

UNDER REVISION WITH NEW CODE CITATIONS

VOLUME VII
SECTION I

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opening a case, and activities when a new case is opened for a short time.

- 2) Eligibility must be determined as promptly as possible. The agency must notify the applicant of its decision or lack of decision promptly but no later than 45 days after application is received.
- 3) An applicant must be given the opportunity to complete a service application on the day services are requested. An application requested by mail or telephone must be mailed the same day.

will be provided. (If the disposition is unfounded and services are to be delivered, the individual must sign the Service Application).

can be done. This assessment should be done within 60 days, after which the case either should be closed or switched to an ongoing category.

b) Only persons needing the following services/components may be served on a universal access basis. At a minimum, these services must be provided by universal access:

~~(except for the purchase of child day
care).~~

income by 4 and 1/3.

- a) To verify income, viewing of recent written verification is acceptable. Written verification is obtained if possible.

- b) If income fluctuates, the amount should be averaged over a period sufficient to take the fluctuations into consideration. Usually three months is sufficient; however, for farm income or seasonal employment, a year may be necessary.
- c) Accept a customer's statement (preferably in writing) that he or she has no income unless there is reason to doubt the statement.
- d) **Record income verifications on the back of the agency's copy of the service application.**

2) Family Size and Income

The family is to be the basic unit for social services delivery. Family means any individual adult or adult(s) and/or children related by blood, marriage, adoption, or an expression of kinship who function as a family unit.

For purposes of determining financial eligibility, base the family size on the number of family members in the case (see Case Composition).

Count the income from those family members as well as income received from any legally responsible adult who may not be living in the family (e.g., absent fathers).

If Support Enforcement has already determined the amount of contribution for absent responsible adults, count this amount if this is being paid. Count income from family members temporarily absent from the household for whom the family claims financial responsibility for tax purposes.

EXCEPTIONS:

- a) For a child in foster care, only the child's income is considered.
- b) For a minor requesting family planning, the parent/guardian's income is not considered for this service (see Section II, Chapter A).
- c) For a child living with non-legally responsible relatives, do not count the income of these relatives. (Parents, a step-parent living with the child, and a person cohabitating with a parent are legally responsible). Grandparents, aunts, uncles, cousins, and siblings are not legally responsible.

3) Case Composition

For purposes of setting up a case, the following families are separate cases:

a) A married or cohabiting couple is a family of two.

- b) A married or cohabiting couple with a child(ren) of both or either under age 18 is a family unit.
 - c) A step-parent or other legal guardian, spouse, and step-child(ren) under age 18 are a family unit.
 - d) A single parent/guardian and child(ren) under age 18 are a family unit.
 - e) An adult or emancipated minor either living alone or with other related or unrelated adults (not as a couple) is a family of one.
 - f) A child in foster care is a family unit. The parent, etc., may be a separate case only when services are needed for reasons not related to the child in foster care.
- 4) Establishment of a Case

A case is generally established in the name of the head of the household or family. A case may be established under a child's name in the following circumstances:

- a) A child in foster care or an adopted child receiving subsidy.
 - b) A minor requesting family planning services.
 - c) A child being supervised through interstate placement or a court order, with the other member(s) of the household or family as a part of that case.
- 5) Use of the Median Income Scale

~~The State Median Income Table found in Appendix II~~ identifies the maximum income levels by family size by percentage of median income. Except for special condition groups, day care fee funding and court-ordered service fees, the maximum percentage of median income is 50 percent.

If a local board decides to limit the incremental percentage below 50 percent for any service, the percent selected must be documented in local board minutes ~~(this is not allowed for day care fee funding)~~.

A percentage 20 percent above that selected for others is used for the special condition groups of blind, deaf, mentally retarded, cerebral palsied, epileptic and autistic. Adults at risk of institutionalization may be included at local option. Refer to appropriate program chapters for program-specific criteria.

Child day care subsidy for income-eligible customers is based on the federal poverty level. See Volume VII, Section II, Chapter D, for more information.

personal visit, a Notice of Action or letter must be sent to acknowledge the withdrawal and protect the agency and customer from any misunderstanding.

3) The applicant should be told that he/she may reapply at any time.

4) Failure to Follow Through or Disappearance

If an applicant disappears or fails to follow through, the agency does not need to try to find the customer unless a valid Adult Protective Service or Child Protective Services report has been made. If neither of these conditions is present, a Notice of Action terminating the application is sent 45 days after the application was received.

c. Notice of Action/Case Management Requirements

1) A Notice of Action or letter must be mailed or given to the customer when a purchased service payment is approved, reduced, suspended, or terminated.

2) When mailed, send the Notice of Action in enough time before the date the action is to become effective (14 days is suggested) so that the customer clearly has a 10 day notice.

3) Notices are not required for fluctuations in purchased service payments when the Purchase Order authorization remains the same.

4) Use either a Notice of Action or a letter when written notice is required. If a letter is used, it must specify:

a) The action taken or planned. If a service payment is involved, the letter must give the current amount, if any, and proposed amount.

b) The effective date.

c) The reason for the action.

d) Information on appeal procedures.

d. Notice of Action/Closure

1) A Notice of Action or letter must be mailed or given to the customer or his/her representative when a case is closed (follow time frame in section c. above).

2) Death of Applicant

If the agency receives reliable information of a customer's death, the agency closes the case. A Notice of Action or letter may be sent to an appropriate relative or to the person(s) with whom applicant was living.

b) How does the customer view the problem(s) and what does he/she want to do about them?

- c) What strengths does the customer bring to the situation?
 - d) Based on the facts, what are the customer's and service worker's evaluations of what may be done about the situation?
- 3) Resource Appraisal and Selection

When a customer's needs require the use of an agency other than the local agency, the provider is selected as a result of an appraisal process. This process will look at the provider's ability to meet the needs of the customer and to achieve the service objectives set mutually by the customer and service worker.

The service worker must discuss available providers appropriate to the family's needs with the customer and consider the customer's choice. The final decision on provider selection, however, rests with the agency except in the Child Day Care Program where parental choice is the determining factor.

- 4) Reassessment of Service Delivery

Following the initiation of the service plan, the assessment is to continue on a mutual basis between customer and worker to document further service needs as a basis for the setting of long-range service objectives, the selection of services to fulfill those objectives, and the choices of resources to be used.

A written reassessment should be completed as dictated by the intensity of the case, but it must be completed at least annually. The reassessment should follow the same format as the initial assessment and be labeled REASSESSMENT.

The on-going reassessment should include, but is not limited to, answering the following questions:

- a) What progress has been made on the plan since its inception or since the last review?
- b) What revisions of the plan, if any, are needed?

Using information from the reassessment, problems or issues are prioritized and prioritized to help the service worker and the customer visualize what needs to be done, and take realistic steps toward accomplishment.

13. SERVICE PLAN

After determining eligibility and starting the assessment, a service plan is initiated which includes the services to be

provided, resources to be used to meet the presenting or immediate problem area(s), and a statement of initial target dates.

Within sixty (60) days of the date of eligibility the service plan shall have been completed based on both immediate and long-range needs. This plan shall include service objectives, services to be provided, service related activities, resources to be used, and target dates for accomplishment. **Service plans are formulated jointly by the customer and the service worker.**

Service Plan Requirements

- a. Each open service case shall have a written service plan. The service plan documents the basis for service delivery in the case record.
- b. There is no required form for recording the service plan except for Employment Service Program cases (Section II, Chapter C). There is required content for Foster Care/Adoptions cases (Section III, Chapters B and C).
- c. Service plans may be recorded in the case narrative or on a separate agency form, but shall be captioned SERVICE PLAN. The amount of detail in plans will vary with the customer's situation. Simple requests or emergency needs can appropriately be met by a brief plan (e.g., a case opened primarily for the provision of child day care under the fee program.) More complex cases may require a comprehensive long term plan.
- d. Service plans should have the following information with headings in outline form (unless the program area has its own requirements): Goals, Objectives, Tasks, and Target Dates.

- 1) Goals

The goal(s) may be stated in general terms to reflect program policies and desired outcomes. See specific program policy chapters for any additional or specific requirements.

- 2) Objectives

Make the objectives as behaviorally specific as possible. Objectives should be updated as the customer situation changes.

Service delivery objectives must be well thought out, clearly expressed, measurable, and must address specific needs. They should reflect the customer's and the service worker's consensus regarding the desired outcome of service delivery. Objectives and services selected should be relevant to the goal.

- 3) Tasks (Services)

This section of the service plan should describe

how the objectives will be met, who will provide the services, and when the services will be provided.

- 2) More frequent contact with the customer and collateral should occur as needed and as appropriate, considering total caseload size and customer need.

16. MONITORING AND EVALUATION

Monitoring is the process by which the service worker maintains contact with the customer, support systems, and service provider(s) to ensure the efficient and effective delivery of services relating to the achievement of the stated objectives.

The monitoring function shall begin upon delivery of service(s) and will be continuous. The local agency will be responsible for the monitoring of service delivery whenever it uses a vendor or non-agency provider to offer services to a customer.

The evaluation of the service delivery should address the success or lack of success of the service plan in meeting the goals and objectives of the customer and the worker. It should show whether target dates were met or modified and why. The evaluation of service delivery should report the outcome of the service provision.

The service worker shall conduct, collaboratively with the customer, evaluation of the delivery/effectiveness of services at the time of any completion or termination of a service or at other times as deemed appropriate, not to exceed the time standards for case reviews and redetermination.

Based on the evaluative data a case is to be kept open, closed, or transferred (intra-agency) provided there is no violation of the customer's rights as stated on the Service Application.

17. CASE CLOSURE

Families should be empowered to function independently of the local agency. A case should be closed (with the exception of certain program areas) under any one or more of the following circumstances:

- a. The service plan objectives have been met.
- b. The customer requests closure and vulnerable members are no longer at risk.
- c. Services are no longer needed.
- d. A customer is no longer at risk and supportive services are not available and/or needed.

- e. The customer does not follow the mutually agreed upon service plan, the case record documents repeated attempts to carry out the plan, and the case is not a Child Protective Services case or an incompetent/incapacitated Adult Protective Services case.
- f. A minor child enters foster care and there are no other minor children in the family. A new case is opened for the child in foster care through which the parent/guardian will receive services.
- g. The customer's situation has stabilized and services are no longer available.

- h. The agency is no longer able to serve the customer and the customer is not a required target population to be served.
- i. The agency is not able to maintain contact with the customer at least every three months without documented reasons related to the customer's whereabouts. (Exception: some Foster Care/Adoption and Employment Service Program cases).
- j. **The time limit expires in a specific program.**
- k. The customer leaves the agency's jurisdiction (except for Foster Care and Adoptions).
- l. **The customer is no longer eligible due to excess income.**

18. CHANGE OF JURISDICTION

- a. When a customer without special needs (see d. below) moves to a new jurisdiction, with the intention of residing there, the case in the original jurisdiction is closed. Application in the new jurisdiction is the responsibility of the customer and a copy of the case record is sent to the new agency only upon customer request or request by the new agency.

EXCEPTION: If an Employment Service Program registrant moves, the record maintained by the Employment Services Worker is sent to the new agency. If, however, it appears that the customer will be eligible in the new area and will continue to need services, the two agencies should cooperate to prevent an interruption of services. For example, an employed mother, receiving day care for a child, might move across the county line while continuing at the same job and continuing to need day care.

- b. If the move is temporary, the original jurisdiction keeps the case and, depending on the distance, provides any needed services or requests the new jurisdiction to assist. Service payments are the responsibility of the original jurisdiction in this situation.
- c. Policy regarding the use of the Notice of Action form must be observed.
- d. For moves in Child Protective Services (Section III, Chapter A) and Foster Care and Adoptions (Section III, Chapters B and C), see these respective chapters. Moves for adults entering nursing facilities or adult care residences are covered in Section IV, Chapter D, Long-term Care Services.

19. THE CASE RECORD

The case record provides documentation of service delivery and work performed for the customer.

The case record must contain certain forms, be organized in a

specific way (see b. below), and include a narrative. The narrative will document that the worker has met the minimum requirements concerning frequency of case contact and has closed

Services, which requires separate entries in the investigation narrative and at other times). List the dates, types of contacts and who was contacted with summaries. Type or legibly handwrite the narrative in ink.

The Contact Sheet (032-02-078/2) may be used for a record of contacts. The Employment Services Program has its own Contact Sheet (032-02-078/4).

d. Retention of Records

For information on retention of records see applicable program chapters, such as Child Protective Services, Foster Care and Adoptions. If no guidance is given, closed records may be destroyed after three years if an audit has been performed, or after five years if no audit has been performed.

SAMPLE COPY OF A SERVICE APPLICATION
(032-02-109/3)

REVERSE SIDE OF CLIENT'S COPY OF SERVICE APPLICATION (032-02-109/3)

RIGHTS OF APPLICANTS

Anyone may apply for services. You do not have to have lived in the county or city for any specific length of time. There are no citizenship requirements for services. You have the right to equal treatment regardless of race, color, religion, sex, national origin, or handicap.

You have the right to receive and complete an application on the day you request services. If you need help filing out the application, someone will assist you. The process of determining eligibility must be explained to you. The agency will decide on your application within 45 days. If this is impossible, you must be told why. The agency must write you if you are not eligible or if there is a delay. If you are determined eligible, you have a right for services to begin within 45 days after the agency gets your application.

You have a right to mandated services for which you meet eligibility requirements. Your right to optional services depends on your meeting eligibility requirements, whether or not the agency offers the service and whether or not the agency has the funds to serve all eligible applicants.

If the agency does not have funds for all applicants, those in greatest need may be served first. You have a right to see the information about you without your written consent except for purposes directly connected with the administration of social service programs.

These rights are based on Federal and State laws but there are certain exceptions. If you have any questions or want to see the information in your record, you shall talk to your social worker about it.

APPEAL INSTRUCTIONS

If you are not satisfied with the agency decision you may appeal and ask for a Conference or Hearing. This must be done within 30 days from the date Notice of Action was sent to you. You may appeal to your local agency or write directly to the Service Hearing Authority, Virginia Department of Social Services, 730 East Broad Street, Richmond, VA 23219.

You also may appeal a decision if you are already receiving services. This, too, must be done within 30 days and may be made to the local agency or to the Service Hearing Authority. If you ask for a Conference in the agency, or for a Hearing within 10 days, your service or service payment will continue until a decision is made if your appeal is validated.

If you feel you were discriminated against at any time, you may file a complaint with your local agency, the Commissioner of the Department of Social Services, or the Region III office of Civil Rights. This must be done within 180 days of the alleged discriminatory act. A pamphlet called "Virginia Non-Discrimination Program" is available which gives address and procedures of filing a complaint.

RESPONSIBILITIES FOR APPLICANTS

You must give complete and accurate information needed for determining eligibility. The agency may have to ask you for such things as pay stubs or permission to contact agencies or individuals to get proof of your

income. If you give incorrect information you could be prosecuted under the law. You must notify the agency within 10 days of any changes which could affect your eligibility for services.

REVERSE SIDE OF AGENCY'S COPY OF SERVICE APPLICATION (032-02-109/3)

STATE MEDIAN INCOME CHART

INCOME ELIGIBILITY DETERMINATION

Income, not resources, is counted in determining Eligibility based on Income. All income, except items listed below, is to be counted.

Net income from self-employment, farm or non-farm, is to be counted. This is gross receipts minus expenses. The value of goods consumed by the client and his/her family is not to be counted.

The gross amount in wages or salary received is the figure to be used. However, if the wage earner voluntarily has additional amounts taken out for savings such as bonds, these amounts must be counted as income.

Income to be excluded

1. Per capita payments to or funds held in trust for any individual in satisfaction of a judgement of the Indian Claims Commission or the Court of Claims.
2. Money received from sale of property, such as stock, bonds, a house, or a car (unless the person was engaged in the business of selling such property in which case the net proceeds would be counted as income from self-employment).
3. Earnings of less than \$25.00 a month.
4. Withdrawals of bank deposits.
5. Money borrowed.
6. Tax refunds.
7. Gifts.
8. Lump sum insurance payments.
9. Capital gains.
10. The value of the Food stamp coupon allotment.
11. The value of USDA donated foods.
12. The value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food service program for children under the National School Lunch Act as amended.
13. Earnings of a child under 14 years of age.
14. Any benefits received under Title VII, Nutrition Program for the Elderly, of the Older Americans Act of 1965, as amended.
15. Any grant or loan to any undergraduate for educational purposes made or insured under any program administered by the Commissioner of Education.
16. Any other scholarship loan or grant obtained and used under

- conditions that preclude its use for current living costs.
17. Home produce used for household consumption.

18. Earnings received by any youth under the Youth Employment Demonstration Program of the Comprehensive Employment and Training Act of 1973 (CETA).
19. Payment to VISTA volunteers.
20. Payment to vendors for services to recipients. These are not to be considered income for the recipient.
21. Garnisheed wages.
22. The portion of income paid for child support - if being paid, whether court-ordered or not. Count the payment as income for the person receiving it.
23. Do court income from Social Security; do not court income from SSI.

CONFIDENTIALITY FORM (032-01-005)

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LEGAL BASE

Statutory Authority: '63.1-25 and 63.1-56 of the Code of Virginia.

