must cooperate with the department in the identification of specific treatment needs and possible alternative placements.
- 6) Any time the department's local office staff do not meet the responsibilities outlined in their agreement with the contractor,

the contractor must notify the local office director responsible for case management planning. If the dispute is not resolved, the contractor should contact the local office director's chain of command in the department. This includes those situations in which the department's local office staff do not respond to the contractors' request for removal.

Note: In no case must the contractor discharge a child to a non-licensed, non-supervised living arrangement.

- 7) The contractor must complete and submit to the department, medical, dental and all other reports as specified in the DHS-3600. If the youth remains in the contractor's care beyond 10 months the contractor must cooperate with the department in completing a new DHS-3600.
- 8) The contract must report any release, AWOL, serious injury or illness requiring hospitalization of a child to the department's local office and parent within 24 hours of the incident and confirm the information, in writing, within five working days.

Child Death

- 9) A child dies. The death of a child must be reported as outlined in SRM 172, Child/Ward Death Alert Procedures and Time-frames.

CIC TERMINATION

The contractor must prepare and submit to the department's local office a narrative termination and release summary within 10 working days of a youth leaving care. The contractor must provide services to a youth unless conditions outlined in the contract between the contractor and department are present.

TRANSITIONAL SERVICES

After a child leaves placement, the contractor must submit a discharge services plan to the department, with an assessment of the child/family situation, within 14 days of the discharge.

The contractor must also assign, according to each child's treatment plan, a social services worker to maintain contact with the child and family for 60 days following placement if the child is placed in a family setting, unless such service is waived in writing by the department's local office.

The contractor must make at least one home visit per month to assist the child and family in re-establishing family balance and submit a final report to the department worker within 90 days of placement discharge.

**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 Responsibilities.

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 than 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.

PURPOSE

The Michigan Department of Health & Human Services (MDHHS), with support from the State's Legislature and public and private stakeholders, is implementing a child welfare continuum of care model which includes a case rate funding methodology to improve outcomes for children and families.

Child placing agencies contracted to participate in the child welfare continuum of care model must deliver child welfare services including foster care, independent living, guardianship, and adoption to eligible children and families under the care and supervision of MDHHS. These services include, but are not limited to:

- Full foster care and adoption case management.
- Full family responsibility.
- Service coordination and delivery to children and parents from case acceptance to dismissal from court jurisdiction or case closure for former MCI wards.
- Foster family recruitment and retention.
- Foster home certification.
- Adoptive family recruitment.

Note: Juvenile justice services are not included in the child welfare continuum of care model.

DEFINITIONS

Consortium - a group of individuals or licensed child placing agencies formed to create a single licensed child placing agency, contracted by MDHHS, to provide or sub-contract direct child welfare services.

Placement Agency Foster Care (PAFC) Provider - a licensed child placing agency contracted by a consortium or MDHHS to provide direct child welfare services.

Case Rate - a fixed payment rate or rates that is set to cover, on average, the cost of an individual child's contractually required service and placement needs. Payments are dispersed

prospectively and based on projected costs for the child that reflect the child's level of care and estimated case management service.

Certification Worker - an individual within a licensed child placing agency assigned to perform foster home certification functions as outlined in child placing agency rules.

POLICY COMPLIANCE

Integration with Other Program and Payments Policy

The policy items specified below supersede other MDHHS child welfare program and payment policy requirements when conflicts arise specific to the child welfare continuum of care model.

- FOM 915, Child Welfare Continuum of Care-Overview.
- FOM 915A, Child Welfare Continuum of Care –Program Requirements.
- FOM 915B, Child Welfare Continuum of Care –Funding and Payment Requirements.
- FOM 915C, Child Welfare Continuum of Care-Performance Goals and Monitoring.

Note: When servicing dual wards, FOM 915A, Case Management of Dual Wards in this item must be followed in addition to [FOM 722-06D, Case Management of Dual Wards](#).

Unless otherwise identified in the specified manual items above, contracted child placing agencies operating under the child welfare continuum of care model and the consortium sub-contractors must comply with:

- Relevant and applicable court orders.
- Applicable child welfare federal and state laws.
- Applicable licensing and regulatory rules.
- Applicable MDHHS Children's Services Policy and Policy Amendments including:
 - MDHHS Children's Protective Services Manual (PSM).
 - MDHHS Children's Foster Care Manual (FOM).

- MDHHS Adoption Services Manual (ADM).
- MDHHS Guardianship Manual (GDM).
- MDHHS Services General Requirements (SRM).
- MDHHS Native American Affairs Manual (NAA).
- All applicable provisions in the *Dwayne B. v. Snyder, et al.*, Case No.: 2:06-cv-13548 (E.D. Mich) Implementation, Sustainability, and Exit Plan.

The consortium must review all state policy updates, to assure consortium policy and procedures are consistent with effective MDHHS policies.

MISACWIS FISCAL AND PROGRAM REPORTING REQUIREMENTS

For all assigned cases in MiSACWIS, the consortium must ensure all case management activities, including service authorizations, expenditures, and all required documentation is entered into the appropriate location in MiSACWIS.

CONSORTIUM POLICY AND OPERATING PROCEDURES

The consortium must submit agency policy and procedures as identified in FOM 915A, Child Welfare Continuum of Care-Program Requirements and FOM 915B, Child Welfare Continuum of Care-Funding and Payment Requirements, and FOM 915C, Child Welfare Continuum of Care-Performance Goals and Monitoring to the MDHHS assigned Child Welfare Services and Support analyst for approval prior to implementation.

Revisions in operating procedures or policy must be provided to the assigned MDHHS Child Welfare Services and Support analyst for approval prior to implementation.

MDHHS will approve or reject proposed policy and procedures within 30 calendar days of receipt.

All consortium policies must be accessible to the public and accessible via the MDHHS policy website.

LEGAL AUTHORITY

State

Social Welfare Act, 1939 PA 280, MCL 400.14f

The department may contract with a private individual or agency to administer a program created under this act or to perform a duty of the department under this act.

Social Welfare Act, Public Act 280 of 1939, MCL 400.117a (1)(g)

The department shall implement a prospective payment system as part of a state-administered performance-based child welfare system.

Public Act 84 of 2015, Article X, Section 503(7) and 504(2)

The department may develop a master agreement with a consortium, recognized by the Internal Revenue Service as tax-exempt as defined under section 501(c) (3) of the internal revenue code of 1986, 26 USC 501, consisting of a network of affiliated child welfare service providers, to accept and comprehensively assess referred youth, assign cases to members of its continuum or leverage services from other entities, and make appropriate case management decisions during the duration of a case.

Public Act 84 of 2015, Article X, Section 503(2)

The department shall continue to develop a prospective rate payment system for private agencies that includes funding for adoption incentive payments. The full cost prospective rate payment system will identify and cover contractual costs paid through the case rate developed by an independent actuary.

OVERVIEW

FOM 915A is a sub-section of FOM 915 that outlines program policies specific requirements for the child welfare continuum of care model.

Unless otherwise identified in this manual item, contracted child placing agencies operating under the child welfare continuum of care model and the consortium sub-contractors must comply with all applicable child welfare federal and state laws as well as MDHHS child welfare policies; see [FOM 915, Policy Compliance](#).

**TRANSFER OF CASE
MANAGEMENT
RESPONSIBILITY**

If child protective services (CPS) has transferred case responsibility to foster care and the child is returned home within seven days of removal, case management responsibility must revert to CPS.

If a child will be in out-of-home care for seven days or less, CPS must retain case management responsibility.

**PLACEMENT
SELECTION AND
STANDARDS****Notification of
Placement
Changes**

The consortium must notify the assigned performance-based funding specialist in writing of all placement changes within three calendar days of any placement change. All placement changes must be entered into MiSACWIS within one business day of the child's placement move.

**Unrelated
Caregiver**

The Placement Agency Foster Care (PAFC) director must approve the DHS 3130A, Relative Placement Home Study.

**PLACEMENT
EXCEPTION
REQUESTS****Proximity to the
Child's Family and
Children with High
Risk Behaviors**

A placement must not be made if it will result in one or more of the following:

- More than 75 miles from the home from which the child entered custody.
- Any foster child identified as being at high risk for perpetrating physical violence or sexual assault against other children being placed with other foster children not so determined.
- Placement in a home with an adjudicated juvenile sex offender.

Note: If a juvenile is adjudicated for a sexual offense after placement, then a placement exception request is required to maintain the placement.

Placement Exception Request Approval Path

PAFC caseworker → PAFC supervisor → PAFC director.

**Number of
Children in a
Licensed Foster
Home**

A placement must not be made in a licensed foster family home if it will result in one of the following:

- More than three children in foster care in the home.
- More than five total children, including the foster family's birth and/or adopted children.
- More than three children, including the foster family's birth and/or adopted children, under the age of three residing in a foster home.

Placement Exception Request Approval Path

PAFC caseworker → PAFC supervisor → PAFC director → assigned Division of Child Welfare Licensing (DCWL) consultant → DCWL director.

Emergency or Shelter Placements

Emergency or Shelter Placement Exception Approval Path

PAFC caseworker → PAFC supervisor → PAFC director → consortium chief operating officer.

Pre-Ten Placement Exception Requests

Placement of children less than 10 years of age in residential or other institutional settings of **any** kind requires an approved residential placement exception by the consortium chief operating officer prior to placement.

Pre-Ten Placement Exception Requests Approval Path

PAFC caseworker → PAFC supervisor → PAFC director → consortium chief operating officer.

Emergency Institutional Placements for Pre-10-Year-Olds

The request must be made **prior to** placement to the consortium chief operating officer.

Pre-10 Waiver Placement Exception Request Approval Path

PAFC caseworker → PAFC supervisor → PAFC director → consortium chief operating officer.

**Residential
Placement
Exception Request**

Residential placement exceptions must be completed and approved by the identified person **prior to** the placement occurring. All exception requests must be completed in MiSACWIS.

**Residential
Placement
Exception Request
Approval Path****Initial Placement and exceed 12 Months**

PAFC caseworker → PAFC supervisor → PAFC director → consortium chief operating officer.

90 Days of Initial Placement

A residential placement exception request must be completed within 3 months of the date of initial residential placement.

PAFC caseworker → PAFC supervisor → PAFC director.

6 Months and 9 Months of Initial Placement

PAFC caseworker → PAFC supervisor → PAFC director → consortium director of care coordination.

**Placement of
Abuse/Neglect
Wards in a Non-
Secure Juvenile
Justice Program**

The consortium must refer children to providers with an established state juvenile justice residential contract.

Cross-program placement of an A/N youth into a juvenile justice residential facility requires written or verbal consent from the child's Lawyer-Guardian Ad Litem (L-GAL), the court, and an approved residential placement exception request (PER) from the Division of Child Welfare Licensing (DCWL) prior to placement. The residential PER must be completed in MISACWIS by the consortium and routed to DCWL for approval. The initial residential PER must 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 acknowledging consent was obtained by the L-GAL and the court, the date consent was obtained, and any other pertinent information shared by the L-GAL and/or the court regarding the placement, if applicable.

After the PER for a JJ program has been approved in MISACWIS, a residential record must be created by the Juvenile Justice Assignment Unit (JJAU). To create the residential record, the consortium staff member must email the following information to the JJAU at JJAU@michigan.gov:

- Youth's first and last name.
- MISACWIS person ID.
- MISACWIS case ID for the open foster care case.
- Provider name.
- Provider ID.
- Placement begin date.
- Service type.
- Service description.
- Name and phone number of foster care worker/supervisor to contact with any questions.

Placement of Abuse/Neglect Wards in a Secure Juvenile Justice Program

Placement of children who are temporary, permanent court or state wards for abuse/neglect into secure juvenile justice residential programs is prohibited.

RELATIVE ENGAGEMENT AND PLACEMENT

Relative Licensing Waiver MiSACWIS Approval Path

The PAFC caseworker must route the DHS-875, Waiver of Foster Home Licensure Relative Caregiver and Relative Placement Home Study to the PAFC supervisor for review and routing.

If the PAFC supervisor agrees with the recommendation, the PAFC supervisor must review and route to the PAFC director for review and approval.

The PAFC director must review and provide final approval.

The waiver must be reviewed and approved by the PAFC director annually. The waiver must be signed by the relative annually and uploaded into MiSACWIS; see [FOM 923, Annual Review](#).

EDUCATIONAL SERVICES

Online Education Program Exception Requests-Age

Requests must include documentation that the PAFC director has agreed with the decision.

PERMANENCY PLANNING-PPFWR AND APPLA

Permanency Goal Achievement

The PAFC director must submit the approved permanency plan packet to the consortium director of care coordination for final approval.

CASE MANAGEMENT OF DUAL WARD

MDHHS Supervised Juvenile Justice

When a youth has an open foster care case **and** the youth has been referred under MCL 400.55(h) or committed to MDHHS under 1974 PA 150, all reporting and casework policy requirements for the foster care program must be completed by the consortium and/or subcontractors. All reporting and casework policy requirements for the juvenile justice program must be completed by the MDHHS juvenile justice specialist; see [FOM 722-06D, Case Management of Dual Wards](#).

If the youth must be placed in a community-based placement, such as a licensed foster home or independent living, based solely on the youth's delinquency status, the MDHHS juvenile justice specialist must record the placement as a paid placement. If the youth must be placed in a state run or private, contracted juvenile justice residential treatment facility based on [JJ4 410, Placement Selection Criteria](#), the MDHHS juvenile justice specialist must use the juvenile justice assignment unit (JJAU) placement process using a MiSACWIS JJAU Placement Referral, as outlined in [JJ7 700, MDHHS Supervised Juvenile Justice Youth](#). JJAU will record the placement as paid or unpaid based on information provided at the time of the JJAU Placement Referral.

The following placement exception requests, when recorded by the consortium, require approval from MDHHS prior to placement occurring, in addition to the PAFC director or consortium Chief Operating Officer:

- Emergency or shelter placement more than 30 days; see [JJ4 410, Independent Living](#).
- Pre-Ten Waiver.
- When a youth's age is outside of the admission criteria grid; see [JJ7 700, Juvenile Justice Assignment Unit Placement Process](#).
- When the youth's placement will cause the facility to exceed contracted bed capacity; see [JJ7 700, Juvenile Justice Assignment Unit Placement Process](#).
- When a juvenile justice youth will be placed in an abuse/neglect residential treatment program due to a court order specifying the placement; see [JJ7 700, Juvenile Justice Assignment Unit Placement Process](#).
- When a youth will be placed in a non-contracted program; see [FOM 903-04, Purchased Care Payment Procedures](#) for additional requirements of the Non-Contracted Placement Approval Process.

Court Supervised Juvenile Justice

When a youth has an open foster care case and the youth is also a temporary delinquent court ward supervised by the court, all

reporting and case work policy requirements for the foster care program must be completed by the consortium and/or subcontractors and documented in collaboration with the court probation officer, see [FOM 722-06D, Case Management of Dual Wards.](#)

ADOPTION

Referral to Adoption

Adoption referrals are initiated by the consortium. After acceptance of an adoption referral, the agency may not transfer the case back to the consortium except upon the written approval from the consortium Chief Executive Officer. The consortium must track all adoption case transfers and case transfer reason.

FOSTER AND ADOPTIVE PARENT PREPLACEMENT AND ONGOING TRAINING

The current state required foster and adoptive parent training program is the Foster PRIDE/Adopt PRIDE curriculum. Alternative curriculums may be considered upon review and approval from the Children's Services Agency's deputy director of policy and programs. Requests for use of alternative curriculums must include:

- Curriculum Name.
- Crosswalk outlining how Foster PRIDE/Adopt PRIDE required topic areas are addressed in the alternate curriculum.
- Plan for pre and post testing for foster and adoptive parents.
- Oversight plan to assure fidelity to the training plan and content.
- Policy describing pre-placement and ongoing training requirements.

Requests must be sent to Child-Welfare-Policy@michigan.gov.

If an alternative curriculum is approved, the consortium must maintain the approval memo and provide the memo upon MDHHS request.

OVERVIEW

FOM 915B is a sub-section of FOM 915 that outlines funding and payment specific requirements for the child welfare continuum of care model.

Unless otherwise identified in this manual item, contracted child placing agencies operating under the child welfare continuum of care model and the consortium sub-contractors must comply with all applicable child welfare federal and state laws as well as MDHHS child welfare policies; see [FOM 915, Policy Compliance](#).

FUNDING AND PAYMENTS

A case rate developed by actuarially sound methodology will be paid per child to a consortium under a Child Welfare Continuum of Care contract with MDHHS. The case rate covers full cost of care for a child from case acceptance through dismissal from court jurisdiction and/or case closure for former MCI wards. The full cost of care includes:

- Maintenance payments made to foster parents.
- Placement agency foster care (PAFC) administrative rate payments.
- Consortium administrative rate payments.
- Foster home recruitment, certification, and retention activities.
- Foster and adoptive parent training.
- Child caring institutions (CCI) maintenance and treatment rate payments.
- Foster care case service payments.
- Initial and semi-annual clothing allowance payments.
- Shelter care payments.
- Independent living services and payments to youth.
- Adoption service payments, including payments to the adoptive families' agency for adoption services.
- Trial reunification administrative payments.

- Family Reunification Service payments.
- Transportation assistance for foster parents and parents.
- Child welfare staff training.
- Substance use testing.
- Parent support service payments.

Title IV-E Eligibility Determination

MDHHS maintains responsibility for all initial title IV-E determinations and title IV-E reimbursability determinations; see [FOM 902, Funding Determinations](#).

Purchased Care Payment Authorization Procedures

MDHHS will authorize payments to the consortium under the child welfare continuum of care contract if a completed DHS 3600, Case Referral and Acceptance Individual Service Agreement exists. The DHS 3600 must be completed prior to placement. In exceptional circumstances requiring immediate placement, the DHS 3600 may be signed no later than the first business day following placement. If the DHS 3600 is not signed on the effective date, the effective date must be indicated on the approved agreement.

Consortium Case Rate Authorization

The case rate authorization includes:

Maintenance rate - see consortium policy regarding Foster Care Maintenance Rates.

Case service payments - expenses included in the case rate to serve children in out-of-home placement under the care and supervision of MDHHS; see consortium policy.

Treatment/administration costs - see consortium policy regarding rates for Child Care Institutions and Placement Agency Foster Care Providers.

Treatment/Administration costs may include but are not limited to the following:

- Social services costs:
 - Case management.
 - Clerical.
 - Supervisory and administrative salaries.
 - Employee benefits such as social security, retirement, and insurance.
 - Salaries of supportive administrative services such as bookkeeping, statistical procedures, planning, staff development and data processing.
- Operational costs:
 - Travel.
 - Supplies.
 - Utilities.
 - Equipment.
 - Rent.
 - Professional fees.
 - Postage.
 - Training.
 - Insurance.

Treatment/Administration costs do not include the following:

- Costs resulting from fundraising.
- Religious or faith-based services, practices, or instruction.
- Parochial school tuition or fees.
- Chaplain services.
- Donated goods or services.
- Payments to parent organizations.
- Cultural regalia.

- Lobbying membership dues and/or participation in lobbying events.

Paid Service Authorizations

The consortium utilizes the services of licensed families, licensed and contracted child placing agencies, licensed and contracted private child caring institutions, mental health facilities, and other licensed and regulated facilities such as hospitals and adult foster 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 determine which fund source is used to pay for placement and other related services.

Paid service authorizations include but are not limited to the following payment types:

- Maintenance.
- Case services.
- Bed hold.
- Foster family care.
- Institutional care.
- Independent living.
- Shelter care.

The consortium must have policies describing paid service authorizations and how payments are initiated, approved and tracked.

CONSORTIUM MAINTENANCE AND ADMINISTRATIVE RATES FOR SUBCONTRACTORS

The consortium must document and maintain the methodology utilized to determine maintenance and administrative rates when established rates differ from MDHHS:

- Established foster family rates.
- Maximum allowable determination of care rates.
- Established administrative rates.

The consortium must establish a policy requiring annual reviews to assess the reasonableness of the established rates.

**DETERMINATION OF
CARE (DOC)
SUPPLEMENTS FOR
FOSTER CARE**

The consortium must establish policy regarding determination of care supplements. The consortium must develop a DOC form equivalent to the MDHHS DOC forms to document the assessment of need. MDHHS must approve the consortium equivalent DOC form prior to implementation.

A DOC supplement may be justified when extraordinary care or expense is required of the foster parents or relative (foster care provider) who is eligible for a foster care payment. The consortium equivalent DOC form must be completed in and uploaded into MiSACWIS for every child in a paid foster home or relative placement. The supplement must be based on one or more of the following case situations where additional care is required of the foster care provider or an additional expense exists.

- Physically disabled children for whom the foster care provider must provide measurably greater supervision and care.
- Children with special psychological or psychiatric needs which require extra time and measurably greater amounts of care and attention by the foster care provider.
- Children requiring special diets which are more expensive than a normal diet and which require extra time and effort by the foster care provider to obtain and prepare.
- Children whose severe acting-out behavior that requires a measurably greater amount of care and attention of the foster care provider.

Note: The receipt of Social Security Income (SSI) benefits by a child in a paid placement requires a DOC assessment. The child does not automatically qualify for a DOC due to receipt of SSI.

When a determination of care supplement is due to a physical or mental disability, the youth must be screened for SSI eligibility.

**SERIOUS
EMOTIONAL
DISTURBANCE
(SED) WAIVER**

A child can be referred to Community Mental Health (CMH) for SED Waiver services. MDHHS determines the child's eligibility. A foster parent or a relative who is receiving foster care payments for a child enrolled in the SED Waiver Project is eligible for the \$50 per diem. The consortium is responsible for payment of the foster parent per diem rate. The SED Waiver approved rate is only applicable to foster care payments.

**ADOPTION
ASSISTANCE RATE
DETERMINATION**

If adoption assistance is being applied for during the time a foster parent is receiving a foster care maintenance rate that differs from MDHHS established foster family rate, the \$80 a day maximum allowable level IV determination of care rate, or an SED waiver rate, the adoption assistance rate must be negotiated between the adoption assistance office and caregiver. Enhanced maintenance and/or SED waiver rates do not carry over to an adoption assistance rate; see [AAM 210, Adoption Assistance Rate Determination](#).

**Required
Documentation of
Child's Needs*****No Determination of Care Rate***

A copy of the most recent (within the last 6 months) consortium equivalent determination of care assessment must be submitted.

Determination of Care Levels I or II

A determination of care level I or II requires:

- A copy of a current consortium approved determination of care assessment dated within six months. The determination of care assessment must be approved by the assigned private agency supervisor.

Determination of Care Level III and Above

A determination of care level III or above requires all of the above, plus:

- A copy of the supporting documents that were submitted to the consortium to justify the rate.
- A copy of the approval memo from the designated consortium director.
- Specific information showing how the exceptional rate was calculated.

**DUAL WARD
PAYMENTS****MDHHS-
Supervised
Juvenile Justice**

When a youth has an open foster care case **and** the youth has been referred under MCL 400.55(h) or committed under 1974 PA 150 to MDHHS, the consortium will continue to be responsible for maintenance, case services, and administrative costs unless an exception exists as identified below.

The agency with financial responsibility for the case service or placement must record all required information in MiSACWIS.

Any placement made by the consortium into a public or private, contracted juvenile justice residential treatment facility must follow procedures outlined in [FOM 915A, Child Welfare Continuum of Care-Program Requirements, Placement of Abuse/Neglect Wards in a Juvenile Justice Program](#).

Exception: All dual wards with an MDHHS-supervised juvenile justice case require a referral to the Juvenile Justice Unit (JJAU) for placement in a state run or private, contracted juvenile justice residential treatment facility. The JJAU placement referral must be completed in MiSACWIS by the juvenile justice specialist in accordance with [JJ7 700, JJAU Placement Request Process](#).

Court Supervised Juvenile Justice

When a youth has an open foster care case **and** the youth is a temporary delinquent court ward supervised by the court, the consortium is responsible for maintenance, case services, and administrative costs unless an exception exists as identified below.

The consortium must enter all the case services and placements in MiSACWIS. Placement of court-supervised dual wards by the consortium into a state run or private, contracted juvenile justice residential treatment facility must follow the procedures outlined in [FOM 915A, Child Welfare Continuum of Care-Program Requirements, Placement of Abuse/Neglect Wards in a Juvenile Justice Program](#).

Exceptions

MDHHS-Supervised Juvenile Justice Youth

MDHHS will be responsible for maintenance and/or case services costs and documentation in MiSACWIS when the juvenile justice specialist has determined a case service or placement need specific to the rehabilitation of the youth related to the delinquency case is necessary. The case service or placement arranged by the juvenile justice specialist is unrelated to resolving the need for foster care specific to abuse or neglect. If the question of financial responsibility for a case service or placement arises, the consortium must contact the juvenile justice supervisor within three business days to agree upon responsibility.

Court-Supervised Juvenile Justice Youth

The consortium will be responsible for maintenance and/or case services costs when the consortium has determined a case service or placement need specific to resolve the issues of abuse or neglect case is necessary. The case service or placement arranged by the consortium is unrelated to rehabilitating the youth specific to the court delinquency case. If the question of financial responsibility for a case service of placement arises, the consortium must contact the court to agree upon responsibility.

**GOVERNMENT
BENEFITS**

The consortium must ensure the performance based funding specialist is notified within three calendar days of the following actions:

- A placement change.
- A child is absent without legal permission (AWOLP).
- A change in legal status.
- A parent dies or becomes disabled.
- A relative becomes licensed.
- When a child becomes adopted.
- If a youth may be eligible for SSI, see [FOM 902-10, SSI Benefit Determination](#).
- Cost of care changes, for example an escalated DOC.
- Child approved for SED Waiver.

**YOUTH IN
TRANSITION (YIT)
PROGRAM**

MDHHS is responsible for service authorization approvals for services requiring Youth in Transition funding. The consortium must access funds as outlined [FOM 950, Youth in Transition Program](#) (YIT).

**ADOPTIVE AND
FOSTER PARENT
RECRUITMENT AND
RETENTION
FUNDS (AFPRR)**

The consortium must expend allocated funds in accordance with the allowable expenditures outlined in the Adoptive and Foster Parent Recruitment and Retention Funds Allowable Expenditures document provided annually by MDHHS Office of Child Welfare Policy and Programs. The consortium must submit payment requests to the MDHHS local office for processing.

Exceptions to allowable expenditures must be submitted and approved by Office of Child Welfare Policy and Programs at MDHHS-recruitmentandretention-requests@michigan.gov.

PAYMENT SYSTEM

The consortium must have policies regarding payment system procedures. The policies must include but are not limited to:

- Frequency in which payments will be processed.
- Incorrect payment procedures, such as recoupment and reconciliation.
- Time limits for requesting foster care payment reimbursement.
- Payment and reconciliation processes for the use of state run and private, contracted juvenile justice residential treatment facilities.

The consortium must have the capacity to execute and track payments made for each child.

Payment Schedule

The consortium must establish a payment schedule that is provided to the Child Welfare Continuum of Care contract administrator at MDHHS by September 1st of each fiscal year. The annual payment schedule must be accessible to the public.

COST REPORT

The consortium must submit quarterly cost reports based on the State's fiscal quarters:

- October 1 to December 31.
- January 1 to March 31.
- April 1 to June 30.
- July 1 to September 30.

These cost reports must contain the actual costs incurred by the consortium and its subcontractors in delivering services required in the child welfare continuum of care contract to MDHHS clients for the reporting period. Cost reports must be submitted within 45 calendar days following the end of a quarter. For example, the first quarter cost report is due on February 14.

**PROGRAM
PERFORMANCE
GOALS**

The consortium must achieve the outcomes and key performance indicators as outlined in the Child Welfare Continuum of Care contract.

By October 1st of each fiscal year, the consortium chief administrator must conduct and submit an annual written assessment as required by licensing rule R400.12207(1). The written annual assessment must include topics noted in the licensing rule as well as the following:

- A review of the rule, policy, Implementation, Sustainability, and Exit Plan (ISEP) and contract (if applicable) non-compliance cited in the previous licensing inspection report. Analyze the cause of the repeat non-compliance to identify the barriers, gaps, etc. to the child placing agency.
- An assessment of the agency's Key Performance Indicators (KPIs) as reported in the Monthly Management Report (MMR). As capacity builds in the data warehouse, additional categories and metrics will be added to the management report, which will then be required in the written annual assessment.
- An assessment of outcomes as provided by MDHHS.
- Evaluation of the corrective action plan (CAP) required as a result of the most recent Division of Child Welfare Licensing inspection report; was there impact on obtaining compliance with the rule, policy, and ISEP or contract non-compliance. Note specific activities implemented to demonstrate improvement.

The annual written assessment must be submitted to the assigned Child Welfare Services and Support analyst by October 1st of each year.

**PERFORMANCE
AND FINANCIAL
MONITORING**

MDHHS has the responsibility to assure children and families receive intended services and provide clear expectations for practice and associated standards or promptness.

MDHHS Monitoring

MDHHS Division of Child Welfare Licensing will conduct at least annual contract, policy, and licensing compliance reviews.

MDHHS will complete required sub recipient monitoring activities as outlined in 2 CFR 200.331.

Consortium

The consortium must develop and implement policy and protocol for performance and financial monitoring of subcontractors and quality improvement process.

**TECHNICAL
ASSISTANCE**

MDHHS will provide technical assistance to the consortium, as needed.

**PROGRAM
IMPROVEMENT
PLAN
(PIP)/CORRECTIVE
ACTION PLAN (CAP)**

The consortium chief administrator must develop a written PIP/CAP to demonstrate improvement in any rule, policy, ISEP, contract (if applicable) and KPI non-compliances. PIPs/CAPs must include the following:

- Repeat violations must include an explanation of why the previous licensing corrective action plan did not result in compliance.
- Behaviorally specific and measurable action steps.
- Individuals directly responsible for implementing the action steps.
- Timeframes for implementation and completion.
- Plan for continuous monitoring using available data reports but not limited to:
 - The Monthly Management Report (MMR), InfoView and Book of Business (BOB). These tools should be noted in the PIP/CAP to monitor KPI improvement.

- The monthly caseload reports should be used to monitor caseload compliance.
- The monthly foster home licensing scorecards should be used to monitor the number and type of foster homes licensed year to date in accordance with the annual Adoptive/Foster Parent Recruitment and Retention Plan (AFPRR). Note: R400.12304 Recruitment and Retention requires an agency to have an ongoing foster home recruitment program to ensure an adequate number of suitable and qualified homes.

**PIP/CAP Semi-
Annual Updates**

The consortium will update the PIP/CAP semi-annually and submit the updates to the assigned MDHHS Child Welfare Services and Support analyst.

The MDHHS Child Welfare Services and Support analyst will review the semi-annual updates and identify trends and/or technical assistance needs. When technical assistance needs are identified, the MDHHS Child Welfare Services and Support analyst will engage with the consortium to identify next steps.