Title of Regulation: VR 615-50-1. Standards and Regulations for Agency Approved Providers

State Board of Social Services: Final approval granted on March 21,

1985, for regulations to be effective July 1, 1985. Approval on revised changes granted on November 20, 1986, to be effective April 1, 1987. Text of regulations is provided in capital letters.

Virginia Register of Regulations: Final publication on May 13, 1985; revised final publication on December 22, 1986.

PART I DEFINITIONS

'1.1 THE FOLLOWING WORDS AND TERMS, WHEN USED IN THESE REGULATIONS, SHALL HAVE THE FOLLOWING MEANING, UNLESS THE CONTEXT CLEARLY INDICATES OTHERWISE:

"ADOPTIVE PARENT(S)" MEANS A PROVIDER WHO GIVES PARENTAL CARE AND ESTABLISHES PERMANENT FAMILY RELATIONSHIPS FOR CHILDREN IN THE PROVIDER'S HOME FOR PURPOSES OF ADOPTION. STANDARDS APPLY TO ADOPTIVE PARENTS UNTIL THE FINAL ORDER OF ADOPTION IS ISSUED.

"ADULT" MEANS ANY INDIVIDUAL 18 YEARS OF AGE OR OVER.

"ADULT DAY CARE PROVIDER" MEANS A PROVIDER WHO GIVES PERSONAL SUPERVISION FOR UP TO THREE ADULTS FOR PART OF A DAY. THE PROVIDER PROMOTES SOCIAL, PHYSICAL AND EMOTIONAL WELL-BEING THROUGH COMPANIONSHIP, SELF-EDUCATION AND SATISFYING LEISURE TIME ACTIVITIES. DAY CARE FOR MORE THAN THREE ADULTS REQUIRES LICENSURE BY THE VIRGINIA DEPARTMENT OF SOCIAL SERVICES.

"ADULT FOSTER/FAMILY CARE PROVIDER" MEANS A PROVIDER WHO GIVES ROOM AND BOARD, SUPERVISION AND SPECIAL SERVICES FOR UP TO THREE ADULTS UNABLE TO REMAIN IN THEIR OWN HOME BECAUSE OF A PHYSICAL/MENTAL CONDITION OR AN EMOTIONAL/BEHAVIORAL PROBLEM. CARE PROVIDED FOR MORE THAN THREE ADULTS REQUIRES LICENSURE BY THE VIRGINIA DEPARTMENT OF SOCIAL SERVICES.

"AGENCY" MEANS THE LOCAL WELFARE/SOCIAL SERVICE AGENCY.

"ASSISTANT" MEANS ANY INDIVIDUAL WHO IS RESPONSIBLE TO ASSIST A PROVIDER IN CARING FOR CLIENTS.

"CHILD/CHILDREN" MEANS ANY INDIVIDUAL UNDER 18 YEARS OF AGE OR ANY INDIVIDUAL WHO IS IN THE CUSTODY OF A LOCAL WELFARE/SOCIAL SERVICE AGENCY AND IS 18 TO 21 YEARS OF AGE.

"CHILD PROTECTIVE SERVICE CENTRAL REGISTRY" MEANS THE CENTRALIZED SYSTEM IN VIRGINIA FOR COLLECTING INFORMATION ON COMPLAINTS AND DISPOSITIONS OF CHILD ABUSE AND NEGLECT.

"CHORE PROVIDER" MEANS A PROVIDER WHO PERFORMS NON-ROUTINE, HEAVY HOME MAINTENANCE TASKS FOR CLIENTS UNABLE TO PERFORM SUCH TASKS FOR THEMSELVES.

"CLIENT" MEANS ANY ADULT OR CHILD WHO NEEDS SUPERVISION AND/OR SERVICE AND SEEKS ASSISTANCE IN MEETING THOSE NEEDS FROM THE LOCAL WELFARE/SOCIAL SERVICE AGENCY.

"COMPANION PROVIDER" MEANS A PROVIDER WHO ASSISTS CLIENTS UNABLE TO CARE FOR THEMSELVES WITHOUT ASSISTANCE IN ACTIVITIES SUCH AS LIGHT HOUSEKEEPING, COMPANIONSHIP, SHOPPING, MEAL PREPARATION AND ACTIVITIES OF DAILY LIVING.

"CORPORAL PUNISHMENT" MEANS ANY TYPE OF PHYSICAL PUNISHMENT INFLICTED IN ANY MANNER UPON THE BODY OF A CHILD INCLUDING BUT NOT LIMITED TO HAND SPANKING, SHAKING A CHILD, FORCING A CHILD TO ASSUME AN UNCOMFORTABLE POSITION, OR BINDING A CHILD.

"FAMILY DAY CARE PROVIDER" MEANS A PROVIDER WHO GIVES CARE, PROTECTION, AND GUIDANCE FOR UP TO NINE CHILDREN WHO NEED TO BE AWAY FROM THEIR FAMILIES FOR PART OF A DAY. PROVIDERS CARING FOR SIX OR MORE CHILDREN MUST BE LICENSED BY THE VIRGINIA DEPARTMENT OF SOCIAL SERVICES UNLESS THEY ARE USED EXCLUSIVELY BY LOCAL AGENCIES.

"FOSTER PARENT" MEANS A PROVIDER WHO GIVES 24 HOUR SUBSTITUTE FAMILY CARE, ROOM AND BOARD, AND SERVICES FOR UP TO EIGHT CHILDREN COMMITTED OR ENTRUSTED TO LOCAL BOARDS OF SOCIAL SERVICES OR FOR WHOM SUPERVISORY RESPONSIBILITY HAVE BEEN DELEGATED.

"HOMEMAKER" MEANS A PROVIDER WITH HOMEMAKING SKILLS ACQUIRED THROUGH TRAINING AND/OR EXPERIENCE WHO GIVES INSTRUCTION IN OR, WHERE APPROPRIATE, PERFORMS ACTIVITIES SUCH AS PERSONAL CARE, HOME MANAGEMENT, HOUSEHOLD MAINTENANCE, CHILD REARING, AND NUTRITION, CONSUMER, OR HYGIENE EDUCATION.

"INFANT" MEANS ANY CHILD FROM BIRTH UP TO TWO YEARS OF AGE.

"IN-HOME DAY CARE PROVIDER" MEANS A PROVIDER WHO IS RESPONSIBLE FOR THE SUPERVISION AND CARE OF CHILDREN IN THE CHILD'S OWN HOME PART OF THE DAY WHEN THE PARENTS ARE AWAY.

"IN-HOME PROVIDER" MEANS AN INDIVIDUAL WHO WISHES TO OR DOES GIVE CARE IN THE HOME OF THE CLIENT NEEDING SUPERVISION AND/OR SERVICE.

"OUT OF HOME PROVIDER" MEANS AN INDIVIDUAL WHO WISHES TO OR DOES GIVE CARE IN THE INDIVIDUAL'S OWN HOME TO CLIENTS WHO ENTER THE HOME FOR PURPOSES OF RECEIVING NEEDED SUPERVISION AND/OR SERVICES.

"PARENT/GUARDIAN" MEANS THE BIOLOGICAL OR ADOPTIVE PARENT OR LEGAL GUARDIAN(S) OF A CHILD.

"RESIDENTIAL CARE" MEANS CARE PROVIDED FOR PURPOSES OF RECEIVING ROOM, BOARD, AND SERVICES ON A 24-HOUR BASIS.

"RESPONSIBLE PERSON" MEANS THE PARENT/GUARDIAN OF A CHILD OR AN INDIVIDUAL DESIGNATED BY OR FOR AN ADULT CLIENT.

' 1.2 AGENCY APPROVED PROVIDERS

THESE STANDARDS AND REGULATIONS ARE APPLICABLE TO THE FOLLOWING AGENCY APPROVED PROVIDERS:

A. OUT-OF-HOME PROVIDERS

1. ADOPTIVE PARENTS
2. ADULT DAY CARE PROVIDERS
3. ADULT FOSTER/FAMILY CARE PROVIDERS
4. FAMILY DAY CARE PROVIDERS
5. FOSTER PARENTS

B. IN-HOME PROVIDERS

1. CHORE PROVIDERS
2. COMPANION PROVIDERS
3. HOMEMAKERS
4. IN-HOME DAY CARE PROVIDERS

THESE STANDARDS AND REGULATIONS ARE NOT APPLICABLE TO PROVIDERS WHO ARE EITHER LICENSED BY THE VIRGINIA DEPARTMENT OF SOCIAL SERVICES OR APPROVED THROUGH AN ORGANIZATION LICENSED BY THE VIRGINIA DEPARTMENT OF SOCIAL SERVICES TO APPROVE SUCH PROVIDERS.

C. Licensed Providers

A licensed provider or a provider approved through a licensed agency may be used without the local agency determining compliance with these standards. Licensed providers include:

1. Family Day Care Homes
2. Family Day Care Systems
3. Child Placing Agency

' 1.3 Mixed Programs and Clients

- A. Approval of a provider for more than one type of care is permitted.
- B. The standards applicable to each specific type of care the provider wishes to give must be met.

PART II STANDARDS

' 2.1 STANDARDS FOR PROVIDERS AND OTHER PERSONS

A. AGE

1. CHORE AND COMPANION PROVIDERS SHALL BE AT LEAST 16 YEARS OF AGE.

2. ANY OTHER PROVIDER SHALL BE AT LEAST 18 YEARS OF AGE.
3. THE ASSISTANT SHALL BE AT LEAST 16 YEARS OF AGE.

B. CRIMINAL RECORDS

1. THE PROVIDER AND, FOR OUT-OF-HOME CARE, THE ASSISTANT, SPOUSE OF THE PROVIDER, AND ADULT HOUSEHOLD MEMBERS WHO COME IN CONTACT WITH CLIENTS SHALL IDENTIFY ANY CRIMINAL CONVICTIONS AND BE WILLING TO CONSENT TO A CRIMINAL RECORDS SEARCH.

a. Application

The Application for Agency Approved Provider, 032-02-138, requires the provider to identify any criminal convictions. The provider must sign the Application to indicate his/her willingness to consent to a search of criminal records.

b. Whose Record to Search

- (1) A statewide criminal record search must be done on the provider, any assistant, the spouse of the provider, and all other adult household members for adult foster/family care, child foster care or adoptions. This must be done regardless of the response about criminal records on the Application. These searches should be repeated at the time of renewal.
- (2) A criminal record search is encouraged for the provider for any other care. It is also encouraged for any assistant, the spouse of the provider and any adult household member who has any contact with clients for adult or family day care. These searches should be repeated at the time of renewal.

c. Information From Local Police Records

Local police have access to any available criminal history record information. The local agency

should explore what criminal record information is available through the local police. Information, if available, may be on local convictions only, on statewide convictions, or on convictions from other states. In exploring this question with local police, the local agency should also determine what authorization is necessary from the person whose record is being searched. Due to rules about dissemination or the effort involved in searching, the local police may not be willing to search statewide criminal history record information for the local agency.

d. Information From the Central Criminal Records Exchange

Virginia State Police maintain criminal history record information for arrests and convictions in Virginia. If the local police are not able or willing to conduct the statewide search, the Central Criminal Records Exchange should be queried by using the form entitled Criminal History Record Request, 032-02-140.

(1) Foster Parent or Adoptive Parent Applicants

By State Code ('19.2-389), a local agency can obtain, without cost, conviction and arrest information from the Central Criminal Record Exchange on Foster Parents or Adoptive Parents. No notarized statement is necessary. No fee is charged.

(2) All Other Providers and All Household Members To query the Central Criminal Record Exchange for providers (other than Foster Parents or Adoptive Parents), and all household members, the request must be notarized. No fee is charged.

e. Criminal Record Information From Other States

If not available through the local police, criminal record information on arrests and convictions occurring in other states may be obtained from the state where the provider or household member resided if the other state's law allows information to be disseminated.

2. THE PROVIDER AND, FOR OUT-OF-HOME CARE, THE ASSISTANT, SPOUSE OF THE PROVIDER, OR ADULT HOUSEHOLD MEMBERS WHO COME IN CONTACT WITH CLIENTS SHALL NOT HAVE BEEN CONVICTED OF A FELONY OR MISDEMEANOR WHICH JEOPARDIZES THE SAFETY OR PROPER CARE OF CLIENTS.

a. Information Received From the Central Criminal Record Exchange

- (1) If no record exists on the individual, the Central Criminal Records Exchange will stamp and return the form to indicate that.
- (2) If a record exists, the information furnished on a "rap" sheet will include identifying information, contributing agency, date of occurrence, charge, and disposition.
- (3) Information on Foster Parents and Adoptive Parents will include arrest as well as conviction information.
- (4) Information on all other providers and all household members will only include information on convictions.

- (5) The Central Criminal Records Exchange does not contain information on certain offenses. These include driving a motor vehicle, etc, while intoxicated; disorderly conduct; trespassing after being forbidden to do so; and class III and IV misdemeanors (such as gambling, slander, drunk in public, etc.).

b. Determining When Criminal Convictions Jeopardize Clients

- (1) A provider must be denied if the provider and, for out-of-home care, the assistant, spouse, or any adult household member who comes in contact with clients has been convicted of:
 - (a) murder;
 - (b) abduction for immoral purposes (Section 18.2-48);
 - (c) criminal sexual assault (Title 18.2-61, Chapter 4, Article 7);
 - (d) pandering (Section 18.2-355); or
 - (e) obscenity offenses (Section 18.2-374.1 or 18.2-379).
- (2) If care is being provided for children, a provider must be denied if the provider and, for out-of-home care, the assistant, spouse, or any adult household member who comes in contact with the children have been convicted of:
 - (a) failing to secure medical attention for an injured child (Section 18.2-371.1);
 - (b) crimes against nature involving children (Section 18.2-36);
 - (c) taking indecent liberties with children (Section 18.2-370 or 18.2-370.1); or
 - (d) neglect of children (Section 18.2-371)

- (3) The local agency will need to exercise judgment in the approval or denial of providers where convictions of other felonies and misdemeanors are found. The provider record should document the reasons for the approval or denial. No denial should be based solely on arrest information where no conviction has been made.

c. Confidentiality of Criminal Record Information

- (1) By State Code, criminal record information can only be used for the purpose intended. It must not be shared with anyone other than the

individual identified in the record. For example, conviction information on a household member cannot be shared with the provider. However, the provider could be told that he is being denied because this standard is not met.

- (2) By State Code ('19.2-389), however, information on Foster Parents or Adoptive Parents may be shared with a federal or state authority or court only if required to comply with a requirement in law for such dissemination.

C. CHILD ABUSE OR NEGLECT RECORD

1. THE PROVIDER AND, FOR OUT-OF-HOME CARE, ASSISTANT, SPOUSE OF THE PROVIDER AND ADULT HOUSEHOLD MEMBERS WHO COME IN CONTACT WITH CLIENTS SHALL CONSENT TO A SEARCH OF THE CHILD PROTECTIVE SERVICE CENTRAL REGISTRY IF CARE IS PROVIDED FOR CHILDREN.

a. Application

The Child Protective Services Release of Information Form, (032-02-141/1), is required for all adult household members who come in contact with clients to consent to a search of the central registry if care is provided for children.

b. When to Search

- (1) A search must be done for initial approval of a provider if care is provided for children.
- (2) A search may be repeated at the time of renewal. If a local agency has a good communication system between the CPS staff and staff approving providers, staff who approve providers should already be aware of any investigations done on approved providers.

c. Routine Search of Central Registry

- (1) A copy of the completed **Child Protective Services Release of Information Form, (032-02-141/1)**, is sent to the Central Office Child Protective Service Central Registry through courier service. The agency staff person should be sure that information on the application is legible and that the agency information is on it, **and the applicant signs the form before a notary public.**
- (2) Central Registry staff will check the provider(s) and other appropriate individuals to determine if the registry contains information. They will return the copy of the application with information on the findings on the **same** form.

d. Emergency Search of Central Registry

If an applicant is being considered for Emergency Approval (See '3.3), the local agency can request the search by telephone using the matrix code. **The Release of Information Form, (032-02-141/1), must then be forwarded to the Central Registry within five days.**

2. THE PROVIDER AND, FOR OUT-OF-HOME CARE, THE ASSISTANT, SPOUSE OF THE PROVIDER, OR ADULT HOUSEHOLD MEMBERS WHO COME IN CONTACT WITH CLIENTS SHALL NOT HAVE A FOUNDED OR REASON-TO-SUSPECT CHILD ABUSE OR NEGLECT RECORD IN THE CHILD PROTECTIVE SERVICE CENTRAL REGISTRY IF CARE IS PROVIDED FOR CHILDREN.

D. INTERVIEW, REFERENCES, AND EMPLOYMENT HISTORY

1. THE PROVIDER SHALL PARTICIPATE IN INTERVIEWS WITH THE AGENCY.

a. Out-of-home Providers

At least one interview with an out-of-home provider must occur in the provider's home (where care is to be given) at the time of the initial approval and at renewal. If 24-hour care will be given, all household members should be

interviewed.

b. In-home Provider

At least one interview with an in-home provider must be face-to-face at the time of initial approval and at renewal.

2. THE PROVIDER SHALL PROVIDE TWO REFERENCES FROM PERSONS WHO HAVE KNOWLEDGE OF THE PROVIDER'S ABILITY, SKILL, OR EXPERIENCE IN THE PROVISION OF SERVICES AND WHO SHALL NOT BE RELATED TO THE PROVIDER.

a. Application

The provider must list two references on the Application For Agency Approved Provider, 032-02-138.

b. Follow-up

(1) The local agency must check references for the initial approval. References do not need to be rechecked at renewal.