PROGRAM OVERVIEW

LEGAL REQUIREMENTS

Under Act 116, Public Acts of 1973 (known as the Child Care Organization Licensing Act), each DHS local office is a child placing agency which must meet agency licensing requirements and be approved to certify families for foster home licensure. Local offices are to meet all expectations outlined in Childrens Foster Care Manual 922 regarding the assessment and certification of foster families. In order to comply with the administrative rules regarding foster family home certification (R400.12301 through R400.12317), the Policies and Procedures for Certifying Foster Family Homes and Foster Family Group Homes published by the Office of Children and Adult Licensing (OCAL), Department of Human Services and supplemented by the OCAL Child Placing Agency letter series is to be followed.

Act 116, Public Acts of 1973 provides the basis for Licensing Rules that are relevant to the foster home development process for child placing agencies. The following are rules which apply to the assessment and training processes are to be followed:

Licensing Rule 400.12304 requires that an agency shall develop and maintain an ongoing recruitment program to assure an adequate number of suitable foster homes.

This rule also requires the agency to develop, implement and maintain a program of foster home retention that includes foster parent involvement and that identifies the causes of the loss of foster homes and prescribes actions to be taken to retain foster homes.

Licensing Rule 400.12301 requires that an agency be authorized by Department of Human Services (DHS) to certify foster homes for licensure.

Licensing Rule 400.12310 requires that an agency make a thorough initial evaluation of each foster family prior to placing a child with the family.

Licensing Rule 400.12307 requires that an agency shall provide orientation to foster parents prior to application. See FOM 922 for orientation content.

Licensing Rule 400.12312 requires:

1. That the certifying agency must develop a foster parent training plan with the participation of foster parents.
2. The training plan must provide for all of the following:
 - The individual training needs of the foster parents.
 - Not less than 12 hours of training to be completed not later than the end of the original 6-month licensing period and before the placement of a child. Not more than 6 hours of the orientation may be included as part of the 12 hours of training.
 - Not less than an additional 12 hours of training during the next 2 years after the original licensing period.
 - Not less than 6 hours of training annually after the time periods specified above.
3. The training specified above must address all of the following areas:
 - Characteristics and needs of children
 - Effective parenting
 - Behavior management
 - Importance of the foster child's family
 - Role of the agency
 - Emergency procedures, first aid, and fire safety
 - Preparation of the foster child for independence
4. The agency must document all training received by each foster parent.

Act 116 of 1973, as amended, provides the statutory base for an agency to conduct special evaluations of family foster homes to determine compliance with this act and with the applicable administrative rules. A special evaluation is one method by which an agency assures ongoing compliance and protection of foster children.

Licensing Rule 400.12316 allows the agency to initiate a special evaluation when any information is received that relates to a possible noncompliance with any foster home rule:

- When an agency receives information on a foster home which relates to possible noncompliance with any foster home rule, the agency shall initiate a special evaluation within 7 calendar

days. Upon completion of the evaluation the agency shall do both of the following:

- (a) Complete a report of the findings of the evaluation, including recommendations of actions necessary for protection of any child in care.
 - (b) Implement recommendations based upon the findings of the evaluation.
- When an agency receives or evaluates a complaint which may indicate a possible violation or violations of foster home rules, the agency shall notify DHS within 5 working days by forwarding the OCAL-259, Special Investigation Record, to the agency's assigned licensing consultant.

Act 116 gives a child placing agency the authority to inform the public about foster care licensing requirements. The agency is responsible for providing information about the need to be licensed, how to inquire about the family study process, and the penalty for violating the act. The agency refers to law enforcement if unlicensed operation continues, and refers to Children's Protective Services if children are at risk. Investigation of unlicensed homes is the responsibility of Office of Children and Adult Licensing (OCAL), Department of Human Services (DHS).

DEFINITIONS

None

PROGRAM REQUIREMENTS

Evaluation of Need for Foster Homes

Licensing is a legal process and care must be taken to ensure that applicant/licensee rights are protected. The DHS as a child placing agency is also responsible for protecting the rights and ensuring the welfare of the children placed in foster care. Whenever there is potential conflict between the rights of an applicant or a licensed foster home and the rights or safety of children to be placed, those 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 on the basis of race, color, or national origin.

A foster home applicant or licensed foster parent who has reason to believe that s/he has been denied or delayed the placement of a child because of race, color or national origin, can aggrieve the decision through existing administrative and/or legal remedies. Refer to SRM 142, MEPA Complaint Procedures for more information.

Relative Licensing

Certification Referral

Once the screening and basic assessment process has been completed and placement is made with the relative, a referral must be made within ten calendar days to a certification worker. The referral for licensing may be made to a placement agency foster care (PAFC) provider or DHS depending on the individual process of each county.

Certification Process

The certification worker:

- Upon receipt of the referral, must contact the relative placement within one calendar day to schedule a home visit.

- Must complete two home visits with the relative within 30 days of placement.
- Will coordinate with the FC worker to complete the home study within 30 calendar days of placement. Efforts could include:
 - Contacting the relative caregiver weekly to assess the progress towards licensure, identify barriers and provide assistance with the licensing process.
 - Providing direct assistance to the relative caregiver in overcoming any barriers noted (e.g. driving the relative caregiver to get fingerprints as opposed to giving bus tokens, assisting in scheduling medical appointments, calling references and document that the reference was taken via phone, etc.).
- Will make active efforts to assist the relative in the licensing process.
- Will ensure the relative is licensed within 90 calendar days of placement of the children into the relative's home, unless a 60 day extension was requested and approved.
- Must notify the assigned FC worker immediately if the relative is unable to become licensed.

Licensing Extension

A request to extend the licensing process beyond the 90 day time frame requires a written request for extension. The extension must not exceed 60 days. The request must be submitted to the DHS supervisor for review. The supervisor then submits the request to the County Director or District Manager for approval or denial.

The licensing extension request is submitted as a memo and must include the following information:

- Child's name and case number.
- Relative caregiver name and relationship to child.
- Requesting certification worker's name.
- Date of placement.
- Date licensing referral received.
- Date licensing process began.
- Reason why the extension is necessary.

- Anticipated certification completion date.
- Name of DHS supervisor.

The extension request is returned from the County Director or District Manager to the DHS supervisor. A copy of the extension request is placed in the child's case file with the original returned to the certification worker.

Family to Family

The Department of Human Services is committed to improving results for children and families involved in the child welfare foster care system, by employing four key Family to Family strategies: active community partnership; neighborhood-based recruitment, retention, training and support of foster parents; self-evaluation and data-driven decisions; and Team Decision Meetings (Family Case Reviews) with both birth and foster families.

The expected outcomes of Family to Family include:

- A reduction in the number of children serviced in institutional and congregate care.
- A shift of resources from congregate and institutional care to family foster care and family-centered services.
- A decrease in the lengths of stay in out-of-home placement.
- An increase in the number of planned reunifications.
- A decrease in the number of re-entries into care.
- A reduction in the number of placement moves experienced by children in care.
- An increase in the number of siblings placed together.
- A reduction in the total number of children served away from their own families.

In order to achieve these goals, DHS is committed to:

- Developing a network of family foster care that is neighborhood-based, culturally sensitive, and located primarily in communities in which children currently live.

- Ensuring that siblings are routinely placed together with families.
- Increasing the number and quality of foster homes to meet projected needs.
- Providing services to birth families and children in a timely fashion to promote reunification as soon as possible.
- Involving birth parents, foster parents, relatives and family support persons as team members.
- Becoming a neighborhood resource for children and families by investing in the communities where large numbers of families involved in the child welfare system live.

Foster family home certification begins with the location of a potential foster family and continues through the placement and supervision of children in the home. The process is divided into four major categories:

- Recruitment of foster homes,
- Family study (including licensing),
- Placement, and
- Continuing supervision.

Program Statement

Licensing Rule 400.12302 requires that prior to the beginning of each fiscal year the local office is to prepare a written program statement that includes the following information:

1. Types of foster care provided.
2. Age, race, ethnic background, and specific characteristics of children to be served.
3. Type and numbers of foster homes needed.
4. Types of services provided to foster families, supported by geomapping as available.
5. Geographic area covered.
6. Other categories as appropriate.

This program statement is to be made available to persons making 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 “lack of willingness to provide care for the types of children served by the agency,” (Rule 12306(1)(a)) e.g. the prospective foster parent is only willing to care for infants available for adoption.

FOSTER HOME DEVELOPMENT

Recruitment and Retention Program

Each local office shall develop and maintain an ongoing recruitment program to ensure an adequate number of suitable foster homes based upon the annual program statement outlined above and unique needs of individual children as they are identified. The department must also develop, implement and maintain a program of foster home retention that includes foster parent involvement and that identifies the causes of the loss of foster homes and prescribes actions to be taken to retain foster homes. (R400.12304)

An ongoing foster home recruitment and retention program is required to ensure an adequate number of suitable and qualified homes to meet the needs of the children served. Foster parent input should be utilized to determine the reasons that homes have closed.

The Department of Human Services is committed to ensuring that 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 DHS offices may designate staff for recruitment and retention activities.

Goal

Local office objectives are to:

- Increase the number of inquiries about foster home licensure.
- Increase the number of licensed relative caregivers.

- Increase the percentage of applicants who complete the licensing process.
- Maintain a sufficient number of foster homes to meet the needs of children served by the department.

DEFINITIONS

Community Awareness

Printed information, participation in community service programming, group presentations, etc. 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).

Recruitment

Information and activities designed to draw the attention of prospective foster parents in designated geographic areas (e.g., counties) including print and broadcast media, personal appearances by staff, recruitment and mentoring by licensed foster parents.

Retention

Activities and information designed to reinforce and maintain interest in fostering for licensed foster parents including training and recreation activities, awards and incentives, and recognition banquets.

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.

Comprehensive Recruitment Plan

The department must have a comprehensive recruitment plan that includes:

- A description of the characteristics of children served.
- 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, including relatives, 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.

Collaborative Efforts

Collaborative efforts are encouraged, including joint efforts with:

- Family to Family community specialists.
- Strong Families/Safe Children.
- Volunteer Services.
- Multi-Purpose Collaborative Bodies (MPCBs).
- Public/private partnerships.

In the formation of collaborations between local offices and private child placing agencies, care must be taken to not duplicate payments already being made to private agencies. For example, an amount for foster parent training and recruitment is already included in the daily rate paid to private agencies.

Note: No reimbursement may be made by local offices to private agencies for training provided to DHS foster parents.

Contracted Resources

Contracted resources may be purchased to work collaboratively on recruiting new foster families and retaining existing foster families. Specific resource efforts may include:

- Community awareness (education) activities;

- Assisting in the development of annual recruitment and retention plans;
- Marketing and advertising strategies;
- Foster parent recognition and retention activities;
- Foster parent training promotion;
- Promoting foster parent recruitment events.

COMMUNITY AWARENESS AND RECRUITMENT

Recruitment Activities

Possible recruitment activities include:

- Developing an annual county-wide recruitment and retention plan for the fiscal year (10-1 thru 9-30).
- 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 (geographical region's) specific recruitment needs, licensing procedures, and requirements.
- Responding to individual inquiries within a time frame that will ensure that families are receiving prompt and courteous attention in person, by phone, or by mail.
- Working collaboratively with the foster care and certification staff 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.

- Developing 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 (90-day) basis.
- Participating in collaborative activity beyond county boundaries where appropriate.
- Participating in relevant DHS-sponsored meetings.

Foster Parent Recruitment Activities/ Expenditures

Allowable foster parent recruitment activities/expenditures include:

- Orientation training and materials cost.
- Preplacement training and associated costs.
- Mentoring of prospective foster parents.
- Brochures and advertising about the need for foster parents and associated costs.
- Presentations to community groups for recruitment.
- Family recreational events.

RETENTION ACTIVITIES

A program of foster home retention must be developed and implemented that includes the involvement of foster parents and addresses the reasons for foster parent turnover.

Allowable foster parent retention activities/expenditures include:

- Ongoing training in advanced topics for licensed foster parents and associated training costs.
- Regional training costs.

- Annual recognition events, and associated costs.
- DHS support groups and associated costs.
- Educational library in DHS offices-foster care related periodicals, videos, books, etc.
- Family recreational events.
- Mentoring of licensed foster parents.
- Annual regional training conferences for adoptive/foster parents and relative caregivers.
- Travel costs for DHS staff and foster parents to attend Foster Pride/Adopt Pride “Train the Trainer” sessions.
- Reimbursement to foster/adoptive parents for costs of attending authorized training (mileage, etc. at state rates).
- Reimbursement to foster/adoptive parents for costs of co-training Foster Pride/Adopt Pride training. Speaker fees for recognition events, conferences and/or training.

FOSTER PARENT ORIENTATION, PREPLACEMENT AND ONGOING TRAINING

Training is defined as the presentation of information to prospective and/or licensed foster parents designed to meet various licensing rule requirements and reinforce competencies of foster parents. Distribution of information is required during the process that begins with the prospective foster parent's inquiry. The stated number of hour requirements are minimum requirements, according to the referenced licensing rules.

Twenty-four (24) hours of training must be provided to a foster parent by the end of the first year of licensure. The required training program is the Foster PRIDE/Adopt PRIDE curriculum. The training is organized around five competencies:

- Protecting and nurturing children;
- Working as a member of a professional team;

- Supporting relationships between children and their families;
- Meeting children's developmental needs and addressing developmental delays; and
- Connecting children to safe, nurturing relationships intended to last a lifetime.

Michigan's PRIDE (Parent Resources for Information, Development and Education) curriculum meets all policy and licensing requirements.

The training program must be conducted by a trainer approved by the Child Welfare Training Institute (CWTI). Discussed in detail below are orientation, preplacement training and ongoing training.

DHS will provide orientation, preplacement and ongoing training for **each** prospective/licensed foster parent as referenced in the department's foster parent training plan. Training may be delivered at the local office level or coordinated by combinations of counties/agencies with similar needs, called foster parent training coalitions. Foster parent training may be delivered by DHS staff and/or appropriate combinations of staff and available resources.

ORIENTATION

Before completing and submitting an application for an original license, each prospective applicant, (including relative caregivers who are applying for licensure) must attend an orientation session. If there are two caregivers in the home, both 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.

While there are no specific requirements in the child placing agency rules or the foster home rules regarding the number of hours of orientation, as part of the PRIDE model, the orientation is to be up 3 hours. The topics that must be covered are:

- Purpose of foster care.
- Characteristics and needs of the children placed by the department.
- 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.
- Provisions of the children's ombudsman act.
- Provisions of the child protection law.
- Foster Care Review Board's role

The purpose of orientation is to provide information to prospective applicants, 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 department and wants an application for licensure, the Foster Home Licensing Application must be provided.

Local Office Plan

The plan for orientation should be a part of an overall training plan to meet the needs of prospective applicants and licensees. The plan is to contain topic areas, a schedule of orientations sessions, and cost estimates.

Funding Source

The allocation for orientation is treated separately from other foster parent training, as there are different eligibility criteria for prospective foster parents rather than licensed foster parents. The source of the funds is the Foster Home Development Fund.

PREPLACEMENT TRAINING

After the foster home licensing application has been signed and returned, the local office or private agency is to begin the initial licensing process. Using the modules defined in the PRIDE model, 12 hours of training must be completed by each applicant prior to any children being placed into the home and by the end of the first 6 month provisional license. The three (3) hours of orientation may be counted toward the requirement for 12 hours of training.

Note: When relatives who already have children placed with them apply for licensure, 12 hours of training are required prior to making any payments using Title IV-E funding.

The purpose of preplacement training is to provide foster parents with the initial skills they will need to work with children placed into their home. Some of the topics that were covered in a superficial way during orientation will be covered in greater detail as the focus of the training changes from assisting individuals with making a decision about applying for a license to increasing the base of knowledge needed to work with foster children.

ONGOING TRAINING

Ongoing training is any training that is offered after the initial orientation and preplacement training. An additional 12 hours of the PRIDE curriculum must be delivered to foster parents within the first year after the initial licensing period. Generally, foster parents will have had at least one placement during the initial six (6) month licensing period. Licensed foster parents who have had a child placed in their home will be able to understand training information on a different level because of the experience of actually providing foster care.

After the initial 24 hours of training from the PRIDE curriculum, each foster parent is required to obtain six (6) 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.

Training Topics

Child placing agency licensing rule 400.12312 specifies topics that must be included in training received by foster parents within the time period of orientation through the first two and one-half (2 1/2)

years 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.

Training topics that must be covered within the first two and one-half (2 1/2) years are:

- Characteristics and needs of children.
- Effective parenting.
- Behavior management.
- Importance of the foster child's family.
- Role of the agency.
- Emergency procedures, first aid, and fire safety.
- Preparation of the foster child for independence.

Additional Topics

Additional topics that should be addressed are:

- The rights and responsibilities of foster parents and the agency.
- Supportive services available to children and foster families.
- Working with the foster child's family.
- The agency's role in supporting and monitoring the functioning of foster parents.
- Assisting children in transition 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. (Rule 400.12316(40 and R400.12313(2)(c)). The assessment must be documented in the foster home certification file.

Factors

The factors to be considered are:

- The strengths and weaknesses 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 similar to those that might be placed into the foster home.
- Skills and knowledge that will improve the ability of the family to meet the needs of children already placed into the home.
- Other specific topics may be required based on the assessment of the individual licensee.

TRAINING PLAN DEVELOPMENT

A training plan is to be developed annually with the input of foster parents. The plan must meet the following requirements:

- The training needs of individuals foster parents.
- The requirements of R400.12307 and R400.12312, including both topics and specific numbers of training hours to be delivered.
- Compliance with the agency policy of delivering the PRIDE training model within identified timeframes for applicants and licensees.

The annual training plan is to cover the period of October 1 through September 30, coinciding with the fiscal year. Plans are to be submitted to the DHS Foster Care Program Office, 235 S. Grand Ave., Suite 510, Lansing, MI 48909 no later than August 15 for the following October 1 fiscal year.

FUNDING & EXPENSE REIMBURSEMENT GUIDELINES

Specific Covered Costs

Training reimbursement is for expenses that have been approved by the Foster Care Policy Division and regional offices for activities the DHS and foster parent training coalitions provide to assist foster parents with meeting the basic Child Placing Agency Licensing requirements and the specific needs of children placed in licensed homes.

Foster Parents And Trainers

Licensed foster parents and approved trainers affiliated with DHS, with training coalitions, or with agencies under contract with DHS, are eligible for reimbursement of the expenses described:

- Meals at rates within State Standardized Travel regulations:
 - Breakfast:** for travel beginning prior to 6:00 am and extending beyond 8:30 am.
 - Lunch:** for travel beginning prior to 11:30 am and extending beyond 2:00 pm.
 - Dinner:** for travel beginning prior to 6:30 pm and extending beyond 8:00 pm.

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.

Child care is reimbursed at a maximum rate of \$1.50 per hour per foster child per training hour. Group care provided on the training premises is reimbursable at the same rate.

Mileage is reimbursable at the published Volunteer Services rate.

Training Reimbursement

- The reimbursement rate is currently \$30.00 per hour of actual training time. The fee includes travel costs. Requests for rate exceptions must be included in the training plan submitted to the regional office and must be approved in advance of the actual training session.

Exceptions will be considered when training is provided by a recognized expert in the topic area and when the agency or coalition sponsoring the training has coordinated the session with other agencies and the community and/or other communities to maximize the number of participating foster parents.

- Reimbursement for trainers employed by public child-placing agencies, such as DHS staff, may be paid through compensatory time or overtime, which is paid when the training provided requires the employee to work more than 40 hours in one week.
- Training sites are preferred on a no-cost basis. Training site costs must be documented in the training plan and must be approved in advance of provision of training. The cost, name and location of the site must be identified along with a description of efforts made to obtain a no-cost site.
- Training materials must be ordered from the appropriate source for the type of training needed. A description and projected costs for these materials must be included in the training plan.

Reimbursement Guidelines

Travel costs for DHS staff and foster parents who provide training or attend “Foster PRIDE/Adopt PRIDE Train the Trainer” sessions must be reimbursed according to state travel policy rates. **Note:** DHS and child placing agency staff may not be reimbursed for their time as trainers.

Reimbursement to foster/adoptive parents for costs of providing or attending authorized training may include:

- Child care: \$1.50/hr per foster child for each hour of actual training time.

- Mileage: State standard rate from home address to training site per training day that the trainee/trainer attend.
- Meals: State rules for reimbursement, except that dinners will be reimbursed only if an overnight stay is required.
- Lodging: One day of lodging at state rates if the trainee/trainer's home address to the training site and back is 100 or more miles.

Appropriate expenditures may be made locally, to registered vendors, using the MAIN payment system, with Cost Center 72225, the appropriate object code and the local office code as the index code.

Activity Expense Reimbursement

The county Department of Human Services, or the fiduciary agency for coalitions or multi-agency training sessions, is to submit a DHS-1582 (Payment Voucher), including the DHS county office department number, or the fiduciary agency's Federal ID number, no more than 60 days after the first date of training. Supporting documentation that details the following must be attached:

- Actual dates of the training session(s);
- Topics of each training session with a statement certifying that the topics covered meet Licensing Rules 400.12307 and 400.12312 for the licensed foster parents trained;
- Length of each session;
- The name and employee status of each trainer and the amount of reimbursement due each trainer;
- Number of licensed foster parents in attendance and a signed attendance sheet for each session;
- Total costs associated with training sites, if any, and a copy of the billing;
- Total costs of training materials, number and type of training materials purchased and cost each, or a copy of the billing;
- Total travel costs being charged, including total miles and cost per mile;

- Total costs for child care per child, in individual and on-site group care circumstances;
- Total meal and refreshment charges, including total number of meals and breaks and cost for each.

Unallowable Expenses

Foster home training funding may not be used to enhance or supplant foster care funding to support youth placements or adoptive/foster parent, relative or guardian expenses of care. Additional **unallowable** purchases include:

- The development of logos or Web sites for coalitions or groups;
- DHS or child placing agency administrative costs related to retention or recruitment activities;
- Attorney fees;
- Promotional items, such as coffee mugs, backpacks, lanyards, etc.;
- Acquisition of vehicles, equipment, furniture;
- Home improvements or any reimbursement to foster parents, child placing agencies or youth for the costs related to youth care;
- Payments to child placing agencies for retention and recruitment activities that may reasonably be considered to 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 or recruitment materials, provision of training, newspaper advertising, public service announcements, provision of foster care orientation;
- Purchases prohibited by the Governor or DHS administration.

Allocations

Allocation of funds is made to Regional Service Delivery Centers for distribution to local offices as appropriate. Regional offices may approve plans, allocate funds to their counties and may shift funds within their counties.

**FOSTER HOME
LICENSING****Selection**

When a prospective applicant expresses an interest in becoming a foster parent, prior to giving the applicant an application, the agency must document that the following conditions have been met:

- The applicant expresses a willingness to provide care for the types of children served by the agency and/or the related child in the applicant's care.
- The person has received the required orientation; see FOM 922 for the orientation requirements.

After the above conditions have been met by the prospective applicant, the agency must give the applicant an application along with a copy of the following material:

- A copy of Public Act 116, Child Care Organization Licensing Act.
- Administrative Rules for Foster Homes (effective 01/01/2001).
- Administrative Rules for Child Placing Agencies (effective 01/01/2001).
- Good moral character rules.
- Child protection law.
- The Children's Ombudsman's Act information pamphlet.
- The agency's program statement; see FOM 922.
- The agency's foster care services policies.
- The agency's foster parent training requirements.

Prior to beginning the foster family home study, the prospective applicant must complete, sign and return the BCAL-3889, The Children's Foster Home Licensing Application. In a two caregiver home, both caregivers must sign the application.

Fingerprinting

The fingerprinting of applicants for foster home licensing and adoption is required. Also, the licensed child placing agency working with a foster home license or adoptive applicant must conduct a check for substantiated child abuse or neglect in every state where the applicant or any adult household member has lived in the five years preceding application. Statutory changes (an amendment to the Child Care Organizations Act, Public Act 116 of 1973) were made to comply with federal requirements in the "Adam Walsh Child Protection & Safety Act (Public Act 218 of 2007).

Electronic fingerprinting completed through a placement agency foster care provider are analyzed, transmitted to BCAL and then stored on a Michigan State Police (MSP) database. A summary of the results are forwarded to the certifying agency.

Payment for Fingerprinting

Payment will be made by DHS for all foster home applicants, licensees and foster child adoption applicants through a contract billing system.

Evaluating Fingerprinting Results

Child placing agencies will continue to apply the good moral character process to the conviction information received from both the MSP and the FBI clearances; see FOM 722-03, Good Moral Character Offenses.

Frequently, clearances will come to the child placing agency even if the Michigan State Police/Federal Bureau of Investigation does not have conviction data available to provide. In the case of a non-specified crime charge, the child placing agency will interview the applicant/licensee about the charge and describe the information gathered in the initial or renewal evaluation. However, the child placing agency is not required to research the charge beyond that interview.

In the case of specified crimes (such as good moral character offenses), the agency must research the outcome of the charge beyond the statement of the applicant/licensee and prepare either an administrative review team (ART) summary recommending licensure or a denial of issuance/refusal to renew disciplinary action recommendation.

If there is a Michigan arrest information on an FBI clearance that does not match information on the Michigan clearance, you may consider the Michigan information to be more accurate.

Out-of-State Central Registry Checks

A licensed child placing agency working with an adoptive or foster home license applicant must conduct a check for substantiated child abuse or neglect in every state where the applicant or any adult household member has lived in the five years preceding application.

The Child Welfare Information Gateway is a Web site maintained by the U.S. Department of Health and Human Services. In alphabetical order, this site provides a list of the department responsible for the Children's Protective Services (CPS) program information in every state and U.S. territory. This site displays the name, address, phone number, fax number and email address of the state liaison officer.

When working on an out-of-state CPS clearance, the child placing agency worker must contact the office of the individual listed and request further information on the protocol for that state for providing a licensing or adoptive applicant CPS clearance. Different states have different processes. For example, Michigan requires a mailed, faxed or email-attached written request on the requestor's letterhead.

If the child placing agency worker receives information of any out-of-state protective services registry history on an applicant, s/he may not recommend licensure until or unless that history is resolved with expunction. Current DHS policy precludes licensing an individual who is listed on the Michigan central registry. This same policy now applies to out-of-state registry hits. In these instances, the certifying agency must recommend denial of licensure to Bureau of Children and Adult Licensing (BCAL).

Storage of Background Clearances

The signed BCAL-3889, The Children's Foster Home Licensing Application, is to be sent to Lansing with the signed BCAL-1326CW, Record Clearance Form, for each adult member of the household for processing. (Rule 400.12317) A copy of the BCAL-1326CW, with the attached fingerprinting and background clearance results, must be retained in the foster home licensing record. Internet Criminal History Access Tool (ICHAT) documents

from BCAL must be filed in the case record. ICHAT documents from BCAL are not to be destroyed.

Foster Parent Reporting Responsibilities

1973 PA 116, MCL 722.115i (1), requires foster parents to "...report to the department within 3 business days after he or she has been arraigned for 1 or more of the following crimes and within 3 business days after he or she knows or should reasonably know that a person over 18 years of age residing in the home has been arraigned for 1 or more of the following crimes:

- (a) Any felony.
 - (b) Any of the following misdemeanors:
 - (i) Criminal sexual conduct in the fourth degree or an attempt to commit criminal sexual conduct in the fourth degree.
 - (ii) Child abuse in the third or fourth degree or an attempt to commit child abuse in the third or fourth degree.
 - (iii) A misdemeanor involving cruelty, torture, or indecent exposure involving a child.
 - (iv) A misdemeanor violation of section 7410 of the public health code, 1978 PA 368, MCL 333.7410.
 - (v) A violation of section 115, 141a, 145a, 335a, or 359 of the Michigan penal code, 1931 PA 328, MCL 750.115, 750.141a, 750.145a, 750.335a, and 750.359, or a misdemeanor violation of section 81, 81a, or 145d of the Michigan penal code, 1931 PA 328, MCL 750.81, 750.81a, and 750.145d.
 - (vi) A misdemeanor violation of section 701 of the Michigan liquor control code of 1998, 1998 PA 58, MCL 436.1701.
 - (vii) Any misdemeanor that is a listed offense.
 - (c) A violation of a substantially similar law of another state, of a political subdivision of this state or another state, or of the United States.
- (2) A person who violates subsection (1) is guilty of a crime as follows:

- (a) If the person violates subsection (1) and the crime involved in the violation is a misdemeanor that is a listed offense or is a felony, the person is guilty of a felony punishable by imprisonment for not more than 2 years or a fine of not more than \$2,000.00, or both.
 - (b) If the person violates subsection (1) and the crime involved in the violation is a misdemeanor that is not a listed offense, the person is guilty of a misdemeanor punishable by imprisonment for not more than 1 year or a fine of not more than \$1,000.00, or both.
- (3) The department shall delete from the licensee's records all information relating to an arraignment required to be reported under this section if the department receives documentation that the person arraigned for the crime is subsequently not convicted of any crime after the completion of judicial proceedings resulting from that arraignment.
 - (4) Not later than January 1, 2008, the department shall inform all persons currently issued a license to operate a foster family home or foster family group home and all applicants for a license to operate a foster family home or foster family group home of the requirement to report certain arraignments as required in this section and the penalty for not reporting those arraignments.
 - (5) At the time the department issues a license to operate a foster family home or foster family group home under this act, the department shall notify the licensee of the requirement to report certain arraignments as required in this section and the penalty for not reporting those arraignments.

Note: The Bureau of Children and Adult Licensing will notify all currently licensed foster parents of this requirement.

Foster Family Home Study

The certifying agency is to make an initial thorough study of each foster family prior to placing a child with the family. The home study process must include visits at the residence of the foster home applicants for observations of, and interviews with, each member of the household.

The local office must complete the foster family (home) study (BCAL 3130) within 45 working days from the date the signed

application is received, unless the family withdraws the application or there is no assessed need.

All applicants at the time of initial licensure and at the time of renewal of their license, shall be asked to indicate their acceptance and interest in fostering a child of a different race. Enter this information in the BCAL-3130, home study or the annual evaluation of rule compliance.

Compliance with Licensing Requirements

The Foster Family Homes Technical Assistance Manual contains detailed instructions regarding the licensing process for original licenses, renewal of licenses, provisional licensing and licensing supervision. These procedures are to be followed when certifying a foster family home or foster family group home for licensure.

LICENSE VARIANCES

Upon recommendation of a child placing agency, BCAL may grant a variance to licensing rules or statutes regulating foster family homes or foster family group homes. The variance must assure that the health, care, safety, protection and supervision of a foster child is maintained. Granting of variances does not change the license status.

1997 P. A. 165, MCL 722.118b.(1), allows the foster care review board (FCRB) to recommend that a licensing variance be granted to allow siblings to remain or to be reunited in the same foster home. When DHS receives a report from the Foster Care Review Board recommending a variance, they will send a letter to the agency responsible for the foster home. The agency is to follow the procedures below and either support the recommendation or provide documentation as to the reasons why the worker does not believe the variance should be granted. Once a decision has been made, DHS will send a letter to the agency and the Foster Care Review Board with its decision.