(2) The local agency may contact references by telephone, face-to-face interview, or request a reference in writing. References which are not written must be documented in the provider record by the worker. A sample format for reference questions is contained in the Appendix.

3. THE PROVIDER SHALL PROVIDE INFORMATION ON THE PROVIDER'S EMPLOYMENT HISTORY.

a. Application

The provider must list previous employment on the Application of Agency Approved Provider, 032-02-138.

b. Follow-up

The local agency must check employment which is relevant to the type of care to be provided at initial approval. The agency may wish to check other employment to assess the prospective provider on characteristics identified below. The local agency may check employment by telephone, face-to-face interview, or request it in writing.

4. THE AGENCY WILL USE THE INTERVIEWS, REFERENCES, AND EMPLOYMENT HISTORY TO ASSESS THAT THE PROVIDER:
 - a. IS KNOWLEDGEABLE IN AND PHYSICALLY AND MENTALLY CAPABLE OF PROVIDING THE NECESSARY CARE FOR CLIENTS;
 - b. IS ABLE TO SUSTAIN POSITIVE AND CONSTRUCTIVE RELATIONSHIPS WITH CLIENTS IN CARE, AND TO RELATE TO CLIENTS WITH RESPECT, COURTESY AND UNDERSTANDING;
 - c. IS CAPABLE OF HANDLING EMERGENCIES WITH DEPENDABILITY AND GOOD JUDGEMENT; AND
 - d. IS ABLE TO COMMUNICATE AND FOLLOW INSTRUCTIONS SUFFICIENTLY TO ASSURE ADEQUATE CARE, SAFETY AND PROTECTION FOR CLIENTS.
5. FOR ADOPTIVE PARENTS, THE AGENCY WILL FURTHER USE THE INTERVIEW AND REFERENCES TO ASSESS THAT:
 - a. THE ADOPTIVE PARENT(S) DEMONSTRATES A CAPACITY TO LOVE AND NURTURE A CHILD BORN TO SOMEONE ELSE;
 - b. THE ADOPTIVE PARENT(S) CAN ACCEPT THE CHILD FOR HIS OWN SAKE WITHOUT EXPECTING HIM TO RESOLVE FAMILY PROBLEMS OR FULFILL FAMILY AMBITIONS;
 - c. THE MARRIED ADOPTIVE PARENTS SHOW MARITAL STABILITY AND MUTUAL SATISFACTION WITH EACH OTHER.

6. ADOPTIVE PARENTS SHALL DISCLOSE FINANCIAL INFORMATION
 - a. Financial information must include:
 - (1) income from all sources
 - (2) savings and investments
 - (3) property
 - (4) debts.
 - b. The purpose of this is to determine the financial ability of the adoptive parents to support a child.

7. FOR ADULT FOSTER/FAMILY CARE PROVIDERS AND FOSTER PARENTS, THE AGENCY WILL FURTHER USE THE INTERVIEW, REFERENCES, AND EMPLOYMENT HISTORY TO ASSESS THAT THE PROVIDER HAS SUFFICIENT FINANCIAL INCOME/RESOURCES TO MEET THE BASIC NEEDS OF THE PROVIDER'S OWN FAMILY.
 - a. The purpose of this assessment is to determine that the provider is not relying on the payment made for the foster care child or foster/family care adult to be income to support his family. The payment is to support the child or adult. It is not taxable income to the provider.
 - b. This standard can be addressed during the interview by generally determining how the provider is able to pay bills. No documentation is necessary.

8. FOR HOMEMAKER PROVIDERS, THE AGENCY WILL FURTHER USE THE INTERVIEW, REFERENCES, AND EMPLOYMENT HISTORY TO ASSESS THAT THE PROVIDER HAS KNOWLEDGE, SKILLS, AND ABILITY, AS APPROPRIATE, IN:
 - a. HOME MANAGEMENT AND HOUSEHOLD MAINTENANCE;
 - b. PERSONAL CARE OF INFANTS, YOUNG CHILDREN AND/OR ILL, DISABLED, OR AGED CLIENTS;

c. CHILD REARING;

- d. NUTRITION EDUCATION AND MEAL PLANNING AND PREPARATION, INCLUDING SPECIAL DIETS; AND
- e. PERSONAL HYGIENE AND CONSUMER EDUCATION.

It is not required that all homemaker providers have each of the knowledge, skills and abilities identified. The client's needs should dictate which knowledge, skills, and abilities are necessary.

E. TRAINING

THE PROVIDER SHALL ATTEND ANY ORIENTATION AND TRAINING REQUIRED BY THE AGENCY.

- 1. The local agency should provide some basic orientation to any approved provider to enable the provider to perform the services expected.
- 2. The local agency may provide any training it feels necessary for any types of providers.

F. MEDICAL REQUIREMENTS

1. TUBERCULOSIS

UNLESS THE PROVIDER IS AN IN-HOME PROVIDER WHO IS:

- a. A RELATIVE OR FRIEND OF THE CLIENT LIVING IN THE CLIENT'S HOME,
- b. A RELATIVE OR FRIEND OUTSIDE OF THE CLIENT'S HOME BUT WHO HAS HAD REGULAR ONGOING CONTACT WITH THE CLIENT, OR
- c. A CHORE PROVIDER,

THE PROVIDER AND, FOR OUT-OF-HOME CARE, THE ASSISTANT, AND ALL ADULT HOUSEHOLD MEMBERS WHO COME IN CONTACT WITH CLIENTS SHALL SUBMIT A STATEMENT FROM THE LOCAL HEALTH DEPARTMENT OR LICENSED PHYSICIAN THAT HE IS FREE FROM TUBERCULOSIS IN A COMMUNICABLE FORM.

- d. The form entitled Request for Tuberculosis Statement, 032-02-142, may be used to obtain the statement.
- e. After initial approval, a statement regarding tuberculosis does not need to be obtained again unless the individual has contact with tuberculosis or develops chronic respiratory symptoms (more than four weeks in duration).
- f. If the individual was tested for tuberculosis within the past year, a new test does not need to be performed as long as the statement is obtained.
- g. The cost of any tuberculosis test may be paid by the local agency as an administrative cost.

2. OTHER MEDICAL EXAMINATIONS

THE PROVIDER AND/OR ASSISTANT SHALL SUBMIT THE RESULTS OF A PHYSICAL AND/OR MENTAL HEALTH EXAMINATION WHEN REQUESTED BY THE AGENCY BASED ON INDICATIONS OF A PHYSICAL OR MENTAL HEALTH PROBLEM. FOR ADOPTIVE PARENTS, THE AGENCY WILL REQUIRE SUBMISSION OF THE RESULTS OF A PHYSICAL EXAMINATION PERFORMED BY A LICENSED PHYSICIAN WITHIN THE PAST TWELVE MONTHS.

- a. If the local agency needs verification to determine if the provider is physically or mentally capable of providing the necessary care for clients, the agency should request an examination.
- b. The physical or mental health examination may be paid by the local agency as an administrative cost charged to services.

2.2 STANDARDS FOR CARE

A. NON-DISCRIMINATION

THE PROVIDER SHALL PROVIDE CARE WHICH DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, SEX, NATIONAL ORIGIN, AGE, RELIGION, OR HANDICAP.

This standard does not require that a provider accept any client on these bases but rather the provider cannot discriminate against any client for whom the provider is providing care.

B. SUPERVISION

THE FOLLOWING STANDARDS DO NOT APPLY TO CHORE, COMPANION, AND HOMEMAKER PROVIDERS:

1. THE PROVIDER SHALL HAVE A PLAN FOR SEEKING ASSISTANCE FROM POLICE, FIREFIGHTERS, AND MEDICAL PROFESSIONALS IN AN EMERGENCY.

This plan can include posting emergency numbers, including the poison control center if care is provided for children.

2. A RESPONSIBLE ADULT SHALL ALWAYS BE AVAILABLE TO SUBSTITUTE IN CASE OF AN EMERGENCY.
3. IF EXTENDED ABSENCE OF THE PROVIDER IS REQUIRED, THE AGENCY MUST APPROVE ANY SUBSTITUTE ARRANGEMENTS THE PROVIDER WISHES TO MAKE.

- a. Generally extended absence is greater than one day.
- b. The local agency must approve substitute arrangements. The approval may include contact with the substitute.

4. FOR FAMILY OR IN-HOME DAY CARE, CHILDREN SHALL BE SUPERVISED BY AN ADULT AT ALL TIMES. AN ASSISTANT UNDER AGE 18 CANNOT BE LEFT IN CHARGE.

C. FOOD

THE FOLLOWING STANDARDS DO NOT APPLY TO CHORE, COMPANION, AND HOMEMAKER PROVIDERS:

1. CLIENTS SHALL RECEIVE MEALS AND SNACKS APPROPRIATE TO THE NUMBER OF HOURS IN CARE AND THE DAILY NUTRITIONAL NEEDS OF EACH CLIENT.
2. CLIENTS SHALL RECEIVE SPECIAL DIETS IF PRESCRIBED BY A LICENSED PHYSICIAN OR IN ACCORDANCE WITH RELIGIOUS OR ETHNIC REQUIREMENTS OR OTHER SPECIAL NEEDS.
3. DRINKING WATER SHALL BE AVAILABLE AT ALL TIMES.
4. CLIENTS IN RESIDENTIAL CARE SHALL RECEIVE THREE MEALS A DAY.
5. These standards do not require that the provider must supply all food. In day care, the parent or adult may bring food. In residential care or day care, the client may eat elsewhere. For example, a foster care child would probably eat lunch at school.

D. TRANSPORTATION OF CLIENTS

1. IF THE PROVIDER TRANSPORTS CLIENTS, THE PROVIDER SHALL HAVE A VALID DRIVER'S LICENSE AND AUTOMOBILE LIABILITY INSURANCE.

- a. Minimum liability insurance coverage in Virginia is \$25,000 bodily injury and \$10,000 property damage.
 - b. An "uninsured motorist" can operate a vehicle in Virginia and have no insurance coverage. This does not meet the insurance standard.
2. THE VEHICLE USED TO TRANSPORT CLIENTS SHALL HAVE A VALID LICENSE AND INSPECTION STICKER.
 3. PROVIDERS WHO TRANSPORT CHILDREN MUST USE CHILD RESTRAINT DEVICES IN ACCORDANCE WITH WEIGHT AND AGE REQUIREMENTS OF THE VIRGINIA LAW.
 - a. Children under four years of age, unless exempted, must be secured in a child restraint device of a type approved by the Superintendent of State Police or one meeting the standards adopted by the U. S. Department of Transportation if the car was manufactured after January 1, 1968.
 - b. Children under four years of age may be exempted if they weigh at least 40 pounds and are secured by a standard seat belt.
 - c. Children under four years of age may be exempted if a licensed physician provides a statement that a child restraint device would be impractical because of the child's weight, physical unfitness or other medical reason. The driver must carry the physician's signed statement in the car.

E. MEDICAL CARE

THE FOLLOWING STANDARDS DO NOT APPLY TO CHORE PROVIDERS:

1. THE PROVIDER SHALL HAVE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF EACH CLIENT'S PHYSICIAN EASILY ACCESSIBLE.

2. THE PROVIDER SHALL HAVE FIRST AID SUPPLIES EASILY ACCESSIBLE IN CASE OF ACCIDENTS.
3. THE OUT-OF-HOME PROVIDER SHALL KEEP MEDICINES AND DRUGS SEPARATE FROM FOOD EXCEPT THOSE ITEMS THAT MUST BE REFRIGERATED.
4. THE FAMILY AND IN-HOME DAY CARE PROVIDER SHALL:
 - a. GIVE PRESCRIPTION DRUGS ONLY IN ACCORDANCE WITH AN ORDER SIGNED BY A LICENSED PHYSICIAN OR AUTHENTIC PRESCRIPTION LABEL AND WITH A PARENT/GUARDIAN'S WRITTEN CONSENT;
 - b. GIVE THE CHILD NON-PRESCRIPTION DRUGS, INCLUDING BUT NOT LIMITED TO VITAMINS AND ASPIRIN, ONLY WITH THE PARENT/GUARDIAN'S CONSENT;
 - c. REPORT ALL MAJOR INJURIES AND ACCIDENTS AND ALL HEAD INJURIES TO THE CHILD'S PARENT/GUARDIAN IMMEDIATELY; AND
 - d. HAVE AUTHORIZATION FOR EMERGENCY MEDICAL CARE FOR EACH CHILD.

In some hospitals, only a notarized statement would be accepted. Therefore, the local agency may wish to determine what would be acceptable in the area.

5. THE FAMILY DAY CARE PROVIDER:
 - a. MAY REFUSE TO ACCEPT A SICK CHILD INTO THE HOME;
 - b. SHALL ISOLATE A CHILD WHO BECOMES ILL DURING THE DAY AND NOTIFY THE PARENT/GUARDIAN IMMEDIATELY IN ORDER THAT THE CHILD MAY BE REMOVED;
 - c. SHALL IDENTIFY OR LABEL ALL PRESCRIPTION AND NON-PRESCRIPTION DRUGS WITH EACH CHILD'S NAME AND RETURN ALL DRUGS TO THE PARENT/GUARDIAN WHEN NO LONGER NEEDED; AND

- d. SHALL KEEP ALL PRESCRIPTION AND NON-PRESCRIPTION DRUGS OUT OF THE REACH OF CHILDREN.

F. DISCIPLINE OF CHILDREN

1. THE PROVIDER SHALL ESTABLISH RULES THAT ENCOURAGE DESIRED BEHAVIOR AND DISCOURAGE UNDESIRED BEHAVIOR IN COOPERATION WITH THE PARENT/GUARDIAN OF CHILDREN IN CARE.
 - a. The provider should discipline children with kindness, consistency, and understanding, and with the purpose of helping the child develop responsibility with self-control.
 - b. The provider should help each child learn that he is responsible for his behavior by teaching him the natural and learned consequences of his behavior.
 - c. The provider should use positive methods of discipline, including the following:
 - (1) reinforcing acceptable behavior, for example, (depending on the age and the likes and dislikes of the child) honest praise, special privileges and treats, extra hugs and kisses, additional time spent with the child, and stars or smiley faces on a door or bulletin board;
 - (2) verbal disapproval of the child's behavior, never the child, for example, "I don't like ball throwing in the house";
 - (3) loss of privileges, for example, if the ball throwing continues in (2) above, then take the ball away and restrict the child from watching television, participating in a special event, or playing with a special toy;
 - (4) grounding (restricting the child to the house or yard) or sending the child out of the room and away from the family activity; and

- (5) redirecting the child's activity, for example, if a child is playing with a sharp object, take the object away, and replace it with a safe toy.
- d. The provider should not allow children to be subjected to verbal abuse or derogatory remarks about themselves and family members.
- e. The provider should insure that if separation from others (time-out) is used as a method of discipline, it is in an unlocked, lighted, well-ventilated room at least 50 square feet in area which is within hearing distance of an adult. The time limit should not exceed 15 minutes for any child age six to 11 and one half-hour for children age 12 and over. Time-out for a child age five and under should not be outside the presence of other family members, and should not exceed five minutes.
- f. The provider should not subject children to cruel, severe, humiliating, or unusual punishment.
- g. The provider should not delegate discipline or permit punishment of a child by another child or by an adult not known to the child.
- h. The provider may assign chores as the consequence of misbehavior, although these chores must not involve physical exercise so excessive as to endanger the child's health, or so extensive as to impinge on the time set aside for school work, sleeping, or eating.
- i. Foster Parents should not threaten a child with removal or with a report to his service worker, the judge or other authorities as punishment.
- j. Foster Parents should not resist implementation of the service plan, or permanent placement plan as punishment for misdeeds of a child.

k. Foster Parents should not deny a child contact or visits with his family as punishment.

2. THE PROVIDER SHALL NOT USE CORPORAL PUNISHMENT.

Corporal punishment includes but is not limited to hand spanking, shaking a child, forcing a child to assume an uncomfortable position, or binding a child.

3. THE PROVIDER SHALL NOT HUMILIATE OR FRIGHTEN THE CHILD IN DISCIPLINING THE CHILD.

This includes the prohibition of any verbal abuse directed to a child. It also includes the prohibition of derogatory remarks about the child or his/her family.

4. THE PROVIDER SHALL NOT WITHHOLD FOOD, FORCE NAPS, OR PUNISH TOILETING ACCIDENTS IN DISCIPLINING THE CHILD.

G. ACTIVITIES

1. THE FAMILY OR IN-HOME DAY CARE PROVIDER SHALL:

a. PROVIDE STRUCTURED ACTIVITIES APPROPRIATE TO THE CHILDREN'S AGES, INTERESTS AND ABILITIES AS WELL AS UNSTRUCTURED EXPERIENCES IN FAMILY LIVING;

b. PROVIDE OPPORTUNITIES FOR VIGOROUS OUTDOOR PLAY DAILY, DEPENDING ON THE WEATHER AND THE AGE OF THE CHILD, AS WELL AS FOR PARTICIPATION IN QUIET ACTIVITIES; AND

c. LIMIT THE TYPES OF TELEVISION PROGRAMS VIEWED BY CHILDREN AND NOT USE TELEVISION AS A SUBSTITUTE FOR PLANNED ACTIVITIES.