Variances must be requested and approved prior to the agency allowing any action that would be in noncompliance with the administrative rules in BCAL Publication-10, Licensing Family Foster Homes or BCAL Publication-11, Child Placing Agency Rules.

The agency and the foster parent must review and agree with the request.

Procedure for Requesting Rule Variances

A written request for a variance to a foster family/group home licensing rule is to be prepared. A request for a variance will not be considered without a written request. The written request must contain the following:

- Name, address, license number of the foster home or enrollment.
- Identification of the foster home rule or rules for which the variance is needed.
- A description of the circumstances necessitating the variance to the rule(s).
- A description of the alternative to the requirements of the rule(s). The alternative must assure that the health, care, safety, protection, and supervision of all current and proposed members of the household will be met, including birth, adopted, relative, and foster children.
- A brief description of all children in the home including the family's biological and adopted children in addition to any foster children already placed in the home and the children for whom the request is being written. The description is to include the child's first name, date of birth, special needs and behaviors and permanency plan.
- Sleeping arrangements for all of the members of the household and the children for whom the variance request is being written, including bedroom square footage.
- The length of time for which the variance is needed.
- The letter must contain a supervisory signature.

If the variance is being requested at the time of initial licensure, the completed home study must also accompany the variance request. The request for a variance is to be based on the fact that all other rules are in compliance. This cannot be determined if the initial home study is not complete.

The request is to be forwarded to the Bureau of Children and Adult Licensing as follows:

Director, Bureau of Children and Adult Licensing

7109 W. Saginaw Highway, 2nd Floor
PO Box 30650
Lansing, MI 48909-8150
Fax (517) 335-6121

**BCAL Variance
Decision**

The BCAL letter which transmits the decision to approve or deny the variance will contain the following:

- A brief summary of the request.
- Identification of the rule in question.
- A statement that approves or denies the variance.
- The basis or criteria for making the decision.
- The duration of the variance.
- Additional conditions that must be met in order for the request to be approved, if any.

Copies of the letter will be sent to the requesting agency, the licensee(s)/applicant(s) and licensing consultant assigned to the agency requesting the variance. A copy will also be placed in the variance log in central office. The agency will be directed to place a copy in the foster home licensing file.

**Rules Compliance
Record**

The BCAL-3080, Rules Compliance Record, is to indicate compliance when a variance has been granted and the licensee complies with all additional conditions identified in the approval letter. During an agency onsite licensing investigation, the licensing consultant assigned to the agency may request to review the files where a variance has been granted to confirm that the agency/foster family has adhered to any conditions listed as necessary for approval.

**Placement
Agreement**

Rule 400.12311 of the administrative rules for licensing child placing agencies requires that the agency have a signed written agreement outlining the rights and responsibilities of both the agency and the foster parents regarding placements before initially

certifying a foster home for licensure. The DHS-1798, Agency/Foster Parent Agreement, has been designed to fulfill this requirement.

When it appears that the foster family can appropriately care for department children, a placement agreement is to be signed. The first agreement is a provisional agreement effective for six months; future agreements must be renewed at least annually. The agreement may be canceled at any time by either the foster parents or the local office.

The Agency/Foster Parent Agreement, is to be signed by the foster parents, a local office representative and the local office manager or designee. One copy is retained by the foster parents and one is placed in the family file. No placement is to be made prior to the signing of this agreement.

Placement Lists

Each foster family case file is to include a list of all children placed in the foster home, including name, age, agency or parent making the placement, date of placement, and reason for removal.
(R400.12317)

COMPLAINTS ABOUT FOSTER FAMILY HOMES

A complaint is one means by which the public can actively assist in ensuring the on-going protection of children placed in foster family homes. Often a complaint alerts the Child Placing Agency (CPA - see definition below) to problems or irregularities which may not otherwise be observed or detected during routine visits. The purposes for the information discussed is to:

- Set forth the DHS policy for handling complaints about licensed foster family homes.
- Establish procedures for staff to follow when handling complaints.
- Explain the use of the Special Investigation Record, BCAL-259.

To facilitate the effective regulation of family foster homes, CPA staff are to respond to all complaints regardless of their source. They are to screen, log, investigate, and report complaints as outlined in this section.

Each special evaluation is to determine compliance with Act 116, Public Acts of 1973, the Child Care Organization Licensing Act, and compliance with the applicable licensing rules (See: BCAL Publication 10, Licensing Rules for Foster Family Homes and Foster Family Group Homes).

DEFINITION OF TERMS

Pertinent definitions to the complaint handling process are:

Child Placing Agency (CPA)

A local DHS office **or** a private agency licensed to certify foster homes for licensure.

Complaint

A communication, either written or verbal, containing single or multiple allegations, which alleges or implies noncompliance with the licensing statute, foster home licensing rules or terms of the

license. Two types of complaints referred to throughout this series are:

- **Formal Complaint:** A complaint in which the complainant agrees that their name may be recorded. A person who makes a formal complaint is entitled to receive a copy of the special evaluation findings.
- **Anonymous Complaint:** A complaint in which the complainant is not known or a request is made that the name not be used. If the complainant wishes to remain anonymous, the name must not be documented even if it is known. (See Handling Anonymous Complaints below for more information.)

Complainant

Person or other source, i.e., a newspaper article or event, which initiates a complaint.

Special Evaluation

A licensing evaluation resulting from the receipt of a complaint.

Special Evaluation Report

A narrative report which details the findings of a completed evaluation, makes a determination of compliance with Act 116 and the rules and recommends licensing action to be taken. The BCAL-3080, Foster Family Home Rule Compliance Record, is to be completed and attached to the report.

Special Evaluation Closure

The termination point of a special evaluation is when the evaluation report is written, approved, and transmitted to the foster parent(s).

INTAKE/ SCREENING PHASE

The purpose of this phase is to ensure that accurate information concerning the complaint is received, logged, screened and recorded. This phase also includes making appropriate referrals, if needed, to other units or agencies.

Handling Initial Contact with Complainant

Five steps must be completed when handling initial contact with a complainant are:

1. Gather as much information from the complainant as possible.
2. Inform the complainant of the CPA's role in determining whether Act 116, or an administrative rule(s) promulgated under Act 116 has been violated.
3. Explain that an assessment will be made as to the need for making a referral(s) to another agency.
4. Discuss, with the complainant, the possible consequences to the foster parent which may result from a complaint being filed, including the possibility of adverse licensing action.
5. Begin preliminary screening of the complaint.

Preliminary Screening

Preliminary screening of the complaint may result in one of the following actions:

- **No Further Action** - may result given the following conditions:
 - The complaint received does not involve alleged violations of Act 116 or the foster home licensing rules,
and
 - The complaint received does not require a collateral referral to be made.

Warranted and/or Required Referrals to Other Units

When a complaint is received that involves Act 116 or the foster home licensing rules, it may be necessary for the DHS licensing staff to coordinate its evaluation activities with appropriate placement and protective services staff and other affected agencies. Warranted and/or required referrals to other units or affected agencies may include, but are not limited to:

- Referral to the appropriate local office placement staff or to another agency that has borrowed the home.
 - In counties with more than one certification worker, licensing complaints must be transferred to another certification worker. If all certification workers have an established relationship with the family, the complaint should be transferred to another county.
 - In counties with only one certification worker, licensing complaints must be transferred to another county. The transfer must occur by immediate telephone contact, followed by faxing the Special Investigation Record, BCAL 259.
 - Northern Area counties must alert the Northern Area manager or designee for monitoring when they receive a complaint involving a licensed foster home.
 - Area offices will work with their county directors to develop an Area coverage plan, which must be shared with Outstate Operations. Area offices will monitor the number and outcome of complaints received on licensed foster homes on a quarterly basis.
- Referral to Children's Protective Services (CPS).
 - Any action regarding a CPS complaint on a DHS licensed foster home must have second line review and approval. This includes rejected complaints, substantiations and denials.
 - If a CPS worker has an established relationship with the family, the complaint should be assigned to another worker. If all CPS workers in the county have an established relationship with the family, the complaint should be transferred to another county.
- Referral to law enforcement.

Referral to CPS

- **Immediately** contact CPS whenever a complaint regarding suspected abuse or neglect is received.
- Share pertinent information gained during the course of the evaluation.

Handling Anonymous Complaints

- Transmit a copy of the written special evaluation report to CPS upon completion.

If the complainant expresses a desire to remain anonymous, staff must inform the complainant that:

- Information gained solely from an anonymous complaint cannot be used as supporting documentation or evidence, but only as a source of “leads” to gain credible evidence; for example, using the anonymous complaint to locate witnesses who directly observed the situation described.
- The complaint will be acted upon, but that without the complainant being willing to identify her/himself, staff must verify the area(s) of noncompliance by direct observation or statements from others in order to gather credible evidence.
- The complainant will not automatically receive a copy of the special evaluation report.
- The anonymous complainant is encouraged to call back if they have additional information.

Do not record the name of a person who wishes to remain anonymous, or any other information which could potentially identify the anonymous complainant. The identity of the anonymous complainant is to be protected.

Record in the certifying staff's working notes other information provided by the anonymous complainant, such as the nature of the complaint, priority, date and time the call was received, other parties involved, and persons suggested to be contacted without indicating the anonymous source.

Logging Complaints

Record complaints using the Special Investigation Record, BCAL-259. Supervisory staff should monitor the appropriate and timely handling of complaints.

- Within five working days from the receipt of the complaint, a copy of the BCAL-259 is to be sent to the Bureau of Children

and Adult Licensing (BCAL). The information contained on the BCAL-259 will be put into the DHS Bureau Information Tracking System (BITS). A special investigation log number will be assigned and a turnaround BCAL-259 sent to the CPA.

SPECIAL EVALUATION PHASE

Appropriate strategy for a special evaluation is determined by the following factors:

- Nature of the complaint.
- Urgency of the situation.
- Need for coordination among various units or agencies.

Determining the Degree and Nature of the Complaint

To determine the nature of the complaint and the urgency of the situation, clear and detailed information should be gathered during the preliminary screening. This is particularly true when the complainant wishes to remain anonymous.

Guidelines for determining the nature and urgency of the complaint fall into four primary areas, arranged below by the degree of risk from high to low.

- **High Risk** - Immediate threat to the life, safety or welfare of foster children in care (CPS complaint required).
- **Moderate Risk** - Potential threat to the life, safety or welfare of foster children in care. In this situation, the threat does not appear to be immediate (CPS complaint required).
- **Low Risk** - Allegations involving possible rule violations that may or may not have a direct impact on the safety of a foster child in care. Those foster children receiving care are not considered to be in immediate danger.
- **A CONCERN IS VOICED**. After talking to the complainant, it is found that the concern is not related to Act 116 or rule compliance.

General Guidelines

General guidelines for conducting a special evaluation are:

- Inform the foster parent named in the complaint that a complaint has been received.
- Conduct a scheduled or unscheduled visit depending on the nature of the complaint. Unscheduled visits must be approved by the supervisor.
- Communicate the nature of the complaint received at the time of the home visit.
- Inform the foster parents that they have an option to involve a person of their choice in any interviews with them if the involvement does not impede the timely completion of the evaluation. (See CFP 713-3, Presence of Support Persons During Interviews of Adults for more information.)
- Inform the foster parent that written confirmation of the findings will be forwarded upon completion of the investigation. Be alert to other possible licensing rule violations when conducting the home visit.
- Provide an opportunity for the foster parent to thoroughly respond to the complaint and to the alleged rule or Act 116 violations. This approach may serve to reduce anxiety experienced by the foster parent.
- Before completion of the written report, the must provide the foster parent with a verbal summary of the preliminary findings at the conclusion of the evaluation.
- Confirm the home visit in writing. The Foster Family Home Rule Compliance Record, BCAL-3080, is to be completed. Inform the foster parent that if further evaluation is warranted, scheduled and/or unscheduled visits, as well as contact with collateral resources, may be necessary.

High Risk - Immediate Threat Procedure

- Begin the evaluation within one working day. This does not necessarily mean that a home visit must be conducted within one working day, but that some other investigative activity, such as a collateral referral to the units having jurisdiction in the area, should be made (e.g., calls to the health department,

fire department, police, protective services, or appropriate placement staff).

- An unscheduled visit may be conducted only with prior supervisory approval. If a visit is unscheduled the licensing worker must make a referral to CPS if not already done. See Coordination with CPS below and CFF 722-13, New Complaints of Abuse and/or Neglect for more information.

Moderate Risk - Potential Threat Procedure

- Evaluation is to begin within one (1) to five (5) business days. The more serious the risk, the sooner the evaluation must begin. A collateral referral may be necessary.
- Complaints of this degree require staff to determine the best possible time to conduct the home evaluation. Within five working days, licensing staff are to schedule the time and date of the home visit depending on the allegations and the preliminary action plan. (See High Risk above for procedures if an unscheduled home visit is determined to be necessary.)

Low Risk - Allegations Involving Possible Rule Violations Procedure

- Evaluation is to begin within five working days.

Although preferred, home visits do not have to be made within five (5) business days.

- Complaints of this degree are such that visits to the foster home may be scheduled at the mutual convenience of the foster parent and certification staff. Most home visits are announced.

A Concern is Voiced Procedure

- In circumstances where staff has determined that allegations made by a complainant are not related to licensing requirements, a special evaluation is not necessary.

- If determined to be necessary, a referral is to be made to other units within one to two working days.
- Certification staff may provide the person contacting the CPA with information regarding their responsibilities and encourage the person to contact the foster parent directly about her/his concerns.
- Certification staff may wish to notify the foster parent that they received the complaint and discuss the response with regard to the complaint.
- If requested by the foster parent, certification staff are to provide consultation to the foster parent regarding the issues of concern.

Collateral Coordination of Special Evaluations

The special evaluation is to be coordinated with other investigative units to the extent practical, but not to the point of compromising the certification responsibility. Copies of pertinent correspondence and findings should be shared with children's protective services, placement staff and law enforcement.

Coordination with Children's Protective Services (CPS)

- An independent special evaluation must be conducted even when a CPS investigation occurs. These may occur at or near the same time. In some circumstances, CPS and licensing staff may interview the same person at the same time. It is essential that the family under investigation and the respective licensing and protective services investigating staff are clear that these are separate and distinct investigations. The confidentiality provisions of the Child Protection Law must be respected (see SRM 131, Confidentiality - Child Protective Services Records). Completed special evaluation reports are available to the public upon request, but CPS reports are not.
- When licensing evaluations and CPS investigations are being conducted simultaneously, the licensing evaluation is to be

based on facts acquired by licensing staff. The evaluation is not to be based on any of the facts separately acquired through the CPS investigation unless authorization to release information can be obtained according to law (see SRM 131, Confidentiality - Child Protective Services Records.

Coordination with Placement

When the substance of the preliminary findings gives reasonable cause to believe that a youth is at risk or the target of exploitation, an immediate referral should be made to the responsible placement services staff or to the agency which has borrowed the home. (See CFF 722-3, Replacement.)

SPECIAL EVALUATION REPORT WRITING PHASE

The special evaluation report outline described below is to be used to record evaluation results. The evaluation must be completed within 45 calendar days after receipt of the information. If additional time is required, the agency must inform the foster parent, in writing, of the basis for the extension (Rule 400.12316).

Special Evaluation Report Format

- Foster Parent Identification:
 - Name of foster parent.
 - Address.
 - License number.
 - License date (effective date and end date).
 - License status.
 - License terms.
- Summary of Complaint Allegations - Give date and source of the complaint. When the source of the complaint is anonymous, indicate that. Summarize each of the allegations.
- Level of risk identification - Assign a level of risk to the complaint using guidelines discussed in "Determining the Degree and Nature of the Complaint." Use the procedure for the risk level identified.

- Licensing requirements allegedly in noncompliance - Identify the part of the statute, the specific rule (by number), or the terms of the license alleged to be in noncompliance.
- Methods used in conducting the special evaluation.
 - Date the special evaluation began.
 - Dates of home visit.
 - Names and ages of child(ren*).
 - Dates and names of persons interviewed and the relationship of interviewee to the subject of the evaluation. If foster children are interviewed, *use first names only and attach a code sheet to the completed report.
 - Records and documents reviewed.
 - Names of certification and other staff assigned to the special evaluation.
- Findings - Summarize content of interviews, including quotes from specific individuals; describe the home conditions; describe marks or injuries to a child; and provide facts and evidence gathered related to each of the allegations.
- Conclusions - Decisions reached as a result of the evaluation are to be based on the findings as presented above and should clearly state that compliance or noncompliance exists related to each allegation.

An BCAL-3080 which indicates compliance or noncompliance with each rule being evaluated is to be attached to the evaluation report.

- 8.Recommendation - The recommendation for the licensing action to be taken as a result of the evaluation is to be stated as:
 - No change in license status;
 - Reduction in licensed capacity;
 - Revocation of license;
 - Refusal to renew license;
 - Denial of issuance of a license;
 - Modification to provisional license; or
 - Renewal to provisional license.

When an Act 116, licensing rule, or term noncompliance exists and the recommendation is (a) no change in license status, (b) reduction in capacity, (f) modification to provisional, or (g) renewal to provisional license, a corrective action plan to bring the foster parent into compliance with the Act, all rules and terms of the license must be negotiated with the licensee(s). (Rule 400.12314)

- Any change in the agency's recommendation regarding the number, sex, age, and specific characteristics of children who may be placed is to be based upon the documentation contained in the summary and conclusions of the report.
- Signatures.

All special evaluation reports are to be signed and dated. The worker and the supervisor are to sign the report along with any other signatures the CPA requires.

A copy of the completed, signed, dated special evaluation report is to be sent to the foster parent within 10 calendar days of completion. Inform the foster parent, in writing, that s/he has a right to have his/her written response included as an attachment to the report. A copy of the BCAL-3080 completed as a part of the special evaluation is to be included.

Note: The "Summary of Complaint Allegations" and "Licensing Requirements Allegedly in Noncompliance" of the Special Evaluation Report outline may be combined if, in the judgment of licensing staff, it enables a clearer understanding of the connection between the complaint and potential rule violations

Recommendation for Provisional License

If the agency is recommending a provisional license, the BCAL-3706 and a copy of the signed Corrective Action Plan are to be sent to the Department of Human Services, Bureau of Children and Adult Licensing. A provisional license will not be effective prior to the date all licensees and the agency have signed the corrective action plan and the recommendation is received by BCAL and entered into the BCAL data base.

The turnaround BCAL-259 (Special Investigation Record) is to be completed indicating how the complaint was resolved. The white copy of the completed BCAL-259 is to be forwarded to BCAL.

Adverse Action

All special evaluation reports resulting in a recommendation for adverse action should be sent, along with other documentation and required forms for processing to the Department of Human Services, Bureau of Children and Adult Licensing.

**Licensing File
Maintenance**

A copy of the Special Investigation Record (BCAL-259), the Foster Home Rule Compliance Record (BCAL-3080), and any additional documents which were used in completing the evaluation are to be filed in the licensing file. There is no expungement of licensing special evaluation reports regardless of the findings.

**UNLICENSED
FAMILY HOMES**

Complaints regarding unlicensed homes providing full-time foster care are to be directed to and received by the local office supervisor with responsibility for foster family home development. Record the complaint on the BCAL-259 Special Investigation Record. The supervisor is to tell the complainant that the DHS will contact the person allegedly operating the unlicensed family home to inform the person of the licensing requirements. If the complaint relates to allegations of child abuse or neglect, refer this information immediately to children's protective services. CPS will determine whether children are in care, the conditions of the home, and the quality of care. The foster care supervisor should be notified of the findings resulting from the CPS investigation.

Make initial contact within ten working days after receiving a complaint regarding an unlicensed home.

Frequently, after an investigation of an unlicensed home has been conducted by CPS, a foster family (home) study will be requested. Should the foster family (home) study disclose an unlicensable situation and youth remain in placement, refer the matter to CPS for appropriate action.

**Initial Contact
Letter**

The purpose of the initial contact letter is to provide information from Act 116, Public Acts of 1972, the Child Care Organization Licensing Act, which establishes standards of care for child placement agencies, institutions and family foster homes and which provides penalties for non-compliance.

Enclose the following information to any persons alleged to be operating a foster family home without being licensed:

- A statement that, before providing foster care for unrelated children, a home must be licensed. Reference should be made to Section 5, Act 116, Public Acts of 1973.
- The name, address and telephone number of the local DHS office.
- A copy of Act 116, Public Acts of 1973 and the administrative rules.

Second Contact Letter

If the person does not contact the DHS within ten working days, a second contact letter must provide the same information described above. A reference to the initial contact and the fact that there was no follow-up is to be included.

Warning Letter

If the person does not contact the DHS within ten working days from the date of the second contact letter, send a warning letter containing the following:

- An introduction that states that, before providing foster care for unrelated children, a home must be licensed. Reference should be made to Section 5, Act 116, Public Acts of 1973.
- A chronological reference to the previous contact letters.
- A copy of Act 116, P.A. of 1973, and the administrative rules.
- A statement that the penalty for violating Act 116 is a misdemeanor with a reference to Section 15, Act 116, Public Acts of 1973.
- A concluding paragraph which states that if no response is made within 15 days from receipt of the letter, the case will be referred to the county prosecuting attorney for further action.
- The name, address and telephone number of the local office.

The warning letter is to be sent by certified mail, return receipt requested, over the signature of the local office director with a copy to the Office of Children and Adult Licensing, Department of Human Services.

Referral to Prosecuting Attorney

If the person does not contact the DHS to apply for a license within the 15 day time period given in the warning letter and there is reason to believe caregiving has not been terminated, provide the information to the prosecuting attorney. When the information has been referred to the county prosecuting attorney, send the person a short, informative letter stating that the matter has been referred.

**Visit to an
Unlicensed Home**

Only under unusual circumstances is the local office to make a visit to an unlicensed home that appears to be in violation of the law. If a visit occurs, it is to be made to inform the person about the requirements of Act 116, Public Acts of 1973. Establish a specific time and date for the visit with the person. The visit and entry to an unlicensed home has legal implications. If the person refuses to allow entry, do not enter.

DHS staff will prepare a written report describing the visit and the conditions observed at the home. Include in the report any additional documentation, such as letters from community members, etc.

**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.

RELATIVE LICENSURE

Every relative with placement of a child in foster care should be referred for licensure. Every effort must be made to ensure relative caregivers who are referred for licensure complete licensure within 180 calendar days of placement. Within 45 calendar days of placement, the relative **must** be referred to a certification worker; see [FOM 921, Foster Family Home Certification](#), & [FOM 922, Foster Family Recruitment, Support and Development](#).

The referral packet for licensing must include:

- MDHHS 5770 Relative Placement Safety Screen.
- DHS-972, Foster Home Licensing Requirements for Relative Caregivers.
- DHS-3130A, Relative Placement Home Study.

Relatives Referred to Private Child Placing Agencies for Licensure

If the supervising agency refers the relative caregiver to a private child placing agency for licensure, the licensing agency must accept or refuse the referral, in writing, within three calendar days.

The licensing agency may accept the licensing referral prior to the Relative Placement Home Study approval date. If the agency chooses to accept the case prior to the completion of the Relative Placement Home Study, the supervising agency must notify the licensing agency when the Relative Placement Home Study is approved. Approval and notification of the Relative Placement Home Study must occur no later than 45 calendar days from the date of placement.

If the supervising agency has not referred the relative for licensure within 50 calendar days from the date of placement, the supervising agency will be responsible for completing licensure for that relative.

Relative Licensing Certification Process

Upon receipt of the licensing referral, the certification worker's responsibilities include:

- Contacting the relative placement within one business day to schedule a home visit.
- Completing two home visits with the relative within 30 calendar days of the referral, and monthly thereafter, until licensure.
- Making active efforts to engage the family in the licensing process. Efforts include but are not limited to the following:
 - Contacting the relative caregiver weekly to assess the progress towards licensure, identify barriers, and provide assistance with the licensing process.
 - Providing direct assistance to the relative caregiver in overcoming any barriers noted, (such as driving the relative caregiver to get fingerprints as opposed to giving bus tokens; assisting in scheduling medical appointments; calling references and documenting that the reference was received via telephone).
- Ensuring the relative is licensed within 180 calendar days of placement of the child(ren) into the relative's home.
- Notifying the assigned foster care worker immediately if the relative is unable to become licensed.

Foster Care and Licensing Coordination

The foster care caseworker must have monthly contact with the certification worker until the family becomes licensed. The foster care caseworker and the certification worker must work together to assess any barriers that are impeding licensure.

The certification worker is primarily responsible for assisting the family in rectifying the barriers to licensure. Efforts may include but are not limited to:

- Requesting funds from the [Family Incentive Grant \(FIG\)](#) for home improvement purchases or services required to meet the Division of Child Welfare Licensing (DCWL) licensing standards.
- Preparing written requests for variances to administrative rules.

- Preparing Administrative Review Team (ART) summaries for DCWL.

The foster care caseworker is responsible for documenting the barriers and efforts in the case service plan and assisting the certification worker when necessary.

American Indian/ Alaskan Native Children

For caregivers of American Indian/Alaskan Native children as defined by the Indian Child Welfare Act, foster home licensing is optional. Caseworkers must refer to [NAA 200, Identification of an Indian Child](#) and [NAA 215, Placement Priorities for Indian Children](#) for policy requirements.

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LEGAL AUTHORITY

State Laws

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](#).

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 family shelter home is a foster family home available for the short term emergency care of children. It is used for any child who is temporarily without a home due to court or police intervention. This includes delinquent, non-delinquent and neglected/abused children.

A child may be placed in the home any hour of the day or night and remain there just long enough to allow the supervising agency time to adequately plan for him/her. It is expected that the foster home will accept a child anytime night or day, with little or no information other than a court order. This may be completed in a matter of days, or even hours. Children then move to their planned placement.

**Appropriate
Shelter Home
Placements**

Shelter homes are used primarily for children who cannot remain in their own home. Appropriate shelter home placements include:

- Children who come to the court or DHS 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 have run away from home and refuse to return.
- Children who have committed delinquent acts and need more supervision than can be expected from their parents.
- Children who have been placed in secure detention or jail and need a brief trial period before return to the fully open setting of family foster care or parental homes.
- 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 and physically violent.

LEGAL REQUIREMENTS

Children can be placed in shelter homes under only two sets of circumstances:

Emergency Foster Care

Emergency foster care is to be used for immediate placement of neglected and dependent children 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 case longer than the time limits stated below.

Alternative to Detention

Use of a shelter home as an alternative to detention is only for delinquent children. A detention order is needed which can initially be verbal, with confirmation in writing within 48 hours. Detention orders can be issued only by a family court. A detention order is needed if the child is being detained, is being held against his/her wishes, or to any degree is not fully cooperative. The local office must obtain agreement in writing from the family court to utilize a shelter home in place of a secure detention facility.

PLACEMENT LIMITATIONS

Refer to FOM 722-03, Placement Selection and Standards, for time limits and number of allowable placements in a family shelter home.

INTRODUCTION

The primary purpose of a shelter home is to provide a safe environment for children pending assessment and location of an appropriate ongoing placement. A second purpose is the support and stabilization of children who have been removed from their families with little or no preparation. A third purpose of the home is to prepare the child for a subsequent placement. A fourth purpose is that the shelter home parents can assist in evaluating the appropriate ongoing placement for the child.

**LOCAL OFFICE
RESPONSIBILITIES**

Each shelter home is to have a DHS assigned worker. This shelter home worker is responsible for working with the foster parents to assure that the needs of each child in placement are adequately and appropriately addressed.

The assigned worker is responsible for the overall shelter home program. The worker and the shelter home parents work together in determining the care needed by the child(ren) in placement. The shelter home worker and parents assist the child's worker in planning for the subsequent placement.

The shelter home worker:

1. Acts as a liaison between the shelter home parents and the child's worker.
2. Participates in interviews with the child, the child's worker, the shelter home parent, and/or members of the child's family.
3. Makes recommendations to the child's worker regarding subsequent planning.
4. Reviews and approves the budget of the shelter home program.
5. Makes periodic shelter home parent evaluations.
6. Assists the shelter home parents in implementing the shelter home program.
7. Maintains shelter home records.
8. 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. Their role is to provide care for the child, help the child adjust to removal from his home and assist in preparing the child for appropriate ongoing placement.

The shelter home parents are responsible for 24 hour per day care and supervision of the child in placement. They are responsible for maintenance of a friendly, acceptable, wholesome atmosphere in the home. They act as healthy adult models to strengthen existing positive values and behavior patterns.

In addition to providing care and supervision, shelter home parents:

- (a) Assign age appropriate responsibilities (chores) to each child such as keeping his room tidy.
- (b) Assure that the child attends school.
- (c) With child's worker's approval, facilitate communications between the child and the child's parents.
- (d) Involve the child in recreational activities.
- (e) Make arrangements and transport for emergency and non-emergency medical and dental care.
- (f) Notify the worker immediately of any emergency.
- (g) Assure the child has adequate clothing.

**BEHAVIORAL
EXPECTATIONS**

The shelter home parents and worker are to establish a set of behavioral expectations for a child placed in the home and are to share these expectations with the child upon placement. The following are to be included:

1. The child must remain in the home or on the grounds at all times unless the shelter home parents give him permission to leave.

2. The children cannot use the telephone unless special permission is given and then calls are to be restricted in number and in duration of time.
3. Specific mealtimes, bed-time and rising times are to be established.
4. School attendance is required.
5. The child must come directly home from school or any other community based program and may not accept rides from anyone except the shelter home parents.
6. A delinquent child may earn the right to visit at home (with the child's worker's permission) on weekends or with special permission during the week.
7. Each child is to have certain chores to do including keeping their own living area and belongings neat and clean.
8. Good standards of personal grooming and hygiene are required of each child. There should be no restrictions as to the hair length as long as the hair is kept clean and in a reasonable condition.
9. At admission, all the child's personal property is to be noted and stored, if necessary, until his release. This can usually be accomplished immediately after admission by having the child empty all pockets, placing the contents on the table. The child should be allowed to keep routine articles such as watches, rings, etc., provided those items are not sources of conflict within the home. The child should not keep money with them. The use, borrowing or trading of clothing or other personal articles is prohibited.

DISCIPLINE

A plan is to be in place for discipline. When discipline is necessary it is to be consistent and commensurate with the severity of the infraction and in compliance with the licensing rules and regulations, Act 116 of 1973, MCL722.112 (R400.9404, Behavior Management). Discipline is to be centered on a withdrawal or withholding of certain privileges. Inflicting corporal punishment, creating mental anguish, or any other forms of physical force or mental deprivation are not permitted. When discipline is required, it should be within the following constraints:

1. The shelter home parent and/or shelter home worker should attempt to resolve the problem before discipline is administered.
2. The shelter home worker should be notified of the behavior for which the child is being disciplined.
3. The shelter home parents should document in writing how the problem was handled and the disciplinary measures that were taken.
4. The shelter home worker, in conference with the shelter home parents, should discuss the disciplinary measures to assure that they are within the constraints of this philosophy.
5. In those cases where physical restraint is necessary to protect the child from others, or himself, or to protect others or property from the child, it is permissible to restrain the child temporarily until the shelter home worker can be consulted. Such restrictive action is an emergency procedure only and should not be considered as a disciplinary measure.
6. When physical restraint has been used, a detailed report of the incident is to be completed in duplicate immediately. One copy is for the shelter home records and one for the assigned shelter home worker.