2. THE ADULT DAY CARE PROVIDER SHALL PROVIDE RECREATIONAL AND OTHER PLANNED ACTIVITIES APPROPRIATE TO THE NEEDS, INTERESTS, AND ABILITIES OF THE ADULTS IN CARE.

H. ABUSE, NEGLECT, OR EXPLOITATION REPORTING RESPONSIBILITIES
OF PROVIDERS

THE PROVIDER SHALL IMMEDIATELY REPORT ANY SUSPECTED ABUSE,
NEGLECT, OR EXPLOITATION OF ANY ADULT OR CHILD IN CARE TO
THE AGENCY.

1. By State Code, paid providers of family or in-home day care are mandated to report suspected abuse or neglect of children. Failure to report could result in criminal action.
2. By this standard, all providers must report suspected abuse, neglect, or exploitation of any client in care. Local agency staff should specify the procedures each provider should use for reporting to the agency.

I. CLOTHING REQUIREMENTS FOR FOSTER PARENTS

- A. FOSTER PARENTS SHALL PROVIDE CLOTHING APPROPRIATE FOR THE AGE AND SIZE OF EACH CHILD.
- B. ALL CLOTHING SHALL BE PROPERLY LAUNDERED OR DRY CLEANED, AND ALTERED OR REPAIRED AS NEEDED.

2.3 STANDARDS FOR THE HOME OF THE OUT-OF-HOME PROVIDER

A. PHYSICAL ACCOMMODATIONS

1. THE HOME SHALL HAVE SUFFICIENT APPROPRIATE SPACE AND FURNISHINGS FOR EACH CLIENT RECEIVING CARE IN THE HOME TO INCLUDE:
 - a. SPACE TO KEEP CLOTHING AND OTHER PERSONAL BELONGINGS;
 - b. ACCESSIBLE BASIN AND TOILET FACILITIES;

This standard does not eliminate outdoor facilities but rather requires facilities to be accessible to clients.
 - c. FOR RESIDENTIAL CARE, AT LEAST ONE TOILET, ONE BASIN, AND ONE TUB OR SHOWER FOR EVERY EIGHT

PERSONS IN THE HOME ;

- d. COMFORTABLE SLEEPING/NAPPING FURNISHINGS;
 - e. FOR CLIENTS UNABLE TO USE STAIRS UNASSISTED, OTHER THAN A CHILD WHO CAN EASILY BE CARRIED, SLEEPING SPACE ON THE FIRST FLOOR;
 - f. SPACE FOR RECREATIONAL ACTIVITIES; AND
 - g. SUFFICIENT SPACE AND EQUIPMENT FOR FOOD PREPARATION, SERVICE AND PROPER STORAGE.
- 2. ALL ROOMS USED BY CLIENTS SHALL BE HEATED IN WINTER, DRY, AND WELL VENTILATED.
 - 3. ALL DOORS AND WINDOWS USED FOR VENTILATION SHALL BE SCREENED.
 - 4. ROOMS USED BY CLIENTS SHALL HAVE ADEQUATE LIGHTING FOR ACTIVITIES AND THE COMFORT OF CLIENTS.
 - 5. THE HOME SHALL HAVE ACCESS TO A WORKING TELEPHONE.

This standard does not require a telephone in the provider's home but it does require one to be accessible.
 - 6. THE HOME SHALL BE IN COMPLIANCE WITH ALL LOCAL ORDINANCES.
 - 7. ADDITIONAL STANDARDS FOR ADULT FOSTER/FAMILY CARE:
 - a. NO MORE THAN TWO ADULTS SHALL SHARE A SLEEPING ROOM.
 - b. SLEEPING ROOMS SHALL NOT BE SHARED BY ADULTS OF THE OPPOSITE SEX EXCEPT WHEN A MARRIED COUPLE OR RELATED INDIVIDUALS CONSENT TO SHARE A ROOM.

- c. THERE SHALL BE SPACE IN THE HOUSEHOLD FOR PRIVACY OUTSIDE OF THE SLEEPING ROOMS FOR THE ADULT TO ENTERTAIN VISITORS AND/OR TALK PRIVATELY.

8. ADDITIONAL STANDARDS FOR HOMES OF FOSTER PARENTS:

- a. NO MORE THAN FOUR CHILDREN SHALL OCCUPY ONE BEDROOM.
- b. THERE SHALL BE AT LEAST 70 SQUARE FEET OF SPACE IN A ROOM OCCUPIED BY ONE CHILD AND AT LEAST 50 SQUARE FEET OF SPACE FOR EACH CHILD IN A ROOM SHARED BY TWO OR MORE.
- c. CHILDREN OF THE OPPOSITE SEX SHALL NOT SHARE A DOUBLE BED.

The local agency should use discretion in the room arrangements of children of the opposite sex and in the sleeping arrangements of children of the same sex.

B. HOME SAFETY

- 1. THE HOME AND GROUNDS SHALL BE FREE FROM LITTER AND DEBRIS AND PRESENT NO HAZARD TO THE SAFETY OF THE CLIENTS RECEIVING CARE.

This includes furnishings in the home, such as beds and playpens.

- 2. THE HOME SHALL BE FREE OF FIRE HAZARDS. THE PROVIDER SHALL PERMIT A FIRE INSPECTION OF THE HOME BY APPROPRIATE AUTHORITIES IF CONDITIONS INDICATE A NEED FOR APPROVAL AND THE AGENCY REQUESTS IT.

- a. Each local agency should determine the appropriate local authority to inspect for fire safety and may wish to develop an internal guide based on direction from that authority.

- b. The agency may wish to do the following prior to or in place of requesting a fire inspection:

- (1) observe if there are any overloaded

electrical wall outlets;

- (2) observe if there is any deteriorated insulation on electrical equipment;
 - (3) inquire if the furnace is serviced regularly;
 - (4) inquire if a permit was obtained for wood stove installation;
 - (5) observe if the wood stove is on a non-combustible surface and combustibles are three feet away;
 - (6) inquire if the chimney flue is lined and cleaned regularly;
 - (7) inquire if a permit was obtained for any LP gas heater;
 - (8) observe if there is any accumulation of grease around the range or oven; and
 - (9) observe if there is excessive trash, old rags, or other combustibles lying around.
3. THE PROVIDER SHALL HAVE A WRITTEN EVACUATION PLAN IN CASE OF FIRE AND REHEARSE THE PLAN AT LEAST TWICE A YEAR. THE PROVIDER SHALL REVIEW THE PLAN WITH EACH NEW CLIENT, OTHER THAN AN INFANT, PLACED IN THE HOME.
 4. ALL SLEEPING AREAS SHALL HAVE AN OPERABLE SMOKE DETECTOR. ATTICS OR BASEMENTS USED BY CLIENTS SHALL HAVE TWO FIRE EXITS. ONE OF THE FIRE EXITS SHALL LEAD DIRECTLY OUTSIDE, AND MAY BE A DOOR OR AN ESCAPABLE WINDOW.

A sleeping area can include several bedrooms in the same area. However, a home with bedrooms in two wings would require two smoke detectors.
 5. THE PROVIDER SHALL STORE ANY FIREARMS AND AMMUNITION IN

A LOCKED CABINET OR AN AREA NOT ACCESSIBLE TO CLIENTS.

6. THE PROVIDER SHALL PROTECT CLIENTS FROM HOUSEHOLD PETS WHICH MAY BE A HEALTH OR SAFETY HAZARD.
7. THE PROVIDER SHALL KEEP CLEANING SUPPLIES AND OTHER TOXIC SUBSTANCES STORED AWAY FROM FOOD AND OUT OF THE REACH OF CHILDREN.

C. SANITATION

1. THE PROVIDER SHALL PERMIT AN INSPECTION OF THE HOME'S PRIVATE WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM BY THE LOCAL HEALTH DEPARTMENT IF CONDITIONS INDICATE A NEED FOR APPROVAL AND THE AGENCY REQUESTS IT.
 - a. The local agency should request approval by the local health department of a private water supply, particularly if care is to be given to any person subject to infections such as an infant or frail person.
 - b. The local health department will use rules and regulations governing "semi-public restaurants serving 12 or less recipients of service." The evaluation of the water supply will be based on an approved location for the water source, evidence of acceptable construction standards, and acceptable bacteriological standards.
 - c. The fee for testing water is \$10, payable in advance. However, the State Health Department will bill the local agency if the form completed by the local health department to request the test specifically requests the billing and provides the local agency name and address. This fee may be paid as an administrative cost charged to services.
2. THE HOME AND GROUNDS SHALL BE FREE OF GARBAGE THAT WOULD PRESENT A HAZARD TO THE HEALTH OF THE CLIENT.

D. CAPACITY

1. THE PROVIDER SHALL NOT EXCEED THE MAXIMUM ALLOWABLE CAPACITY FOR THE TYPE OF CARE GIVEN AND AS APPROVED BY THE AGENCY.

2. ADULT DAY CARE

THE PROVIDER SHALL NOT ACCEPT MORE THAN THREE ADULTS IN THE HOME AT ANY ONE TIME.

A provider who has more than three adults receiving day care must be licensed by the Virginia Department of Social Services.

3. ADULT FOSTER/FAMILY CARE

THE PROVIDER SHALL NOT ACCEPT MORE THAN THREE ADULTS FOR THE PURPOSE OF RECEIVING ROOM, BOARD, SUPERVISION, AND/OR SPECIAL SERVICES, REGARDLESS OF RELATIONSHIP OF ANY ADULT TO THE PROVIDER.

A home which accepts more than three adults must be licensed as a Home for Adults by the Virginia Department of Social Services unless all adults are related to the provider.

4. FAMILY DAY CARE

- a. THE MAXIMUM NUMBER OF CHILDREN AT ANY ONE TIME SHALL NOT EXCEED NINE.
- b. THE PROVIDER'S OWN CHILDREN UNDER 14 YEARS OF AGE COUNT IN DETERMINING THE MAXIMUM NUMBER OF CHILDREN.
- c. ANY CHILD WITH A HANDICAP WHICH REQUIRES EXTRA ATTENTION OF THE PROVIDER COUNTS AS TWO CHILDREN.
- d. MORE THAN NINE CHILDREN MAY BE ENROLLED PART-TIME AS LONG AS NO MORE THAN NINE CHILDREN ARE PRESENT AT ANY GIVEN TIME.
- e. A PROVIDER ACCEPTING PRIVATE PLACEMENTS (EXCLUDING A RELATIVE'S CHILD) CANNOT CARE FOR MORE THAN FIVE CHILDREN AT ANY ONE TIME WITHOUT A LICENSE FROM THE VIRGINIA DEPARTMENT OF SOCIAL SERVICES.

- (1) Neither children of the provider nor a child related by blood or marriage to the provider should be considered in determining if the provider must be licensed. However, these

children are counted to determine the maximum capacity of nine and the ratio of children to adults if they are present in the home and are under age 14.

- (2) Children placed through the local agency are not considered to be private placements. Thus a provider could provide care for up to nine children, some of whom may be the provider's children, some, children of a relative, and some, children placed through the local agency, without a license. However, if the number of private placements (unrelated to the provider) and local agency placements (unrelated to the provider) together total more than five at any one time, the provider must be licensed.

f. THE RATIO OF CHILDREN TO ADULTS SHALL NOT BE EXCEEDED AND SHALL BE BASED ON THE FOLLOWING:

- (1) THERE SHALL BE ONE ADULT TO FOUR INFANTS.
- (2) THERE SHALL BE ONE ADULT TO SIX CHILDREN TWO YEARS OLD AND OLDER.
- (3) ANY CHILD WITH A HANDICAP WHICH REQUIRES EXTRA ATTENTION OF THE PROVIDER COUNTS AS TWO CHILDREN.
- (4) A SCHOOL AGE CHILD WHO IS IN CARE LESS THAN THREE HOURS PER DAY IS NOT COUNTED IN DETERMINING THE RATIO OF CHILDREN TO ADULTS. HOWEVER, WHILE THE CHILD IS PRESENT, HE IS COUNTED IN DETERMINING THE MAXIMUM OF NINE CHILDREN AT ANY ONE TIME.
- (5) The provider's own children under age 14 and any children related to the provider who are receiving care must be considered in determining the ratios.

- g. To determine capacity with mixed age groups in a family day care home, a point system should be used, as follows:

infant = 3 points

child 2 and over = 2 points

handicapped child
requiring extra
attention = double points

each adult or assistant can handle maximum
of
12 points

Examples:

(1) 4 infants = 12 points (4 x 3)
= 1 adult

(2) 6 children 2 & over = 12 points (6 x 2)
= 1 adult

(3) 2 infants = 6 points (2 x 3)
3 children 2 & over = 6 points (3 x 2)
Total = 12 points =
1 adult

(4) 1 handicapped infant = 6 points (1 x 6)
1 infant = 3 points (1 x 3)
1 child 2 & over = 2 points (1 x 2)
Total = 11 points =

1 adult

(5) 3 infants = 9 points (3 x 3)
4 children 2 & over = 8 points (4 x 2)
Total = 17 points

2)

= 1 adult

+1 assistant

5. FOSTER PARENTS

- a. THE MAXIMUM NUMBER OF CHILDREN IN A HOME WITH TWO FOSTER PARENTS IS EIGHT.
- b. THE MAXIMUM NUMBER OF CHILDREN IN A HOME WITH ONE

FOSTER PARENT IS FOUR.

- c. THE FOSTER PARENTS' OWN CHILDREN UNDER AGE 14
COUNT IN DETERMINING THE MAXIMUM NUMBER OF
CHILDREN.

- d. AN INFANT COUNTS AS TWO OLDER CHILDREN.
 - e. ANY CHILD WITH A HANDICAP WHICH REQUIRES EXTRA ATTENTION OF THE PROVIDER COUNTS AS TWO CHILDREN.
 - f. THE AGENCY MAY GRANT AN EXCEPTION TO THE FOSTER HOME'S MAXIMUM FOR A SIBLING GROUP.
6. THE ACTUAL CAPACITY OF A PARTICULAR HOME MAY BE LESS THAN THE ABOVE CAPACITIES IF:
- a. THE PHYSICAL ACCOMMODATIONS OF THE HOME ARE NOT ADEQUATE FOR THE MAXIMUM NUMBER OF CLIENTS;
 - b. THE CAPABILITIES AND SKILLS OF THE PROVIDER ARE NOT SUFFICIENT TO MANAGE THE MAXIMUM NUMBER OF CLIENTS; OR
 - c. OTHER INDIVIDUALS IN THE HOME REQUIRE SPECIAL ATTENTION OR SERVICES OF THE PROVIDER.

7. Adoptive Parents

There is no specific limit on the number of children adoptive parents can adopt. The local agency should assess the adoptive parents and their family composition on a case-by-case basis. Where there may be a question about family size, the assessment should include:

- a. the capacity and real desire of the parent(s) to extend parenthood to another child(ren);
- b. the parent's ability to cope with and seek help for any problems that might occur as a result of the introduction of another child(ren) into the family (problems such as rivalry between children);
- c. the needs of the children in the home and the child(ren) to be placed for adoption;

- d. the adjustment of a newly introduced child with the other children; and
- e. adequacy of space and living conditions in the home to promote the health, safety, well-being, and self-respect of the family.

8. Capacity of Home Providing More Than One Type of Care

- a. The local agency should evaluate each situation individually.
- b. The following point system is suggested for determining capacity in a home providing more than one type of care:

points	Adult Day Care or Foster/Family Care Client	= 4
points	Day Care Child: infant	= 3
points	child 2 and over	= 2
points	Foster Care Child: infant	= 6
points	child 2 and over	= 3

Each provider or assistant can handle 12 points.

Examples:

(1) Foster Home For Adults and Children

1 Adult	=	4	
2 Children 2 & over	=	6	
Total	=	10	= 1

provider

(2) Day Care for Adults and Children

2 Adults	=	8	
2 Children 2 & over	=	4	
Total	=	12	= 1

provider

(3) Mixed Programs

1 Foster/Family Adult	=	4	
2 Foster Care Children 2 & over	=	6	
1 Day Care Child 2 & over	=	2	
Total	=	12	= 1

provider

(4) Mixed Programs

2 Foster/Family Adults	=	8	
1 Foster Care Infant	=	6	
1 Foster Care Child 2 & over	=	3	
2 Day Care Children 2 & over	=	4	
1 Day Care Infant	=	3	
Total	=	24	= 2

providers

2.4 CLIENT RECORD REQUIREMENTS FOR THE OUT-OF-HOME PROVIDER

A. THE PROVIDER SHALL MAINTAIN WRITTEN INFORMATION ON EACH CLIENT IN CARE.

B. CLIENT INFORMATION SHALL INCLUDE:

1. IDENTIFYING INFORMATION ON THE CLIENT:
2. NAME, ADDRESS, AND HOME AND WORK TELEPHONE NUMBERS OF RESPONSIBLE PERSONS;

For children in local agency custody, these may be the

agency numbers.