Use of Detention Facilities

Only a child who is under court jurisdiction for committing a criminal offense may be placed in a detention facility. Transfer of a child to a detention facility should not be used as a punishment tool, but should be permitted if serious emergencies arise. Secure detention facilities should only be utilized when there is an obvious threat of danger to the child himself, to other residents, to the shelter home parents, to their children, or to their property. If such emergencies arise, the following procedures are to be followed:

1. Contact shelter home worker.
2. Seek court approval for the temporary transfer of the child from the shelter home to a detention facility.
3. Once a decision has been made to transfer the child, contact the detention facility to ascertain whether or not it can take the child and, if so, make final arrangements for the transfer.

4. Prepare a detailed report in duplicate stating the purpose of the transfer and all other pertinent information of the transfer. The original goes to the shelter home worker and one is to be kept in the shelter home records.

ACTIVITIES AWAY FROM THE SHELTER HOME

Ordinarily a child placed in a shelter home will not become very involved in activities outside the home as his stay will be brief. The shelter home parents and shelter home worker may find approved DHS or Family Court volunteers useful. Because activities away from the shelter home must be properly supervised the following procedures are to be followed:

1. Anyone other than the shelter home parent, worker or the child's worker taking a child from the home on any activity (visit, school, religious, recreational, work, etc.) must first be interviewed and approved by the shelter home worker or the child's worker. The purpose of the interview and approval is to assure that the person and activity the child will be involved in does not in any way conflict with the child's safety and treatment plan.
2. All activities away from the shelter home are to be approved by the shelter home worker or the child's worker.
3. Activities away from the shelter home require written approval prior to the date and time of departure.
4. Anyone taking a child from the home other than the shelter home worker, is to leave his/her name, address, telephone number, destination, and expected time of return.

AWOLP PROCEDURES

Shelter home parents can often prevent AWOLPs (absent without legal permission) by teens or older children from occurring by being aware of the situation and knowing what is going on in the home at all times. This type of knowledge of the situation necessitates total involvement with the children. By knowing the moods of all the children in the shelter home, a child's problem can often be addressed before s/he takes flight as a means of resolution.

When an AWOLP occurs, the following procedures are to be followed:

1. Notify shelter home worker immediately.
2. Check the child's room and discuss the situation with the other children. This process might give some clue as to the truant's whereabouts. All of the truant's personal belongings are to be locked up immediately.
3. Contact the local and state police immediately and provide necessary descriptive information.
4. Notify the child's worker and his parents immediately.

If a truant child is apprehended or returns to the home voluntarily, all parties concerned should be notified immediately, i.e., parents, police, worker, etc.

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.

VISITING PROCEDURES

Home Visits

Since a child is only in the shelter home for a brief period of time, home visits will not be very common. However, a procedure for approving home visits is to be in place. No child should be allowed a home visit unless it has been approved by his worker. Likewise, no child should be denied parenting time that has been approved.

Home visits should never be considered on a reward-punishment basis. A home visit is considered a vital part of a child's treatment plan.

**Visits in the
Shelter Home**

Every shelter home is to have a clearly defined written visiting procedure specifying the times that parents can visit. Visits should be limited to parents or members of the immediate family. All visits are to be approved by the child's worker at least two days in advance.

**EDUCATION,
RECREATION, AND
OTHER ACTIVITIES**

The shelter home provides short-term care and is not expected to have an extensive community based program. Most children in shelter homes will not be involved in community educational, recreational or employment activities.

Since a child may not be attending community based programs, there should be resources within the home to meet these various needs. A child is allowed to attend church services. If possible, arrangements should be made to attend a church of his choice under supervision. If this is not possible, he may attend a church of the legal parent's choice. However, in no case is a child expected to accept the religious values of the shelter home parents or required to attend the shelter home parents' church services.

**BUSINESS AND
MANAGEMENT
PROCEDURES**

The primary responsibility for establishing and maintaining the shelter home belongs to the department. 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 shelter home parents are to be given a thorough briefing on the nature of shelter care, the roles and expectations of parents and the worker before proceeding with a shelter home contract.

Once the orientation and selection of shelter home parents have occurred, the following procedures must be completed:

1. The home must be licensed in accordance with the Child Care Organization Act, P.A. 116 of 1973 (MCL 722.111 et seq).
2. The family shelter home responsibilities within this section of the manual (FOM 942) are to be reviewed with the parents.
3. Payment rates and procedures are to be defined.
4. Contractual requirements are to be completed.

A child coming to the home might have a substantial amount of money or he might earn money while in the home. A child in a shelter home should never be allowed to carry a significant amount of money. The shelter home parents must establish specific procedures to assure accurate records are maintained regarding all aspects of the child's personal financial transactions. The shelter home parents should issue receipts for all moneys received from a child.

Other Reporting Requirements

The shelter home worker is responsible for writing a quarterly narrative report regarding the shelter home's occupancy. This report is to cover the ability of the shelter home parents to meet the needs of children in crisis, the community acceptance of and involvement in the program and the ability of the staff and shelter home parents to function as a team.

The shelter home worker is also responsible for meeting all the requirements of the Licensing Rules for Child Placing Agencies from the Bureau of Children and Adult Licensing (BCAL) with respect to this program.

Case information on children are to include admission and discharge record, personal property list and any special reports.

TERMINATION FROM SHELTER CARE

It is the responsibility of the child's caseworker to assure the child knows that his stay in the home is temporary. This fact should be discussed with the child at the time of placement. For a child who develops positive emotional relationships with the shelter family, leaving the home is apt to be more difficult if he has not been reminded that their stay in the home is temporary. Refer to FOM

722-03, Placement Selection and Standards, for time limits for placement in a family shelter home.

**COUNSELING
SERVICES**

The purpose of the shelter home is primarily to care for a child until the Agency can implement a plan for a child. A shelter home also serves as an evaluation tool. Shelter home parents will observe how a child responds to various kinds of interactions within the home.

The shelter home parents and staff should not question a child about his background or about his past relationships. Efforts should focus on appropriately dealing with the child while he is in the program. This involves talking with the child about his likes and dislikes to assist the child's worker in planning for the child's ongoing placement.

**Shelter Home
Parent's Role**

In addition to providing twenty-four hour a day supervision, understanding, guidance, and in general being adult models, the parents also have a role in helping a child cope with external or environmental day to day problems which inevitably arise and to help a child effectively handle such problems.

It is important that the shelter home parents become an active participant in all phases of a child's daily life; recreation, education, religion and work. Such involvement should not be an idle, inert, "directive" nature. The philosophy being "we do things together", and not "you do as I say". No child can be expected to "open up" and talk to a "stranger". Without the presence of a warm, intimate, parent-child relationship, the parent's guidance role is severely limited.

If a child offers to share privileged or confidential information with a parent, the parent should advise the child, in terms he can understand, that he will listen, but that he will also share information with the child's worker. Information should never be coerced or accepted under the false pretense that it is only between the shelter home parent and the child. Simple honesty not only builds respect for parents, but at the same time an honest and straightforward relationship between parents and a child can be a tremendous aid in helping a child to grow. An honest and truthful relationship is a healthy one; a phenomenon that many children have never encountered.

The child's worker is responsible for the 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. Shelter home parents are with the child twenty-four hours a day; the child's worker is not. Therefore, the shelter home parent has a responsibility to take part in the child's treatment planning by sharing their feelings, observations, and ideas with the child's worker.

Advice, reprimands, etc., should not be based on emotional reactions or "personal" responses. Shelter home parents must keep in mind that many of the children they are working with have very limited abilities to handle interpersonal relationships. Reacting in an emotional way to these children has no positive value toward enhancing their abilities to cope with interpersonal relationships.

Helpful rules of conduct may include:

1. The program orientation is to be positive; the child should be treated accordingly.
2. Be objective, not subjective.
3. Be actively involved and interested.
4. Treat a child as a worthy person by relating to him as such.
5. Be non-punitive in attitude as well as in action.
6. Never show overt disagreement with each other or the shelter home worker in the presence of a child.
7. Never make promises that cannot be kept or that might be contradictory to treatment plans.
8. Be positive; be an example.
9. Never loan and/or borrow money from a child.

Diagnostic/ Evaluative Services

The 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/evaluative statement. What will be provided is a statement of observations by the

shelter home parent such as: eating habits, sleeping habits, personnel hygiene habits, moods.

The shelter home parents should be able to share with the shelter home worker and the child's worker their feelings about the child which should be very beneficial in making subsequent plans.

RELATIONSHIPS WITH FORMER FOSTER CHILDREN

Because of the short duration of the shelter home placement, it is not anticipated there will be many children who will return to visit the shelter home. Should a child who was formerly in placement visit, the shelter home parent and shelter home worker should not commit themselves to any plans which might be in conflict with the child's worker's responsibilities.

USE OF COMMUNITY RESOURCES

When community services are being utilized, the shelter home parents and staff need to establish a close liaison with those services. For example, if a child is attending a public school, the public school system should have a good understanding of the shelter home and should have phone numbers immediately available for both the staff and the shelter home parents. The school must understand that when they have difficulty with a child they are to call before the difficulty develops into a critical situation.

This same kind of involvement is necessary when shelter home children are involved as in a community-based recreational or employment programs.

**CONTRACTUAL
AGREEMENTS**

A contractual services agreement must be in effect with every family who provides shelter home services. The processing of these contracts is the responsibility of the Division of Contracts and Rate Setting (DCRS) in Central Office. Requirements for all Agency Contracts are located in the Administrative Handbook. The following is the specific process to be used for shelter home contracts.

Responsibility

Action

Local Office

Identifies a shelter home, ensures the Department of Consumer and Industry Services licenses the home and contacts the Children's Foster Care (CFC) Section in the Child and Family Services Administration.

CFC

Prepares a Project Identification form and forwards it to DCRS

DCRS

Reviews Project Identification form to ensure it is complete; has contract typed. Proofreads contract and makes copies. Sends contract and one copy to local office.

Local Office

Reviews contract with the family and obtains signatures on both copies. Returns signed contract copies with signed Department of Human Services Board Review document to DCRS.

DCRS

Sends contract copies for DHS Director's signature. Has signed contract duplicated. Distributes contract copies.

- Original for DCRS files
- Original signature copy plus additional copy to local office (one for local office file, original signature copy to parents)

- One copy to Payment/Document Control Section
- One copy to CFC.

MANAGEMENT FORMS AND PROCEDURES

Most shelter home forms are completed by staff, but a few are completed by the shelter home parents.

Admission and Discharge Record DHS-2600

This report is the admission and discharge record (See DHS-2600 - RFF-2600) for each child placed in the shelter home. The discharge section includes an informal evaluation of the child which is valuable for the child's worker in planning for that child.

The report is completed at the time of admission and at discharge, preferably as a joint product of staff and the shelter home parents. One copy of the completed report, upon discharge of the child from the shelter home is to be forwarded to the child's worker and a copy retained in the local office files.

Truancy Report DHS-868

The Truancy Report is completed for every unauthorized absence of an individual from the shelter home. It describes the circumstances of the truancy, actions taken by shelter home parents and staff and should also serve as a supervisory tool in the local office.

The Truancy Report (See DHS-868 - RFF-868) is a two-page form, one copy given to the local office supervisor and one retained in the shelter home's file in the local office.

Personal Property List - DHS-2597

The Personal Property List - DHS-2597 (See 2597 - RFF-2597) is used by the shelter home as an intake record of a child's personal belongings as well as a release record. The report serves to avoid confusion as to the ownership of personal property as children come and go from a shelter home.

This report is completed in the home by the shelter home parents and later filed in the local office records.

Program Evaluation Narrative

The Program Evaluation is to be completed quarterly by the staff of the 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. An evaluation must be completed and forwarded to CFC annually in order to initiate payment of the Incentive Bonus.

The following is a Guideline for the completion of the Evaluation.

QUARTERLY REPORT

(Name) Shelter Home
(Quarter - Year)
(Name of Staff Completing Report)

REPORT FORMAT

Statistical Section

1. Total number of children served
 - a. admissions
 - b. discharges
2. Releases
 - a. Satisfactory
 - b. Truant
 - c. Unsatisfactory
3. Occupancy Rate/Quarter

Past Quarter's Activities

This section should highlight activities of children in the home including school, work, recreation, trips, crafts, etc., problems, special projects, etc.

**Parent
Involvement and
Growth**

This section should describe the shelter home parent's involvement with the children and their ability to provide controls, discipline, acceptance, tolerance, etc. Information should be included regarding the parent's relationship with staff, cooperation, etc.

**Shelter Home
Utilization**

This section should speak to the effectiveness of the home, the age, gender, and characteristics of the children the shelter home parents are most effective with and describe other significant events in the home.

Physical Facility

Initially this is a description of the home and utilization of the rooms within it, the grounds, accessibility to town, shopping, schools, etc. This section should be updated as changes occur.

**Evaluation of
Program Needs**

This section should assess the total program, the integration of the parents, staff and collateral resources into an effective service, strengths, areas needing improvement and goals for the future. This part should be brief yet it should cover the major concerns/activities during the reporting period.

Inventory List

The Inventory list is to be utilized by the shelter home to record all non-consumable supply and equipment items purchased with State funds that are being used in a home. The list should be reviewed against all property when a new shelter home replaces a closed one, when a shelter home closes, when any new items are obtained, or at least every six months. The list should contain the following information:

Item: All items with a value of \$50.00 or more and which would be expected to last one year or more should be listed, Describe the item, such as bicycle, basketball, etc.

Brand Name, Type, Model, Serial No.: Enter as much information as is available about each item.

Value: Enter its value when item was new or purchased.

DHS Tag No: Enter, if appropriate

Date Received: self-explanatory

Disposition of Item: Indicate the whereabouts of each item; e.g., "in the home", "worn out", "destroyed", etc.

These items should be returned to DHS when the home closes.

PAYMENT FORMS AND PROCEDURES

The budget and payment systems are set up so that federal reimbursement for the care of eligible children can be received. All payments, when possible, must be related to the care of an individual child and charged to the appropriate program cost account. Therefore, when reimbursements are requested on the Budget Detail and Monthly Statement of Expenditures, the following must be clearly identified: category of expenditure (e.g., personal allowance), the total expenditures (year-to-date and current month), and separation of Title IVE (ADC-FC) and non-Title IVE eligible expenditures. Child specific detail on expenditures is to be retained in the local office shelter home file. The items for which Title IVE can be claimed are identified in the budget as Child Maintenance.

CHILD MAINTENANCE ITEMS

- A. Board and Care Payments are initiated in accordance with the policies and instructions located in Services Manual Item 900 Series, Payment Resources.
- B. Initial Clothing - Maximums are listed in Services Manual Item 905.3, page 1. Criteria for authorizing initial clothing are contained in Services Manual Item 903.9, page 2.

The following expenditures are to be reported on Budget Detail and Monthly Statement of Expenditures report. If a vendor is to be paid directly a DHS-1582CS, Payment Voucher (See DHS-1582CS-Rff-1582CS), is to be attached to the "monthly statement"; and this amount is not to be included as shelter home

parent reimbursement on page 2, "Amount to be paid this Voucher".