3. NAME AND TELEPHONE NUMBER OF PERSON TO BE CALLED IN AN EMERGENCY WHEN THE RESPONSIBLE PERSON CANNOT BE REACHED;
 4. NAME OF PERSONS NOT AUTHORIZED TO CALL OR VISIT THE CLIENT;
 5. DATE OF ADMISSION AND WITHDRAWAL OF THE CLIENT;
 6. DAILY ATTENDANCE RECORD, WHERE APPLICABLE;

Daily attendance records are applicable for day care.
 7. MEDICAL INFORMATION PERTINENT TO THE HEALTH CARE OF THE CLIENT;
 8. CORRESPONDENCE RELATED TO THE CLIENT AS WELL AS OTHER WRITTEN CLIENT INFORMATION PROVIDED BY THE AGENCY; AND

This may include service plans, purchase of service orders and other information required by the agency to be kept by the provider.
 9. PLACEMENT AGREEMENT BETWEEN THE PROVIDER AND ADULT CLIENT/PARENT/GUARDIAN, WHERE APPLICABLE.

Placement agreements are applicable for Foster Care, Family Day Care, and Adult Foster/Family Care.
 10. FOR FAMILY DAY CARE, INFORMATION SHALL ALSO INCLUDE AUTHORIZATION FOR EACH CHILD TO PARTICIPATE IN SPECIFIC CLASSES, CLUBS, OR OTHER ACTIVITIES. THE PROVIDER SHALL OBTAIN INDIVIDUAL AUTHORIZATION FOR EACH FIELD OR OUT-OF-TOWN TRIP FOR EACH CHILD.
- C. CLIENT RECORDS ARE CONFIDENTIAL AND CANNOT BE SHARED WITHOUT THE APPROVAL OF THE ADULT CLIENT/PARENT/GUARDIAN. THE AGENCY AND ITS REPRESENTATIVES SHALL HAVE ACCESS TO ALL RECORDS.

1. When the client leaves the home, the local agency may request that certain information be returned to go to the client's next placement.
2. After the client leaves, the provider may wish to keep information needed for the provider's purposes such as copies of unpaid invoices or whatever is needed for income taxes.

PART III APPROVAL REGULATIONS

3.1 APPROVAL PERIOD

THE APPROVAL PERIOD FOR A PROVIDER IS 24 MONTHS WHEN THE PROVIDER AND, FOR OUT-OF-HOME CARE, THE HOME MEETS THE STANDARDS.

A. Application

1. An Application For Agency Approved Provider, 032-02-138, should be completed by each applicant provider for the initial approval. It is not necessary for a renewal.
2. If there is no need for a certain type of provider, the local agency does not have to take an Application.
3. The Application, once received, should be investigated as quickly as possible.
4. A copy of the standards, 032-02-143, should be given to each applicant provider.

B. Compliance Form

A Compliance Form for Agency Approved Provider 032-02-139A, should be completed for each provider. Part B of this form is only applicable to the out-of-home provider. This must be used to document compliance with standards for Foster Parents.

C. Certificate

A Certificate of Approval, 032-02-137/3, should be issued to the following providers when the provider is approved for 24 months:

1. Adult Day Care
2. Adult Foster Family Care

3. Family Day Care
4. Foster Parent

D. Expiration of Approval Period

The expiration date for the approval period should be set for the last day of the month in which approval is granted and be two years hence unless the approval is emergency, provisional, or suspended.

E. Notification

The provider must receive written notification regarding action on the application or at renewal. A certificate is adequate written notice for providers who receive one. Sample letters are included in the Appendix.

' 3.2 ALLOWABLE VARIANCE

THE PROVIDER MAY RECEIVE AN ALLOWABLE VARIANCE ON A STANDARD IF THE VARIANCE DOES NOT JEOPARDIZE THE SAFETY AND PROPER CARE OF THE CLIENT OR VIOLATE FEDERAL, STATE, OR LOCAL LAW.

A. Procedures for Requesting a Variance

1. The local agency makes the decision as to whether or not to request a variance. The provider cannot request a variance without the local agency's agreement.
2. The local agency should use the "turnaround system" identified in Section I, Chapter B, to request a variance.
3. The request must be signed by the local agency director.
4. The request should be directed to the appropriate Regional Office.
5. The request should specify, at a minimum:
 - a. the type of provider,
 - b. the standard(s) for which a variance is requested,
 - c. the length of time for which a variance is requested,

- d. what efforts have been/will be made to meet the standard(s),
- e. what specific reasons or circumstances exist in the situation that justify requesting the variance, and
- f. what precautions are being taken to ensure the safety and protection of clients.

B. Approval or Denial of a Variance

Approval or denial of a variance will be sent in accordance with the turnaround system. The response will indicate the length of time for which the variance is granted, where appropriate. The decision of the Regional Office is final unless changed as a result of a grievance or appeal.

' 3.3 EMERGENCY APPROVAL

EMERGENCY APPROVAL OF A PROVIDER MAY BE GRANTED IN THE FOLLOWING SITUATIONS WHEN THE PLACEMENT IS IN THE HOME OR SERVICE IS TO BE PROVIDED BY THE CLIENT'S RELATIVE OR FRIEND:

- A. THE COURT ORDERS EMERGENCY PLACEMENT,
- B. THE CHILD IS PLACED UNDER THE 72-HOUR EMERGENCY REMOVAL AUTHORITY, OR
- C. THE ADULT CLIENT/PARENT/GUARDIAN REQUESTS PLACEMENT OR SERVICE IN AN EMERGENCY.

D. Minimum Checks

1. Home Visit for Out-of-Home Provider

For out-of-home care a visit must be made to the home of the provider prior to or on the day of placement to assure minimum safety for the client.

2. Face-to-Face Contact for In-Home Provider

For in-home care, a face-to-face contact with the provider must be made prior to or on the day of service initiation to assure the minimum safety of the client.

3. CPS Central Registry Check

A Child Protective Service Central Registry check must be made immediately for providers of care for children.

The local agency should call the request in using the matrix code. However, a search cannot be called in without written approval from the individual.

E. Length of Time

1. Emergency approval should not exceed 30 days.

2. A full compliance study must be initiated quickly if the local agency plans to use the provider beyond the 30 days.

3. If medical, water and sanitation, fire inspection, or criminal record check requirements cannot be determined within the 30 day period, emergency approval could continue up to 45 days as long as other standards are met. It must not exceed 45 days, however.

3.4 PROVIDER MONITORING

A. FOR OUT-OF-HOME PROVIDERS WHO ARE USED BY THE AGENCY, THE AGENCY REPRESENTATIVE WILL VISIT THE HOME OF THE PROVIDER AS OFTEN AS NECESSARY BUT AT LEAST SEMI-ANNUALLY TO MONITOR THE PROVIDER.

B. FOR IN-HOME PROVIDERS WHO ARE USED BY THE AGENCY, THE AGENCY REPRESENTATIVE WILL INTERVIEW THE PROVIDER FACE-TO-FACE AS OFTEN AS NECESSARY BUT AT LEAST SEMI-ANNUALLY TO MONITOR THE PROVIDER.

- C. The purpose of the monitoring visits/interviews is to allow the local agency staff to determine how everything is going. If the provider was weak in a particular standard, this could be checked at the monitoring contact. It is not intended to be a reexamination of all standards.
- D. The monitoring can be done by either the staff person who approved the provider or a staff person who has placed clients with the provider.
- E. Monitoring visits should be noted on the Compliance Form for Agency Approved Provider, 032-02-139.

3.5 RENEWAL PROCESS

THE AGENCY WILL REAPPROVE THE PROVIDER PRIOR TO THE END OF THE APPROVAL PERIOD IF THE PROVIDER AND, FOR AN OUT-OF-HOME PROVIDER, THE HOME CONTINUES TO MEET STANDARDS.

The following areas do not need to be reexamined unless the local agency feels there is a need:

- A. Application
 - No renewal application is necessary.
- B. Child Protective Service Central Registry
 - 1. This check is not necessary if the local agency maintains good communication between staff approving providers and Child Protective Service staff.
 - 2. If the local agency does recheck the Central Registry, a new application does not need to be signed to do the search.
- C. Tuberculosis Statement
- D. References
- E. Employment History
- F. The Compliance Form for Agency Approved Provider, 032-02-139A, should be used to document the renewal process. It must be used to document renewal for Foster Parents.

' 3.6 INABILITY TO CONTINUE TO MEET STANDARDS

IF THE PROVIDER CANNOT CONTINUE TO MEET STANDARDS, THE AGENCY WILL GRANT PROVISIONAL APPROVAL, SUSPEND APPROVAL, OR REVOKE APPROVAL, DEPENDING ON THE DURATION AND NATURE OF NON-COMPLIANCE.

A. Provisional Approval

1. The local agency may grant provisional approval if non-compliance does not jeopardize the safety or proper care of clients.
2. Provisional approval must not exceed three months.

B. Suspension of Approval

1. The local agency may suspend approval if non-compliance may jeopardize the safety and proper care of clients.
2. Suspension must not exceed three months.
3. During the suspension, the provider can give no care to clients referred by the local agency.

C. Revocation of Approval

If the provider cannot meet standards within three months and a variance is not granted, the approval must be revoked.

D. Notification of Action

The local agency must notify the provider in writing, specify the reasons for provisional approval, suspension, or revocation, and indicate the provider's right to file a grievance. The Appendix contains a sample letter.

' 3.7 RELOCATION OF OUT-OF-HOME PROVIDER

IF THE OUT-OF-HOME PROVIDER MOVES, THE AGENCY WILL DETERMINE CONTINUED COMPLIANCE WITH STANDARDS RELATED TO THE HOME.

1. If an out-of-home provider moves, the local agency must visit to determine compliance with home standards for the home as soon as possible but no later than 30 days after relocation to avoid a break in services to the client.
2. The renewal period does not change unless a full reapproval is done at the same time. A new Certificate, 032-02-137/3, does not need to be issued unless the provider requests one.

' 3.8 RIGHT TO GRIEVE

THE PROVIDER SHALL HAVE THE RIGHT TO GRIEVE THE ACTIONS OF THE AGENCY.

If a dispute cannot be resolved between an approved provider or applicant provider and a local agency staff person, the applicant/provider has the right to grieve. The steps are as follows:

- A. A provider/applicant must request, in writing, a review by the local agency.
- B. The applicant/provider must request in writing a review by the local agency.
- C. The local agency must schedule a review conference within 10 working days.
- D. Participants in the review conference should include:
 1. the applicant/provider(s),
 2. the staff person and supervisor,
 3. the agency director or his designee, and
 4. up to two other individuals chosen by the applicant/provider.

- E. The local agency must write up a summary of the review conference within 10 working days of the conference. A copy must be shared with all participants.
- F. If a foster parent is not satisfied with the decision of the local agency, he has the following options:
1. Placement Decisions

The State Code (section 16.1-279) specifies that the local board of public welfare or social services to which a child is committed has final authority to determine placement. Therefore, a foster parent may wish to request a final review by the local board.
 2. Service Plan

The State Code (section 16.1-281) specifies that foster parents shall receive a copy of the foster care plan (service plan) and that any party receiving a copy may petition the court for a review of the plan. Therefore, a foster parent may wish to petition the court on matters related to the service plan.
 3. State Policy

Since a foster parent has the right to appeal issues related to State policy, a foster parent may choose to write to the Service Hearing Authority to begin the appeal process.
 4. Regional Review

A foster parent may choose the option of requesting a regional review, as discussed below, of the local decision on issues not related to the service plan or placement. If a foster parent chooses to request a regional review of an issue related to State policy, he may still have the right to appeal if he is not satisfied with the Regional Office decision.

- G. If any other applicant/provider is not satisfied, he should request, in writing, a review by the appropriate Regional Office. The local agency must give the provider the appropriate name and address at the same time that the written summary is distributed.
- H. The Regional Office Service Specialist responsible for the program area should review the request and send a decision to the applicant/provider within 30 calendar days of receipt of the request.
- I. The decision of the Regional Office is final except that foster parents have the further right to appeal issues related to State policy.

' 3.9 FOSTER PARENT APPEAL RIGHT

THE FOSTER PARENT SHALL HAVE THE RIGHT TO APPEAL ISSUES RELATED TO STATE POLICY.

- A. The local review conference should be the first step.
- B. After the conference, the local agency should follow regular appeal procedures contained in Section I, Chapter H regarding hearing procedures.
- C. Foster parents cannot appeal placement decisions or the service plan. Only issues related to State policy may be appealed.

' 3.10 MEDICAL REQUIREMENTS FOR CLIENTS

THE AGENCY SHALL OBTAIN MEDICAL STATEMENTS FROM A LICENSED PHYSICIAN OR LOCAL HEALTH DEPARTMENT FOR ADULTS OR CHILDREN PLACED WITH OUT-OF-HOME PROVIDERS THROUGH THE AGENCY.

Specific medical requirements for clients being placed in out-of-home care are found as follows:

Adoption	- Section III, Chapter B
Adult Day Care	- Section IV, Chapter C
Adult Foster/Family Care	- Section IV, Chapter D
Family Day Care	- Section II, Chapter D

' 3.11 Use of Provider by More than One Agency

A. Responsibility of Approving Agency

The initial approving local agency is responsible for continued approval of providers used by more than one agency.

B. Responsibility of Other Agencies

Other local agencies must notify and obtain prior approval of the approving local agency for each client they wish to place/serve.

' 3.12 Local Agency Record Keeping

A. The local agency must maintain a separate file on each approved provider.

B. The file should contain:

1. Application for Agency Approved Provider, 032-02-138, or earlier form of an application.
2. Compliance Form for Agency Approved Provider, 032-02-139A, and, for out-of-home providers, 032-02-139B.

3. **Purchase of Service Agreements**

An Individual Vendor Agreement is required when services are purchased from the following providers:

**Adult Day Care
Adult Foster Care
Chore
Companion
Family Day Care
Foster Parent - only for Emergency Shelter or
Specialized Foster Family services
Homemaker
In-Home Day Care**

Any Purchase of Service Orders and Vendor Invoices related to the Individual Vendor Agreement should be in the client's record, not the provider's file.

Refer to Section I, Chapter G, Purchase of Services, and applicable service chapters in this manual for more details.

4. Other Information

Other information may include, where applicable, medical statements, CPS Central Registry check, criminal record check, fire inspection, water and sanitation inspection, and correspondence.

5. Adoptive Parent Records

For further information on Adoptive Parent home study information, see Section III, Chapter C.

6. Foster Home Face Sheet

A foster home record should also contain a copy of the Foster Home Face Sheet, 032-02-205/3. This form provides a means of quickly assessing the current composition of the home.

C. VACIS Documents

All agency approved providers need to be entered into the Resource Subsystem of VACIS when they are approved. Refer to the VACIS User Guide - Resource Subsystem for details.

The caseload standards model for service programs provides credit to the local agency for each approval and renewal of an agency approved provider. These data are obtained from the Agency Approved Provider Resource Document on a monthly basis.

Agencies who are not on the Resource Subsystem must provide manual reports in order to receive credit in caseload standards.

APPLICATION FOR AGENCY APPROVED PROVIDER

FORM NUMBER: 032-02-138

PURPOSE:

This form serves as the application for an individual or couple who wish to be approved as an agency approved provider.

It contains background information necessary to begin the approval process.

It also provides the consent necessary to process the application.

USE:

This form is completed on both sides and signed by the provider for initial approval. It does not need to be completed again for renewal.

COPIES:

There is only one copy.

DISPOSITION OF COPIES:

The original is kept in the provider's file at the local agency.

INSTRUCTIONS FOR PREPARING FORM:

TYPE OF CARE:

Check the appropriate type or types of care the provider wishes to give.

A. IDENTIFYING INFORMATION:

Complete all information in the spaces applicable to the provider.

If the provider is proposing to provide care in the client's home, information on the spouse is not necessary.

B. HOUSEHOLD MEMBERS (FOR OUT-OF-HOME CARE ONLY)

List children and adults, other than the provider and spouse, living in the provider's home and complete the information on each individual.

C. CONSENT OF HOUSEHOLD MEMBERS FOR CHILD PROTECTIVE SERVICE
CENTRAL REGISTRY SEARCH:

**Omit Section C and use Child Protective
Services Release of Information Form
(032-02-141/1).**

D. BACKGROUND INFORMATION (ON THE BACK OF THE FORM)

EMPLOYMENT HISTORY:

Identify the person employed and complete the information on the most recent jobs. If both provider and spouse are/have been employed, list the most recent jobs of each.

REFERENCES:

Identify two persons unrelated to the provider for references and complete the information identified about each reference.

CRIMINAL RECORD INFORMATION

Indicate if the provider has (yes) or has not (no) been convicted of a felony or misdemeanor. If yes, identify the date, type of conviction, and explain the circumstances briefly.

For out-of-home care, indicate if any adult living in the home has (yes) or has not (no) been convicted of a felony or misdemeanor. If yes, identify the date, type of conviction, and explain the circumstances briefly.

SIGNATURE: The provider must read the statements or have someone read them and sign the application. If Adoptive, Adult Foster/ Family or Foster Care is to be provided, the spouse must also sign.

ADDITIONAL INFORMATION/COMMENTS

This space is to be used as needed by applicant to provide additional information or by the local agency to record additional information or comments.

COMPLIANCE CHECKLIST

FORM NUMBER: 032-02-139/1,
Part A and Part B

PURPOSE: This form serves to record the progress of the approval process. It provides a means of tracking requests for criminal record search, child abuse/neglect search, references, employment history, and medical statements, fire and sanitation inspections. It provides a means to record interview dates, variance requests, approval or denial, and monitoring visits. It also provides a checklist for compliance, non-compliance, or non-applicability with specific standards for each provider.