- C. Personal Allowance - Maximum: \$5.00/child/week can be paid as a shelter home parent reimbursement on the "monthly statement".
- D. Youth Attendant - Used when needed for children whose behavior, (i.e., running, suicidal, unusually destructive, etc.) needs special monitoring to allow child to remain in the shelter home. (See relief section for rates and payment method).
- E. Holiday Allowance for Youth - \$25/child is paid by the Foster Care Payment System around the 15th of December.
- F. Ward Travel - Reimbursement for transportation to home visits, school, medical or dental appointments, etc. Note: Title IVE can be claimed for transportation to home visits only. Transportation expenditures for other reasons must be shown as non-Title IVE. Expenditures are to be reported on Budget Detail and Monthly Statement of Expenditures report. If a vendor is to be paid directly a DHS-1582, Payment Voucher is to be attached to the "monthly statement"; this amount is not to be included as shelter home parent reimbursement on page 2, "Amount to be paid this Voucher".

PROGRAM SERVICE ITEMS

- A. Bed Subsidy - \$100 per contracted bed per month. The purpose is to assure that shelter is available when needed by a child. Payment is initiated on the Monthly Statement of Expenditures.
- B. Respite - Approved and processed by assigned staff on "monthly statement".

\$150 for shelter homes for a maximum vacation period of one (1) week per fiscal year (10/1-9/30).

- C. Relief Help - Processed for payment the same as Respite.

\$550/year/shelter home

The maximum hourly rate is the minimum wage. The going rate, if less, should be used.

The maximum rate for 24 consecutive hours of relief help including overnight is \$50.00/day. Approval by the local office is required prior to agreeing to use the daily rate.

- D. Recreation, education, cultural enrichment activities and supplies - (Identify youth specifically and Title IVE eligible or not if appropriate). Examples of items which could be included are YMCA membership, bicycles, sports equipment for the home, etc. Processed on the "monthly statement".

\$128/bed/year in shelter homes.

- E. Home Supplies - Processed on "monthly statement".

\$65/bed/year in shelter homes.

Supplies are defined as consumable items costing under \$100/item. If the supply item is a nonconsumable item under \$100 per item, it should be classified as controlled property and tagged/recorded for inventory. Such items should be returned to DHS when the home closes.

- F. Travel

\$475/year/shelter home for parents @ \$.21/mile.

Processed for payment on "monthly statement".

Budget Detail and Monthly Statement of Expenditures

The monthly statement is to be submitted within thirty days of the end of the monthly billing period.

Expenditures for all columns are to be listed by budget category.

The "year to date expenditure" column is to include all expenditures from the beginning of the fiscal year to the beginning of the month for which the report is being prepared.

1. For the October report, this column will be blank.
2. The November report is to reflect "current month expenditures" from the October report.

3. For all subsequent reports, this column is to reflect the total of the year to date and current month expenditure columns from the previous month's report.

Expenditures for the report month are to be itemized by method of payment and, if appropriate to the budget category, by Title IVE or Non-Title IVE eligible.

1. Imprest Cash Payment

- a. If imprest cash is the method of payment, the established DHS imprest cash procedures are to be used. (Section 2-2-13 of Department of Management and Budget's Administrative Manual).

2. Voucher Payments; There are two types of voucher payments; a) reimbursement to the shelter home parents and b) payments to a "vendor".

- a. Reimbursement to the shelter home parents: The amount to be paid directly to the parents is to be listed on page 2 of the Budget Detail and Monthly Statement of Expenditures on the line "Amount to be Paid this Voucher".

- 1) This amount must be detailed to identify the distribution of payment according to program cost account, agency object code, Index code and amount.
- 2) Both the worker and one or both of the parents must sign the statement.
- 3) A voucher will be prepared by Payment Control Division in Central Office upon receipt of the monthly statement.

- b. Vendor Payments: If any of the amounts listed under current month expenditure are to be paid to a person/organization other than a shelter home parent, a DHS-1582(s) (See DHS-1582 - RFF-1582) must be prepared and submitted to Payment Control Division attached to the monthly report.

- 1) These DHS-1582s will be processed for payment at the same time the reimbursement to the parent is processed.

- 2) **Note:** If DHS-1582s are submitted without an attached monthly statement, these will be returned to the local office.

The year to date balance column is to reflect the amount of the annual allocation remaining after the year to date and current month expenditures have been subtracted. The local office has the responsibility of assuring that expenditures do not exceed the budgeted amount.

The local office may approve transfers of up to a 5% increase above the line item budget category provided the sum of all expenditures does not exceed the total amount of the contract.

Payment Voucher DHS 1582

All payments to a person/organization other than a shelter home parent shall be made using the following procedures:

1. Complete the DHS-1582 (See DHS-1582 - RFF-1582) in detail including the Federal ID or Social Security Number of the vendor, the ward's name(s), case number(s), the appropriate program cost account, agency object code and Index code.
2. Receipts and original invoices are to be attached to the voucher, except for travel. Receipts for Relief Help should also be attached to the voucher if reimbursement is requested.
3. Reimbursement for transportation are to include the following:
 - a. Odometer reading at start and end of travel. Attach receipt for expenditures for lodging, food, parking, etc.
 - b. Destination.
 - c. Total miles at the designated rate per mile.
 - d. Date of travel and time of departure and return.
 - e. Reason for travel.
 - f. Child's name and case number.
4. Voucher must be signed and dated by the authorized local office staff.
5. Submit attached to Monthly Statement of Expenditures.

INCENTIVE BONUS

The incentive bonus is designed to recognize quality and longevity in providing shelter care and to provide an “incentive” which encourages parents to remain in the program. A written performance evaluation is to be submitted with the request for the Incentive Bonus payment. The evaluation report is to be completed by the shelter home staff in consultation with supervision. This bonus recognizes only completed years of service and current contracted number of beds.

Incentive Bonus is based on the length of time the family has provided shelter care, the number of contracted beds, a satisfactory performance evaluation and plans to continue to provide shelter care. Payment is initiated on the DHS-1582, and forwarded to the Children's Foster Care Policy Section with the performance evaluation report during the month prior to the anniversary date.

Former shelter home parents, who have left the program in good standing, upon re-entering the program will be given credit for the completed years of service that they had at the time the contract terminated, providing that their absence from the program has not exceeded 3 years. Years of service refers to parents' level in the incentive/bonus program, such as the 2nd year level or 5th year level, etc.

Re-entering parents' anniversary date is determined by crediting them with prior completed and partially completed years of service in combination with a determination of the additional months of service needed to fulfill another complete year of service.

INCENTIVE BONUS PAYMENT SCALE

Years of Service	2 Bed	3 Bed	4 Bed	5 Bed
1	\$100	\$150	\$200	\$250
2	200	300	400	\$500
3	300	450	600	\$750
4	400	600	800	\$1,000
5 or more	500	750	1,000	\$1,250

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 Pysch 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

All youth ages 14 and older that are in foster care and do not have a reunification goal in place, must be referred to the local Michigan Works! Agencies (MW!A) for participation in youth programs and services administered under the Workforce Innovation and Opportunity Act (WIOA).

Referral Process

To refer youth, the caseworker must:

- Complete a [DHS-348, Michigan Works! Agency/Workforce Innovation and Opportunity Act Agency Referral Foster Care Youth](#), and send it to the local Michigan Works! Agency.

Note: The DHS-348 is used for both year-round MW!A and WIOA program and Foster Care Summer Youth Employment Programs (SYEP). The case worker will need to check the correct program the youth is begin referred to.

- Follow-up with the local Michigan Works! Agency to verify that the youth has an appointment scheduled or is receiving services, if services are available.
- Document all referral efforts, services received, and barriers to youth receiving services in the Parent-Agency Treatment Plan (PATP).
- Referrals and services must be documented in MiSACWIS under independent living - employment/training or job training/employment assistance services type, with the appropriate service provider.
- Review each youth's eligibility for their local Michigan Works! Agency program every 90 calendar days and document any changes in the services in the PATP

Local Michigan Department of Health and Human Services (MDHHS) offices and placement agency foster care (PAFC) providers must coordinate with the local Michigan Works! Agency in order to develop practices and procedures for maximizing services and resources for foster youth.

**Eligibility
Documentation**

To enroll in services with the local Michigan Works! Agency, the caseworker must ensure the youth has the following eligibility documentation:

- A copy of his/her birth certificate.
- Social Security card or Social Security number (if card has not yet been received).

The youth may also be required to produce one or more of the following if applicable:

- Driver's license or other photo ID (school ID, state of Michigan ID, etc.).
- Selective Service Registration (for males over 18).
- School records and/or individualized education plan (IEP).
- Disability verification.
- Proof of offender status (copy of most recent court order).

**Consent to
Participate**

When referring youth to MW!A, youth are required to have a parent or legal guardian's signature. The Department of Talent and Economic Development (TED) has waived this requirement and has indicated that the signature of the caseworker on the DHS-348 meets this requirement.

Signature requirements for enrollment paperwork at the MW!A are as follows:

- For MCI wards, the caseworker or caregiver may sign.
- For temporary court wards, attempts should be made to locate a biological parent to sign enrollment paperwork. All attempts should be documented in the case service plan. If the biological parent is not reasonably available, the caseworker or a caregiver may sign the enrollment paperwork.

Exceptions to Referrals

The following youth are exempt from the required MW!A referral and are not required to be referred to MW!A:

- Placed out of state.
- In jail/detention.
- In residential/psychiatric facility.
- Already employed.
- In college.
- Enlisted in the military.
- Absent Without Legal Permission (AWOLP).

If the situation changes, and the youth is no longer exempt, the caseworker must make the MW!A referral within 5 business days.

POLICY CONTACT

Questions about this policy item may be directed to the [Employment Policy Mailbox](#).

OVERVIEW

The Family Incentive Grant (FIG) is funding allocated by the legislature to support initial licensure of a foster home (recruitment) or licensure renewal for an existing foster family home (retention). Eligibility is limited to foster parents licensed by Division of Child Welfare Licensing (DCWL) and prospective foster parents enrolled by DCWL. Appropriate expenditures include home improvement purchases or services required to meet DCWL licensing standards, and physical exams required for foster family applicants.

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 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 non-compliance DCWL licensing standard (licensed homes only) or for payment for the required physical exam for the licensing applicant(s).

Examples of appropriate purchases or services from recent reimbursements include but are not limited to the following:

- Window egress installation.
- Insect extermination.
- Well repair.
- Doors.
- Plumbing.
- Electrical.
- Stairway hand rails.
- Carbon monoxide and smoke detectors.
- Beds.
- Mattresses.
- Gun safes (\$250 maximum reimbursement).

Any approved home improvement request over \$500 will require the prospective unrelated applicant or unrelated foster family to contribute a minimum of 50% of the total cost.

**Beds, Mattresses,
Cribs**

Reimbursement for beds, mattresses, and cribs is limited to relatives in the licensing process and unrelated licensed foster parents if the purpose is to reunite sibling or take a sibling group. The reimbursement limit for beds, mattresses, and cribs remains at \$300 per relative or foster family per fiscal year. If there are circumstances warranting an exception to this amount, use the exception process for the request.

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 for the foster child(ren) in the basement.

**INELIGIBLE
EXPENDITURES**

FIG funds cannot be used for the following items:

- Portable cribs or play yards.
- Car seats.
- Bassinets.
- Animal licenses or vaccinations.
- Physical exams for other household members (other than the foster parent applicants).
- Security deposits, rent, or utilities.
- Interpreter fees.
- Transportation costs or vehicles.
- Items for a foster family's biological child or other household member.
- Home improvements for a rental home.

Note: For rental homes, minor repairs (non-structural changes) that are not the responsibility of the property owner may be eligible; see exception request process in this item.

- Labor costs to an unlicensed service provider
- Pre-owned items, such as items purchased at a yard/garage sale or Craig's List.
- Replacement of dirty or worn carpeting.
- Dressers or other furniture (other than the beds and mattresses as described above).
- File cabinets or fireproof boxes.
- Bedding (such as sheets, blankets, pillows, crib pads, and all other bed linens).
- Personal items.
- Common safety supplies including outlet covers, cabinet locks, and baby gates.
- Any other item that is not a home improvement required for licensing.

FIG provides reimbursement for eligible expenditures- it is not intended to provide emergency funding. Payment vouchers submitted for ineligible items will be denied reimbursement for the ineligible expenditure amount. Other funds should be pursued first before using FIG funds.

Note: Adoption and Foster Parent Recruitment and Retention funds (AFPRR) have the same eligibility requirements; therefore, if the family is not eligible for AFPRR the family will not be eligible for FIG.

FUNDING CAP

The cap on fund expenditures is \$500 (except for beds) to support equity and availability among counties and agencies, however there is an exception process in place for home improvements over the \$500 limit.

EXCEPTION REQUEST PROCESS

Approval through an exception process is required for all requests more than \$300 for beds or the \$500 cap. To ensure appropriate fund expenditure and reimbursement availability, exception

requests must be submitted in advance by email to MDHHS-FIG@michigan.gov, in an exception request memo.

The exception request memo **must** include:

- Full name (first and last) of foster family. If foster parents are a couple, include both foster parent names.
- For prospective foster parents provide the enrolled license number.
- Indication if the foster family is a relative family or a licensed foster family.
- Item or services required to complete the licensing process.
- Specific licensing rule currently in non-compliance, which will be rectified by the expenditure.
- Exact cost of the eligible home improvement item/service.
- Estimated time for completion of the improvement.
- Indicate if the family owns or rents the home.
- Each foster child's name, DOB, gender, permanency goal, and progress to that goal.
- Attach two estimates for any exception request over \$1,500.
- Requestor name, agency, phone number, and email address.

FIG exceptions requests, including all required documentation, must be submitted by email to MDHHS-FIG@michigan.gov with the following information in the subject line:

FIG Exception Request, [family last name], [MDHHS county office or placing agency name].

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 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 accompany a completed MDHHS-5602, Payment Voucher. The MDHHS-5602, Payment Voucher, must be completed according to the instructions attached to the form.

MDHHS Supervised Cases

The following supporting documentation must be included with the MDHHS-5602, Payment Voucher:

- Copy of receipt or billing statement indicating total cost.
- If an exception request is approved- copy of the approval Email.

Note: If an exception exists, only the approval email is required, caseworkers do not need to send the entire email chain.

**Private Child
Placing Agency
Supervised Cases**

Private child placing agencies are required to first reimburse the foster parent or service provider and then submit the payment documentation to the MDHHS-FIG@michigan.gov for reimbursement to their agency.

The following supporting documentation must be included with the MDHHS-5602, Payment Voucher:

- If an exception request is approved- copy of the approval email.
- Copy of the check reimbursing the foster parent 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 - must match receipt(s) and, if pre-approved, must be the same as the total amount approved.

**SUBMITTING
REIMBURSEMENT
REQUESTS**

Submit the MDHHS-5602, Payment Voucher, and supporting documentation, as soon as payment has been made to ensure prompt reimbursement and to assist with the timely monitoring and tracking of expenditures for the state. Incomplete or incorrect authorizations will be returned for correction. Foster Care Program Office will forward the MDHHS-5602, Payment Voucher, with the supporting payment documentation to the MDHHS Accounting Office for processing.

Reimbursement requests, including all required documentation, must be submitted by email to MDHHS-FIG@michigan.gov with the following information in the subject line:

FIG Reimbursement Request, [family last name], [MDHHS county office or placing agency name].

**STATEWIDE
INTEGRATED
GOVERNMENTAL
MANAGEMENT
APPLICATION
(SIGMA)**

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, caseworkers must send an email to MDHHS-FIG@michigan.gov to withdraw the request so the funds can be used by other families.

JOB AIDS

[MDHHS-5602, Payment Voucher, MDHHS Example](#)

[MDHHS-5602, Payment Voucher, Private Agency Example](#)

LEGAL AUTHORITY

2018 PA 207, Section 574(2)