USE: This form is completed by the service worker responsible to approve a provider. It is used to track requests to other parties and note compliance with standards. Part A is used for all providers. Part B is used for out-of-home providers only.

COPIES: There is only one copy of this form.

DISPOSITION OF COPIES: This form is retained in the provider's file at the local agency.

INSTRUCTIONS FOR PREPARING FORM:

APPLICATION/RENEWAL: Check whether this is being completed as an initial application or a renewal. Record the date the process is begun.

IDENTIFYING INFORMATION:

Complete the
identifying
information on the
provider.

TYPE OF CARE: Check the appropriate type or types of care the provider wishes to give.

CRIMINAL RECORD SEARCH: Check if a search is requested or not requested. If requested, record the date of the request and list the name(s) of individual(s) on whom the search is being requested. When the verification is received, record the date.

CHILD ABUSE/NEGLECT SEARCH:

Check if a search is or is not requested. If requested, record the date of the request and list the name(s) of individual(s) on whom the search is being requested. When verification is received, record the date.

OTHER SOURCES OF INFORMATION:

Check if information from other sources is being requested or is not needed. If requested, record the date all information is complete. Details of this information should be recorded under the Compliance Checklist portion of this form for each applicable standard. Information from references, employment history, and medical statements are not needed for renewals unless a problem has been detected which may need further verification.

INTERVIEW(S): Record the date of any interview. Include the name of the person interviewed and where the interview took place, such as the provider's home.

VARIANCE: Check whether or not a variance is requested. If requested, record the date the agency requests the variance. Check whether the variance was granted or denied and

record the date the approval is
received.

ACTION: If
initial application, check whether the
provider is given a full approval or
approval is denied. If denied, give a
brief reason for denial.

If renewal, check whether the provider
is given a full approval, provisional
approval, suspension, or revocation of
approval. Give a brief reason for any
negative action.

If approved, show the time period for
approval and the capacity. The worker
granting approval should sign.

If the first action was not a full
approval, a secondary action may be
taken within three months of the first
action. If this is necessary, check
whether secondary action is full appro-
val, provisional approval, suspension,
or revocation. Give a brief reason for
any negative action.

MONITORING VISITS: Record the
dates of monitoring visits along with a
brief summary of the findings. If more
room is necessary, a separate sheet of
paper should be used.

COMPLIANCE CHECKLIST: Review
each standard with the provider. For
each standard applicable to the type of
provider being studied, code responses
whether standard is met (Y = yes), or
not met (N = no), or not applicable
(NA). Standards noted with an asterisk
are met if the response is "no." Note
any comments about the specific standard
in the comments column.

CRIMINAL HISTORY RECORD REQUEST

FORM NUMBER: 032-02-140

PURPOSE This form is used to request a criminal history record search by the Central Criminal Record Exchange for a provider or household member.

USE: This form is completed by the local agency on the individual whose name is being searched. Any provider, except an Adoptive or Foster Parent, and any household member must have his/her signature notarized. No fee is charged for any provider or household member.

COPIES: There is only one copy of this form.

DISPOSITION OF COPIES: The form is sent to the Virginia State Police when a search is requested.

INSTRUCTIONS FOR PREPARING FORM:

Complete the information requested on the form. If the individual is not applying to be an Adoptive or Foster Parent, require the individual whose name will be searched to sign the statement before a Notary Public.

The note regarding a \$5 charge should be struck out until the form is revised.

CHILD PROTECTIVE SERVICES RELEASE OF INFORMATION FORM

FORM NUMBER: **032-02-141/1**

PURPOSE:

This form is used to **authorize a search of and** inform the local agency of the results of the search of the Child Protective Service Central Registry on a provider or adult household member.

USE:

Parts I, II, and III of this form is completed by the local agency and the individual whose name is being searched.

For out-of-home care of children, each adult household must sign a separate form. Each signature must be notarized.

The Central Registry finding section of this form is completed by Central Registry staff.

COPIES:

There is only one copy of this form.

DISPOSITION OF COPIES:

The form is sent to the Central Registry when a search is requested.

INSTRUCTIONS FOR PREPARING FORM:

Complete **all** the information **as requested on the form.**

The individual on whom the search will be done must sign the form before a Notary Public.

Sent the form to Central Office for a search of the Central Registry through the Courier Service.

REQUEST FOR TUBERCULOSIS STATEMENT

FORM NUMBER: 032-02-142

PURPOSE: This optional form is used to obtain the medical statement regarding tuberculosis on a provider or adult household member.

USE: The top of the form is completed by the local agency. It should be given to the provider or household member for him/her to obtain the necessary statement regarding tuberculosis. The physician or health department representation completes the lower portion of the form. The form is primarily needed for an initial approval only.

COPIES: There is only one copy of this form.

DISPOSITION OF COPIES: The completed form should be filed in the provider's file at the local agency.

INSTRUCTIONS FOR PREPARING FORM:

Complete the information on the top portion of the form.

CERTIFICATE

FORM NUMBER: 032-02-137/3

PURPOSE: This form serves as an official document to show full approval (not emergency or provisional approval) of an Adult Day Care provider, Adult Foster/Family Care provider, Family Day Care provider or Foster Parent. It includes the type of care approved, the time period for approval, the capacity of the home, and other limitations, where appropriate.

USE: This form is completed by the local agency and sent to an approved provider (see purpose for types of providers). The provider may choose to display it in his/her home as verification of approval.

COPIES: There is only one copy of this form.

DISPOSITION OF COPIES: The form is sent to the provider.

INSTRUCTIONS FOR PREPARING FORM:

Specify the type(s) of care, name(s) of the provider, and address of the provider.

MAXIMUM ADULTS AND CHILDREN:

Include the maximum number of clients who can be placed. For example, the capacity of a foster home for children is eight with two parents. However, if the Foster Parents had two children under age 14, the maximum number of children is six.

OTHER LIMITATIONS: Identify if other limitations are placed on the home. In the example cited above, this might specify that any infant or handicapped child requiring special attention counts as two children. Limitations unrelated to capacity should also be specified. For example, if the water source must be treated weekly, that should be stated. If the home provides residential care but does not have sleeping space on the first floor, the certificate should state that non-ambulatory clients (other than infants) cannot be placed.

Specify the beginning and ending dates of approval. Normally, the ending date should be at the end of the month in which approval is granted, two years hence.

FOSTER HOME FACE SHEET

FORM NUMBER: 032-02-205/3

PURPOSE: This form provides information regarding past and current placements in a foster home for children.

USE: This form is completed by the service worker responsible for approving the home. It is used to quickly assess the current composition of a foster home.

COPIES: There is only one copy of this form.

DISPOSITION OF COPIES: The form is filed in the Foster Parent's record in the agency in a readily accessible place.

INSTRUCTIONS FOR PREPARING FORM:

Complete the identifying information on the foster home.

Complete the information on each Foster Parent and other members of the household, both children and adults. Any specific comments such as employment status should be made in the Comments/Changes column. Changes such as the departure of one Foster Parent should be noted in the Comments/Changes column as well.

Complete the information on each child placed in the foster home. When a child is removed, note the removal date and brief reason for removal.

SAMPLE REFERENCE/EMPLOYMENT

VERIFICATION LETTER

Dear __ (reference or employer) _____:

____ (provider's name) _____ has applied to our agency to be
____ (type of provider) _____ and has given your name as a
reference
(or employer.) We would appreciate you answering the following
questions. Your comments are needed to help our agency to deter-
mine this person's ability, skill, and experience in providing
care
to clients.

We appreciate your time and assistance. If you have any
questions, please call me at ____ (phone number) _____. A
stamped,
self-addressed envelope is enclosed for your convenience. Thank
you very much.

Sincerely,

____ (worker's name) _____

1. How long have you known this person?

2. Explain how you came to know this person.

3. What abilities, skills, and/or experiences does this person
have to provide care to clients?

4. Is this person:

physically and mentally capable of providing care to
clients?

yes /___/ no /___/ Comment: _____
able to have positive and constructive relationships with
clients?

yes no Comment: _____
able to relate to clients with respect, courtesy, and understanding?

yes no Comment: _____
capable of handling emergencies with dependability and good judgement?

yes no Comment: _____
able to communicate and follow instructions sufficiently to assure client safety and protection?

yes no Comment: _____

Your signature

SAMPLE APPROVAL LETTER

EMERGENCY OR PROVISIONAL

Dear _____:

Our agency has approved you as a
_____(type of provider)_____
on a _____(emergency or provisional)_____ basis. Your approval
period is from _____(date)_____ to _____(date)_____.

In order to be considered for full approval, you will need
to meet the following requirements:

_____(specify standards or requirements to be
met)

If you have any questions about this, please call me at
_____(phone number)_____.

Sincerely,

_____(worker name)_____

_____(title)_____

SAMPLE LETTER

DENIAL, REVOCATION, OR SUSPENSION

Dear _____:

Our agency (is unable to approve your application or must
revoke, or must suspend your approval until _____(date)_____), as
a _____(type of provider)_____. The reason for this action is
that you do not meet the following requirements:

_____(Specify standards or
requirements)

If you have any questions about this, please call me at
_____(phone number)_____. If you are not satisfied with the
action
of the agency, you have the right to grieve this decision.

Sincerely,

_____(worker name)_____

_____(title)_____

SAMPLE LETTER

TO: Fire Inspection Authority (date)

FROM: (worker name) (agency) (address)

SUBJECT: REQUEST FOR FIRE INSPECTION

The following individual(s) has applied to be a (type of provider). We request that you inspect the home to determine compliance with the applicable fire safety code and provide us a report of your findings.

Thank you.

Name of Provider/Applicant:

Address:

Directions to Home:

SAMPLE LETTER

TO: Health Department (date)

FROM: (worker name) (local agency)

_____(address)_____

SUBJECT: REQUEST FOR SANITATION INSPECTION

The following individual(s) has applied to be a _____(type of provider)_____. The home has a private water supply (and/or sewage disposal system). We request that you inspect this home to determine if it meets the rules and regulations governing "semi-public restaurants serving 12 or less recipients of service" and provide us a report of your findings.

Please request the State Health Department to bill our agency for the fee to test water. The address is as follows:

_____(agency name)_____

_____(address)_____

Thank you.

Name of Provider/Applicant _____

Address: _____

Directions to Home: _____

STANDARDS INDEXED FOR ADOPTIVE PARENTS

The following standards and regulations are applicable to Adoptive Parents.

- ' 2.1 Standards for Providers and Other Persons
 - A. Age
 - 2.
 - B. Criminal Records
 - C. Child Abuse and Neglect Record
 - D. Interview, References, and Employment History
 - 1. - 6.
 - E. Training
 - F. Medical Requirements
- ' 2.2 Standards for Care
 - A. Non-discrimination
 - B. Supervision
 - 1. - 3.
 - C. Food
 - D. Transportation
 - E. Medical Care
 - 1. - 3.
 - F. Discipline of Children
 - H. Abuse, Neglect, or Exploitation Reporting Responsibilities of Providers
- ' 2.3 Standards for the Home of the Out-of-Home Provider
 - A. Physical Accommodations
 - 1. - 6.
 - B. Home Safety
 - C. Sanitation
- ' 2.4 Client Record Requirements for the Out-of-Home Provider
- ' 3.1 Approval Period
- ' 3.2 Allowable Variance
- ' 3.4 Provider Monitoring
 - A.
- ' 3.5 Renewal Process
- ' 3.6 Inability to Continue to Meet Standards
- ' 3.7 Relocation of Out-of-Home Provider
- ' 3.8 Right to Grieve
- ' 3.10 Medical Requirements for Clients
- ' 3.11 Use of Provider by More Than One Agency
- ' 3.12 Local Agency Record Keeping

STANDARDS INDEXED FOR ADULT DAY CARE

The following standards and regulations are applicable to Adult Day Care providers.

- ' 2.1 Standards for Providers and Other Persons
 - A. Age
 - 2., 3.
 - B. Criminal Records
 - D. Interview, References, and Employment History
 - 1. - 4.
 - E. Training
 - F. Medical Requirements
- ' 2.2 Standards for Care
 - A. Non-discrimination
 - B. Supervision
 - 1. - 3.
 - C. Food
 - 1. - 3.
 - D. Transportation of Clients
 - 1. - 2.
 - E. Medical Care
 - 1. - 3.
 - G. Activities
 - 2.
 - H. Abuse, Neglect, or Exploitation Reporting Responsibilities of Providers
- ' 2.3 Standards for the Home of the Out-of-Home Provider
 - A. Physical Accommodations
 - 1. - 6.
 - B. Home Safety
 - 1. - 6.
 - C. Sanitation
 - D. Capacity
 - 1. - 2, 6.
- ' 2.4 Client Record Requirements for the Out-of-Home Provider
- ' 3.1 Approval Period
- ' 3.2 Allowable Variance
- ' 3.3 Emergency Approval
- ' 3.4 Provider Monitoring
 - A.
- ' 3.5 Renewal Process
- ' 3.6 Inability to Continue to Meet Standards

- ' 3.7 Relocation of Out-of-Home Provider
- ' 3.8 Right to Grieve
- ' 3.10 Medical Requirements for Clients
- ' 3.11 Use of Provider by More Than One Agency
- ' 3.12 Local Agency Record Keeping

STANDARDS INDEXED FOR ADULT FOSTER/FAMILY CARE

The following standards and regulations are applicable to Adult Foster/Family Care providers.

- ' 2.1 Standards for Providers and Other Persons
 - A. Age
 - 2.
 - B. Criminal Records
 - D. Interview, References, and Employment History
 - 1. - 4 and 7.
 - E. Training
 - F. Medical Requirements
- ' 2.2 Standards for Care
 - A. Non-discrimination
 - B. Supervision
 - 1. - 3.
 - C. Food
 - D. Transportation of Clients
 - 1. - 2.
 - E. Medical Care
 - 1. - 3.
 - H. Abuse, Neglect, or Exploitation Reporting Responsibilities of Providers
- ' 2.3 Standards for the Home of the Out-of-Home Provider
 - A. Physical Accommodations
 - 1. - 7.
 - B. Home Safety
 - 1. - 6.
 - C. Sanitation
 - D. Capacity
 - 1., 3., 6.
- ' 2.4 Client Record Requirements for the Out-of-Home Provider
- ' 3.1 Approval Period
- ' 3.2 Allowable Variance
- ' 3.3 Emergency Approval
- ' 3.4 Provider Monitoring
 - A.
- ' 3.5 Renewal Process
- ' 3.6 Inability to Continue to Meet Standards
- ' 3.7 Relocation of Out-of-Home Provider
- ' 3.8 Right to Grieve
- ' 3.10 Medical Requirements for Clients
- ' 3.11 Use of Provider by More Than One Agency

' 3.12 Local Agency Record Keeping

STANDARDS INDEXED FOR CHORE PROVIDERS

The following standards and regulations are applicable to Chore providers.

- ' 2.1 Standards for Providers and Other Persons
 - A. Age
 - 1.
 - B. Criminal Records
 - D. Interview, References, and Employment History
 - 1. - 4.
 - E. Training
- ' 2.2 Standards for Care
 - A. Non-discrimination
 - D. Transportation of Clients
 - 1. - 2.
 - H. Abuse, Neglect, or Exploitation Reporting Responsibilities of Providers
- ' 3.1 Approval Period
- ' 3.2 Allowable Variance
- ' 3.3 Emergency Approval
- ' 3.4 Provider Monitoring
 - B.
- ' 3.5 Renewal Process
- ' 3.6 Inability to Continue to Meet Standards
- ' 3.8 Right to Grieve
- ' 3.11 Use of Provider by More Than One Agency
- ' 3.12 Local Agency Record Keeping

STANDARDS INDEXED FOR COMPANION PROVIDERS

The following standards and regulations are applicable to Companion providers.

- ' 2.1 Standards for Providers and Other Persons
 - A. Age
 - 1.
 - B. Criminal Records
 - D. Interview, References, and Employment History
 - 1. - 4.
 - E. Training
 - F. Medical Requirements
- ' 2.2 Standards for Care
 - A. Non-discrimination
 - D. Transportation of Clients
 - 1. - 2.
 - E. Medical Care
 - 1. - 2.
 - H. Abuse, Neglect, or Exploitation Reporting Responsibilities of Providers
- ' 3.1 Approval Period
- ' 3.2 Allowable Variance
- ' 3.3 Emergency Approval
- ' 3.4 Provider Monitoring
 - B.
- ' 3.5 Renewal Process
- ' 3.6 Inability to Continue to Meet Standards
- ' 3.8 Right to Grieve
- ' 3.11 Use of Provider by More Than One Agency
- ' 3.12 Local Agency Record Keeping

STANDARDS INDEXED FOR FAMILY DAY CARE

The following standards and regulations are applicable to Family Day Care providers.

- ' 2.1 Standards for Providers and Other Persons
 - A. Age
 - 2. - 3.
 - B. Criminal Records
 - C. Child Abuse/Neglect Record
 - D. Interview, References, and Employment History
 - 1. - 4.
 - E. Training
 - F. Medical Requirements
- ' 2.2 Standards for Care
 - A. Non-discrimination
 - B. Supervision
 - C. Food
 - 1. - 3.
 - D. Transportation of Clients
 - E. Medical Care
 - F. Discipline of Children
 - G. Activities
 - 1.
 - H. Abuse, Neglect, or Exploitation Reporting Responsibilities of Providers
- ' 2.3 Standards for the Home of the Out-of-Home Provider
 - A. Physical Accommodations
 - 1. - 6.
 - B. Home Safety
 - C. Sanitation
 - D. Capacity
 - 1., 4., 6.
- ' 2.4 Client Record Requirements for the Out-of-Home Provider
 - ' 3.1 Approval Period
 - ' 3.2 Allowable Variance
 - ' 3.3 Emergency Approval
 - ' 3.4 Provider Monitoring
 - A.
 - ' 3.5 Renewal Process
 - ' 3.6 Inability to Continue to Meet Standards
 - ' 3.7 Relocation of Out-of-Home Provider
 - ' 3.8 Right to Grieve

- ' 3.10 Medical Requirements for Clients
- ' 3.11 Use of Provider by More Than One Agency
- ' 3.12 Local Agency Record Keeping

STANDARDS INDEXED FOR FOSTER PARENTS

The following standards and regulations are applicable to Foster Parents.

- ' 2.1 Standards for Providers and Other Persons
 - A. Age
 - 2.
 - B. Criminal Records
 - C. Child Abuse/Neglect Record
 - D. Interview, References, and Employment History
 - 1. - 4., 7.
 - E. Training
 - F. Medical Requirements
- ' 2.2 Standards for Care
 - A. Non-discrimination
 - B. Supervision
 - 1. - 3.
 - C. Food
 - D. Transportation of Clients
 - E. Medical Care
 - 1. - 3.
 - F. Discipline of Children
 - H. Abuse, Neglect, or Exploitation Reporting Responsibilities of Providers
 - I. Clothing Requirements of Foster Parents
- ' 2.3 Standards for the Home of the Out-of-Home Provider
 - A. Physical Accommodations
 - 1. - 6., 8.
 - B. Home Safety
 - C. Sanitation
 - D. Capacity
 - 1., 5. - 6.
- ' 2.4 Client Record Requirements for the Out-of-Home Provider
- ' 3.1 Approval Period
- ' 3.2 Allowable Variance
- ' 3.3 Emergency Approval
- ' 3.4 Provider Monitoring
 - 1.
- ' 3.5 Renewal Process
- ' 3.6 Inability to Continue to Meet Standards
- ' 3.7 Relocation of Out-of-Home Provider
- ' 3.8 Right to Grieve

- ' 3.9 Foster Parent Appeal Right
- ' 3.10 Medical Requirements for Clients
- ' 3.11 Use of Provider by More Than One Agency
- ' 3.12 Local Agency Record Keeping

STANDARDS INDEXED FOR HOMEMAKER

The following standards and regulations are applicable to Homemaker providers.

- ' 2.1 Standards for Providers and Other Persons
 - A. Age
 - 2.
 - B. Criminal Records
 - C. Child Abuse and Neglect Record
 - D. Interview, References, and Employment History
 - 1. - 4. and 8.
 - E. Training
 - F. Medical Requirements
- ' 2.2 Standards for Care
 - A. Non-discrimination
 - B. Transportation of Clients
 - C. Medical Care
 - 1. - 2.
 - D. Discipline of Children
 - E. Abuse, Neglect, or Exploitation Reporting Responsibilities of Providers
- ' 3.1 Approval Period
- ' 3.2 Allowable Variance
- ' 3.3 Emergency Approval
- ' 3.4 Provider Monitoring
 - B.
- ' 3.5 Renewal Process
- ' 3.6 Inability to Continue to Meet Standards
- ' 3.8 Right to Grieve
- ' 3.11 Use of Provider by More Than One Agency
- ' 3.12 Local Agency Record Keeping

STANDARDS INDEXED FOR IN-HOME DAY CARE

The following standards and regulations are applicable to In-Home Day Care providers.

- ' 2.1 Standards for Providers and Other Persons
 - A. Age
 - 2.
 - B. Criminal Records
 - C. Child Abuse and Neglect Record
 - D. Interview, References, and Employment History
 - 1. - 4. and 8.
 - E. Training
 - F. Medical Requirements
- ' 2.2 Standards for Care
 - A. Non-discrimination
 - B. Supervision
 - C. Food
 - 1. - 3.
 - D. Transportation of Clients
 - E. Medical Care
 - 1. - 2., 4.
 - F. Discipline of Children
 - G. Activities
 - 1.
 - H. Abuse, Neglect, or Exploitation Reporting Responsibilities of Providers
- ' 3.1 Approval Period
- ' 3.2 Allowable Variance
- ' 3.3 Emergency Approval
- ' 3.4 Provider Monitoring
 - B.
- ' 3.5 Renewal Process
- ' 3.6 Inability to Continue to Meet Standards
- ' 3.8 Right to Grieve
- ' 3.11 Use of Provider by More Than One Agency
- ' 3.12 Local Agency Record Keeping

RETURN TO:

Address

Check the type of care you wish to provide. Then fill out the sections appropriate for the type of care and sign the application. Please print legibly.

CARE PROVIDED IN THE CLIENT'S HOME:

- CHORE - Complete Section A, D
Section A,B,C
- COMPANION - Complete Section A,D
Complete
Sections A,B,D
- IN-HOME DAY CARE - Complete Sections A,D
Sections A,B,C,D
- HOMEMAKER
A,B,D,C

CARE PROVIDED IN YOUR HOME:

- ADULT DAY CARE - Complete
- ADULT FOSTER FAMILY CARE -
- ADOPTIVE PARENT - Complete
- CHILD FOSTER PARENT - Complete
Sections A,B,C,D
- FAMILY DAY CARE - Complete Sections

A. IDENTIFYING INFORMATION

NAME OF APPLICANT (First, Middle, Last) | MARITAL
STATUS | RACE | BIRTHDATE | SOCIAL SECURITY NO. _____

NAME OF SPOUSE IF LIVING (First, Middle, Last)
| RACE | BIRTHDATE | SOCIAL SECURITY NO. _____

STREET ADDRESS | TELEPHONE NUMBER +
AREA CODE _____

CITY, STATE, ZIP

DIRECTIONS TO YOUR HOME

B. OTHER HOUSEHOLD MEMBERS-CHILDREN AND ADULTS: COMPLETE ONLY WHEN CARE IS PROVIDED IN YOUR HOME

	<u>FULL NAME</u>	<u>BIRTHDATE</u>	<u>RELATIONSHIP TO YOU</u>
1.	↓	↓	
2.	↓	↓	
3.	↓	↓	
4.	↓	↓	
5.	↓	↓	
6.	↓	↓	
7.	↓	↓	

C. BACKGROUND INFORMATION: Complete background information on the back of the form.

I understand that the local social service agency will investigate my suitability as a provider of care to clients by securing references and other information in accordance with standards.

I understand that a search of the CHILD PROTECTIVE SERVICE CENTRAL REGISTRY will be periodically done on me and my family if care is provided for children.

I understand that I and my family must be willing to consent to a criminal record search if rsquired by the local social service agency.

I certify that all information on this application, including the background information on the back, is true and accurate to the best of my knowledge. I agree to comply with standards for approved providers.

DATE SIGNATURE

SIGNATURE OF SPOUSE LIVING IN HOMR NECESSARY ONLY WHEN CARE SERVICES _____

032-02-138

Hotline Worker

Date

032-02-141

UNDER REVISION WITH NEW CODE CITATIONS

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INTRODUCTION

This chapter contains definitions and codes for:

Direct Services (7);
Purchased Services (23);
Additional Purchase Codes (20);
Client Categories and Subcategories (16);
Open Service Case Types (20); and
Maintenance Payment Codes

Mandated client categories and components of services which an agency must offer are **identified in this** chapter. Agencies may select and offer whatever other services are not mandated. The local board may restrict the scope of services and/or the client categories/subcategories to be served for optional services or services mandated to the extent funds are available. Otherwise, agencies are expected to offer all optional components of services they select within the extent funds are available.

A. DIRECT SERVICES

Direct services are seven broad services which reflect service delivery by local welfare/social service agency staff. Direct services are reported through VACIS on the Generic Case Document (GCD) under the required data element, 250, program area. This data element must be completed for each client. For reporting purposes the direct service (program area) of the primary client is used for reporting the case. However, different clients within the case can be coded to different services. Direct service delivery at the local level includes the following functions:

- screening of clients;
- initial assessment, including problem identification and a determination of client's strengths/needs;
- eligibility determination, including the service application, verification, notification, and redetermination;
- service planning involving establishment of client goal(s) and objectives, service selection, selection of method of service provision, designation of responsibilities, time frames for service provision, monitoring of client progress, and reassessment;

- local agency service provision, involving treatment of problem, assisting the client to meet needs related to goal attainment, and enabling the client to improve functioning;
- purchase service provision, involving vendor selection, arrangement for services and, monitoring of service delivery;
- arranging for other service provision, involving selection of resource, scheduling, referral, and follow-up;
- case coordination, including collateral contacts, consultation, and case management;
- court reporting; and
- termination.

1. INTAKE SERVICES - CODE 11

Intake services provide an initial access point to services of the agency and an immediate response to crises which threaten the welfare, health, or safety of individuals. These include information and referral, initial screening and assessment and such brief components as crisis intervention and assistance with emergency needs.

Information and referral provides information on local agency services and community resources when requested by the public or when required by mandates.

Initial screening and assessment, excluding child and adult protective services, provides an identification of the individual/family problems, an evaluation of the precipitating problems and causative factors and a mutual determination of the immediate services needed to alleviate the problem. This process also includes eligibility determination, case opening, transfer and/or closing.

Crisis intervention provides immediate social casework services to individuals/families in crisis situations characterized by disorganization or dysfunctioning requiring immediate intervention and problem resolution.

Assistance with emergency needs provides help to individuals/families to prevent eviction, utility cutoff, hunger, lack of essential clothing, or other life-threatening situations.

These identified components are not limited to Intake Services but may also be provided to clients who are receiving any of the other six direct services.

Refer to Section I, Chapter C, Intake Services, for more details.

a. Length of Time

The length of time for Intake Services is generally up to 45 days. The service worker should assess whether or not the service needs can be met within that period of time. If the needs are short-term, Intake Services should be the only service. If the planned service is initially determined to require a longer period of time, the Intake Service should prepare the foundation for ongoing service delivery as quickly as possible. This should occur once the assessment is completed, eligibility has been determined and the immediate crisis is relieved.

b. Target Populations Required to be Served

Anyone eligible for Medicaid who is seeking assistance in arranging for family planning or early periodic screening, diagnosis, and treatment (EPSDT) for children.

Refer to Section I, Chapter A, Introduction to Family Based Social Services, for other populations to be served.

2. ADULT SERVICES - CODE 08

Adult services are provided to impaired persons eighteen years of age and over, persons sixty years of age and over, and to their families, where appropriate. The scope of these services is intended to maximize self-sufficiency, to prevent abuse, neglect, and exploitation, to prevent, delay, and/or reduce inappropriate institutionalization, and/or to assist, when necessary, with appropriate placement. If appropriate and available, adult services may include provision of or arranging for social casework and group work, home based care, transportation, sheltered employment, adult day care, meal service, legal proceedings, placement and other activities to aid the adult.

a. Who Receives Adult Services

Adult Services are directed toward the single adult or married couple with no minor children (under age 18). An individual is considered an adult when he/she is 18 years of age and over or is an emancipated minor.

b. Scope of Adult Services

These services are provided to an adult who:

- 1) is in need of services to prevent adult abuse, neglect, or exploitation, or spouse abuse;
- 2) is in crisis because of illness, unemployment, loss of housing or utilities, death, spouse abuse, etc.;
- 3) needs to maintain his/her capacity to function independently and remain in the least restrictive environment;
- 4) needs assistance in seeking alternative living arrangements;
- 5) has interpersonal conflicts/problems related to isolation, depression, problems with other family members, etc.;

- 6) has health related problems such as alcohol/drug abuse, mental instability, chronic illness, or physical handicap;
- 7) has special needs and problems related to developmental disabilities, physical handicaps, advanced age, etc.;
- 8) needs assistance in personal aid, meal preparation, housekeeping, etc.;
- 9) needs assistance in utilizing community/agency services.

c. Target Population Required to be Served

- 1) Any impaired adult who is in need of nursing home preadmission screening.
- 2) An impaired adult with low income who is in need of home based services, to the extent funds are available.
- 3) Refer to Section I, Chapter A, Family Based Social Services, for other populations to be served.

d. Distinction Between Adult Services and APS

Adult Services are provided prior to the need for Adult Protective Services and/or after intervention when the adult's situation is stabilized and he/she is not currently at risk of abuse, neglect, or exploitation.

3. PREVENTION AND SUPPORT SERVICES FOR FAMILIES - CODE 06

Prevention and Support Services are provided to individuals and families to prevent family violence, child neglect, family breakdown, including removal of the child, and other crises and to strengthen the capacity of the family to function independently. These services may include social

casework and group work, assistance in homemaking, parenting aid and education, child day care, residential and day respite care, transportation, legal proceedings and other activities to support families. This service also includes independent adoptions and court activities.

Refer to Section II, Chapter E, Prevention and Support Services, for more information.

a. Target Population Required to be Served

- 1) Family with a child who is likely to enter foster care unless services are provided, and who is not already being served under child protective services.
- 2) Family referred by the court for an adoptive home study.
- 3) Child and family where a referral or placement has been made through interstate compact and a home study or supervision is required.
- 4) Family referred by the court for a custody study or other service ordered by the court.

b. Distinction Between Prevention and Support Services and CPS

These services are provided prior to the need for Child Protective Service intervention and/or after intervention when the child's welfare is no longer at risk of abuse or neglect.

4. ADULT PROTECTIVE SERVICES - CODE 07

Adult Protective Services consist of the identification, receipt, and investigation of complaints and reports of adult abuse, neglect, and exploitation for incapacitated persons eighteen years of age and over and persons sixty years of age and over. This service also includes the provision of social casework and group work in an attempt to stabilize the situation. If appropriate and available, Adult Protective Services may include the provision of or

arranging for home based care, transportation, sheltered employment, adult day care, meal service, legal proceedings, placement and other activities to protect the adult.

Target Population Required to be Served

- a. Any capacitated adult 18 years of age and over, and any adult 60 years of age and over on whose behalf a complaint of abuse, neglect, or exploitation is made.
- b. Any adult identified above who is determined to need adult protective services, if the adult is willing to accept services or if these services are ordered by the court.

Refer to Section IV, Chapter A, Protective Services, for more information.

5. CHILD PROTECTIVE SERVICES - CODE 04

Child Protective Services consists of the identification, receipt and immediate investigation of complaints and reports of child abuse and neglect for children under eighteen years of age. It includes an immediate response on a 24-hour a day basis to a complaint of child abuse or neglect by investigating, assessing, and validating the complaint; and documenting, arranging for, and/or providing immediate and ongoing intensive social casework and group work for the child, his family, and the alleged abuser. These services may also include assistance with homemaking, parent aid and education, child day care, respite care, emergency shelter for the family and/or child, emergency medical care, transportation, legal proceedings and other activities to protect the child.

Target Population Required to be Served

- a. Any child on whose behalf a complaint of abuse/neglect is made.
- b. Any child, his sibling, and his family where a complaint is determined to be founded or reason to suspect, and the child remains at risk of abuse or neglect.

- c. See Section I, Chapter A, Introduction to Family Based Social Services, for other target populations to be served.

Refer to Section III, Chapter A for more information.

6. FOSTER CARE AND ADOPTION SERVICES - CODE 03

This service provides a full range of casework and other treatment and community services for a child entrusted or committed to the local welfare board or for whom "after care supervision" has been delegated by the court. Included is the arranging for substitute care on a 24-hour a day basis. Such care may be in a family or group living arrangement or in a residential treatment facility. Child day care, education-related services and other activities which maximize growth and development are also included. Services are provided to the biological family while working to return the child to the family. If reunification is not appropriate, the service may include the social and legal processes to terminate parental rights and assist the child in becoming a member of a new family unit through adoption. Services are also provided to the foster family and/or adopting family including on-going counseling and support, training, and other pre-and post-placement services. Post-adoptive services may be included.

Target Population Required to be Served

- a. Any child entrusted or committed to the local agency's board, or for whom after-care supervision has been delegated by the court.
- b. Family of a child in custody.
- c. Foster family with whom a child in custody is placed.
- d. Relatives of a child in custody if the goal is to place the child with these relatives.
- e. Adoptive parents of a foster child if the goal is adoption by these parents.

7. Employment Services - CODE 09 or 10

Employment services are provided to the individual on a mandatory or voluntary basis to assist him/her in retaining, regaining, or securing employment. These services may include social casework and group work, education and training leading to employment, job search, work experience, child day care, transportation, medical/dental care and other activities necessary for employment.

This service has two funding sources, the Social Services Block Grant and Employment Services Program funding.

a. Target Population Required to be Served

- 1) Any applicant or recipient of certain benefit programs, based on the local agency's employment plan, who does not meet criteria for exempt status.
- 2) Any applicant or recipient of certain benefit programs, based on the local agency's employment plan, who is exempt from mandatory registration but who requests the service.
- 3) Any child of a recipient of Aid to Dependent Children (ADC) who needs child day care in order for the parent/guardian to continue employment, obtain education or training leading to employment, or seek employment.
- 4) See Section I, Chapter A, Introduction, for other target populations.

b. Coding of Employment Services

- 1) Code 10

Applicants or recipients of ADC, and in some localities, GR, who are registered for the Employment Services Program (ESP) are coded to "program area" 10 if they do not receive social services (either SSBG or ESP funded). These cases are coded "E" on the GCD in element 65 (ESP Case).

2) Code 09

- a) Registrants in the Employment Service Program (ESP) who receive social services funded by SSBG or the ESP allocation are coded to "program area" 09. These cases are coded "B" on the GCD in element 65 (ESP Case).
- b) Clients not registered for ESP but who need SSBG employment services or services in support of employment or training such as child day care, transportation, etc.

B. PURCHASED SERVICES

The 23 purchased services are identified and defined in this section. The appropriate VACIS numerical code used in the Resource and Vendor Payment subsystems to identify the purchased service is shown next to the title of the service. Special provisions which further clarify the purchased services are also included where applicable.

The client subcategory codes which relate to each purchased service are shown in the Appendix under Allowable Client Subcategories by Purchased Services. Only clients under the subcategories listed for the purchased service may be eligible for that service.

Certain purchased services and/or components are mandated. They are:

- 1) Foster Care For Children - Code 2801
- 2) Child Protective Services - Code 2701
- 3) Day Care for Children - Code 0902
- 4) Home Based Services - No Code

1. ADULT PROTECTIVE SERVICES - CODE 2601

This includes the purchase of any service to stabilize the situation and/or prevent institutionalization in an Adult Protective Service case, provided that the need is

documented in the client's case record. The service may include the purchase of emergency shelter until more permanent arrangements can be made. This service may also include the purchase of items such as clothing, food, utilities, or rent when no other resources are available and a lack of these becomes life threatening or may result in institutionalization.

Special Provisions

- a. This service is to be offered without regard to income to assure the basic well-being of aged, incapacitated adults who are in need of protective services.
- b. An adult is defined as any person 18 years of age and older who is incapacitated and any qualifying person 60 years of age and older, who, in either case, both of whom reside in the Commonwealth; provided, however, "adult" may include incapacitated or qualifying nonresidents who are temporarily in the Commonwealth and who are in need of temporary or emergency protective services.
- c. Medical examinations for purposes of case planning are paid from administrative funds.
- d. If the agency wishes to restrict the discrete services to be purchased as Adult Protective Services or place limits on the length of time that any discrete service may be purchased, the local board must set such restrictions.

2. CHILD PROTECTIVE SERVICES - CODE 2701

This includes the purchase of any service to stabilize the situation and prevent disruption of the family, provided that the need is documented in the case record. This service may include the purchase of emergency shelter until more permanent arrangements can be made. It may also include the purchase of items such as clothing, food, utilities or rent when no other resources are available and a lack of these needs becomes life threatening or may result in institutionalization.

Special Provisions

If the agency wishes to restrict the discrete services to be purchased as Child Protective Services or place limits on the length of time that any discrete service may be purchased, the local board must set such restrictions.

Mandated Components

Mandated are Emergency Shelter and Medical or Remedial Care/Evaluation/Treatment Components.

3. COUNSELING AND TREATMENT - CODE 0601

This includes the purchase of psychological, psychiatric, and therapeutic services not covered under Title XIX. Such services include evaluation and diagnosis of problems, development of treatment goals and strategies and counseling. Room and board may also be included.

Special Provisions

- a. Services purchased from agencies such as Community Mental Health and Mental Retardation Services Board must be certified by the Department of Mental Health and Mental Retardation as complying with appropriate criteria for licensure and certification requirements developed for counseling and treatment of the mentally ill and mentally retarded.
- b. The mental health/mental retardation counseling and treatment component of the service may be purchased for the mentally ill, emotionally disturbed, mentally retarded, cerebral palsied, epileptic, autistic or maladjusted person. Such services include diagnostic assessment counseling, aftercare supervision, community resource referral, crisis intervention, and assistance in living arrangements.
- c. Counseling services under this service are those activities described as being exclusive of counseling related to any other services.
- d. Services are available through purchase from facilities such as State operated mental health clinics, locally operated public mental health clinics and centers under the auspices of Community Mental Health and Mental Retardation Services Boards, private mental health professionals licensed to provide services,

private mental health clinics and public and private residential treatment facilities.

- e. Medical examinations for purposes of case planning are to be paid from administrative funds.

4. DAY CARE FOR ADULTS - CODE 0802

This includes the purchase of day care from approved providers. Day care includes personal supervision of the adult and promotes social, physical and emotional well-being through companionship, self-education, and satisfying leisure time activities.

Special Provision

- a. The adult must in in need of day care services based on inability to care for himself/herself without help due to advanced age, blindness, disability or infirmity. In addition, either the individual(s) normally responsible for his care in a family situation is not available to provide such care, or the adult is living in a group home.
- b. Day Care facilities must be licensed or approved by the appropriate State agencies. Adult day care homes must be local agency approved.

5. DAY CARE FOR CHILDREN - CODE 0902

This includes the purchase of day care from approved providers. Day care may be provided to children whose parent/parent substitute is employed, in training for employment, temporarily ill or absent from the home. It may also provide protection for the child or opportunities for the child with special needs such as physical, mental or emotional problems. Transportation provided by the approved day care provider or a separate provider is a component. Registration and other fees may be paid when they are not a part of the day care rate.

Special Provisions

- a. Providers of direct care must be licensed by the State or approved by local social service agencies as meeting standards established by the State Board of Social Services.

- b. Medical examinations, when required, for participation are an administrative cost.

Mandated Services

Mandated is day care for children of ADC recipients who are employed in education or training leading to employment.

6. DEVELOPMENTAL DAY PROGRAMS FOR ADULTS - CODE 1002

This includes the purchase of developmental day care from approved providers. These programs provide instruction and training for mentally retarded or developmentally disabled adults (age eighteen and older), to help the individual function more independently. Transportation and registration fees are components.

Special Provisions

- a. Services purchased under this definition must be approved by the Department of Mental Health and Mental Retardation as complying with licensure and certification requirements when appropriate.
- b. Facilities providing this service must comply with licensure or standard setting requirements of the Department of Social Services when appropriate.
- c. Services provided shall meet a need of the client identified and documented in the case record for two or more of the following services:
 - 1) communication skills
 - 2) socialization
 - 3) independent personal skill and personal adjustment
 - 4) community skills
 - 5) self-help skills
 - 6) prevocational training
 - 7) physical development

7. DEVELOPMENTAL DAY PROGRAMS FOR CHILDREN - CODE 1102

This includes the purchase of developmental day care from approved providers. These programs provide stimulation, education, recreation, and socialization for mentally retarded/developmentally disabled, deaf, blind, deaf-blind children (two through age seventeen). The purpose of the service is to help the child function more independently. Such programs may be provided outside of usual school hours and/or during the summer. Transportation and registration fees are components.

Special Provisions

- a. Services purchased under this definition must be approved by the Department of Mental Health and Mental Retardation as complying with licensure and certification requirements when appropriate.
- b. Facilities providing this service must comply with licensure or standard-setting requirements of the Department of Social Services when appropriate.
- c. This service is directed to the developmental needs of the individual in areas of sensorimotor, communicative, affective and cognitive skills.

8. DRUG - CODE 1201

This includes the purchase of counseling, medical/remedial services, pharmacological intervention, social, education, and rehabilitative services for drug-addicted individuals.

Special Provisions

- a. Counseling services under this service are those which are exclusive of counseling related to any other services.
- b. The facility providing the treatment must comply with standards established by the Department of Mental Health and Mental Retardation.
- c. Social, rehabilitation and vocational services are to be interpreted broadly as any activities which are directed towards resolution of the problem.

- d. Services may be purchased from public health clinics, mental health departments, community mental health/mental retardation service boards and private mental health clinics/public facilities or private substance abuse facilities.
- e. Medical examinations for purposes of case planning are paid from administrative funds.

9. EDUCATION AND TRAINING - CODE 1401

This includes the purchase of formal or functional education and training. It is directed toward improving individual knowledge and skills. This service excludes education and training which has a guarantee of job placement or which is a requirement of employment since such activities fall under Employment Services.

Instruction through the baccalaureate degree or functional education of adults may be purchased only when the service is not available through a public (state or local) education agency without cost and without regard to income.

Special Provisions

- a. Tutoring and special education for the handicapped which are the responsibility of local/state school boards cannot be paid out of SSBG funds.
- b. Each agency must maintain documentation which identifies the basis for determining that a service is not "generally available without cost and without regard to income."
- c. Room and board may be a component of the service if education and training is provided in a residential care facility which is treatment oriented and is not a related service for purposes of special education to the handicapped.
- d. Medical examinations for purposes of case planning are an administrative expense.

- e. Related services paid from administration funds to help a child benefit from special education are not fundable from SSBG funds when such services are part of the child's Individualized Education Program.

10. EMPLOYMENT - CODE 1601

This includes the purchase of activities which assist individuals in retaining, regaining or securing employment and acquiring training or education leading to employment. This includes vocational evaluation, vocational training, and supportive services for sheltered employees of a sheltered workshop. Room and board may also be included. ESP purchased activities include day care, transportation, counseling, medical and dental care, emergency intervention, and education and training.

Special Provisions

- a. Medical examinations to determine eligibility for participation in the service are paid from administrative funds.
- b. Education leading to employment may be a component of the service when it is not generally available to any individual from State or local public agencies without cost and without regard to income. Educational fees charged to any individual for participation are payable.
- c. Vocational evaluation consists of systematic, formalized assessment and subsequent recommendations for vocational training.
- d. Medical/remedial care is reimbursable if it is integral but subordinate and not available under Titles XVIII or XIX.

11. FAMILY AND PERSONAL ADJUSTMENT COUNSELING - CODE 1701

This includes the purchase of guidance, consultation, and problem solving in a helping professional relationship. It is related to family and personal adjustment problems, values clarification, personal effectiveness, and other areas of counseling exclusive of counseling related to other discrete services.

Providers of this service shall be licensed unless exempt under Section 54-9444 of the Code.

12. FAMILY PLANNING - CODE 1801

This includes the purchase of specific information, counseling, education and medical services to help an individual limit his/her family size or space his/her children. Medical services, if unavailable from Title XIX, include physical examinations, laboratory tests, provision of contraceptive devices, and sterilization services. Supportive services may include child care and transportation.

Special Provisions

- a. Total costs of medical care, if not otherwise available, are payable and the integral but subordinate requirement is not applicable.
- b. Payment for sterilization or abortion must be in accordance with federal and State laws and is available only to those eligible based on income.
- c. A minor is considered a one member family unit for purposes of this service.
- d. Optional service components may be made available to any individual who requests them.

13. FOSTER CARE FOR ADULTS - CODE 1901

This includes the purchase of supervision and special services in an approved foster family home for an adult who has a physical/mental health condition or emotional/behavioral problem. The adult must be incapable of independent living or unable to remain in his/her own home. The cost of room and board is not included.

Special Provisions

- a. Payment may be made only for the special services provided and cannot include amounts for room and board or personal requirements of the adult.

- b. Standards adopted by the State Board of Social Services must be met by the foster home.
- c. Medical examinations required for participation in the service are paid from administration funds.

14. FOSTER CARE FOR CHILDREN - CODE 2801

This includes the purchase of any appropriate services defined in the Social Services Block Grant Plan for a foster care child when the need is documented in the child's service plan. Rehabilitative/restorative and supportive services may also be purchased as needed for parents/prior custodians and foster parents on behalf of the child. This also includes services purchased for children in Title IV-E or State subsidized adoption. SSBG funding can be used for all adopted children formerly in foster care to purchase services related to preexisting conditions.

Special Provisions

- a. Medical/remedial care is a component when it is an integral but subordinate part of the service and is not covered under Title XIX. For the individual not eligible for Title XIX such care includes: Clinics and physician's services including physical/psychiatric examinations and treatment; pharmaceutical services exclusive of Title XIX deductibles, medical supplies and equipment; prosthetic devices, eyeglasses, hearing aids; optometry/optical services; dental examinations and treatment; hearing, speech therapy and other therapeutic rehabilitative care.
- b. This service can include the purchase of the following on behalf of a foster child:
 - 1) Transportation provided to children in foster care for reasons other than accessibility to the discrete services in the SSBG plan (e.g. placement).
 - 2) Recruitment, screening, study and development of foster homes for a specific child.

- 3) Placement services on behalf of a specific child, including study and approval of foster homes provided by a licensed child placing agency.
- 4) Absence from a residential facility under specified conditions. Absence in this instance is in addition to vacations, home visits, or facility closings regularly included in the State rate setting process.

Mandates Services

Mandated is the purchase of any appropriate services in the Social Services Block Grant Plan and is necessary to meet the child's needs.

Included as mandates are those services needed after the final order of adoption for children receiving Title IV-E subsidies.

15. HEALTH RELATED - CODE 2001

This includes the purchase of instruction and assistance in preventive/restorative health measures. It may also include home health nursing services and physical, occupational or speech therapy.

Special Provisions

- a. Health and hospital related social services are not purchasable; they may only be provided by staff of the local social services agency.
- b. Medical examinations for purposes of case planning for purchased services are to be paid from administrative funds.

16. HOME BASED - (no code)

This includes the purchase of companion, chore, and/or homemaker services. Companion services are performed to assist clients unable to care for themselves in activities such as light housekeeping, companionship, shopping, meal preparation and activities of daily living. Chore services are the performance of non-routine, heavy home maintenance tasks for clients unable to perform such tasks themselves.

Homemaker services include the instruction and/or performance of activities such as personal care, home management, household maintenance, child rearing and nutrition, consumer or hygiene education.

Special Provisions

- a. For purchase of chore, companion, or homemaker services from individuals, the rate of payment and number of hours shall be in accordance with local board policy. The rate of payment for chore or homemaker providers must be at or higher than minimum wage.
- b. Standards for chore, companion, and homemaker service providers established by the State Board of Social Services shall be met.
- c. Chore services shall be provided only to persons living in an independent situation who are responsible for maintenance of their own home or apartment and have no one available to provide this service without cost.
- d. Companion services shall only be provided to an eligible adult who lives in his/her own home.

Mandated Services

The following Home Based services are mandated:

- a. Chore, Companion, or Homemaker if the agency does not have homemakers on staff for delivery of services, to the extent funds are available.
- b. Services for December, 1973 recipients of OAA, AB, or APTD mandated to have their December, 1973 income maintained.

17. HOUSING - CODE 2202

This includes the purchase of assistance to individuals and families in acquiring and/or maintaining safe, healthful, affordable housing and obtaining necessary household furnishings. This may include 1) minor housing modifications and repairs when the client owns his home and 2) special modifications for the deaf and blind.

Special Provisions

- a. The local department of social services may purchase minor housing renovations and repairs only in situations where the recipient owns the housing.
- b. "Special modification" would include such devices as flashing light doorbells for deaf individuals, special acoustic couplers and telephone telecommunications devices to allow deaf individuals use of the telephone, baby-cry signals, flashing light vibrating wake-up alarm clocks for the deaf, or vibrating phone answering devices for deaf-blind.
- c. Social Service Block Grant funds are not available for rent, utilities, deposits, purchase, construction, or major renovation or repair.

18. LEGAL - CODE 2401

This includes the purchase of legal assistance in civil matters to protect the client's rights and to prevent his/her exploitation. It does not include payment of a guardian or committee's fee.

Special Provision

Payment cannot be made for commitment to a mental health or mental retardation facility.

19. NUTRITION RELATED - CODE 2501

This includes the purchase of instruction and education about daily nutritional needs and the purchase of home delivered meals and congregate meals.

Special Provisions

- a. Educational fees can be paid for classes or courses related to nutrition.
- b. Home delivered meals are purchasable for the ill, aged, blind and/or disabled person who is homebound.

- c. Congregate meals are purchasable for the aged, blind and/or disabled adult who 1) is unable to shop or cook for himself; 2) lacks incentive and/or ability to prepare meals.
- d. An individual is not considered to be in need of home delivered or congregate meals if his/her meals are provided in a nursing home, institution, home for adults, or room and board situation or as a member of a family.
- e. An individual is not considered to be in need if his/her only cost is for purchasing raw food and has someone to prepare the meals at no charge.
- f. Vendors and transporters shall be in compliance with rules and regulations of the State Board of Health. Congregate meal sites shall also meet safety regulations as required by State and local fire regulations.
- g. Medical examinations for purposes of case planning are paid from administrative funds.

20. PREVENTION SERVICES - CODE 3201

This service, aimed at prevention, includes the purchase of any service to stabilize the situation and prevent disruption of the family, provided that the need is documented in the case record. This service may include the purchase of emergency shelter until more permanent arrangements can be made. It may also include the purchase of items such as clothing, food, utilities or rent when no other resources are available and a lack of these needs becomes life threatening or may result in institutionalization.

Special Provision

If the agency wishes to restrict the discrete services to be purchased as Prevention Services or place limits on the length of time that any discrete service may be purchased, the local board must set such restrictions.

21. SERVICES TO SPECIFIED DISABLED INDIVIDUALS - CODE 2902

This includes the purchase of coordinated and comprehensive services which assist the autistic, cerebral palsied, epileptic, mentally retarded, deaf or blind individuals. Components of this service are respite care, infant stimulation and parent training, training to maximize independence, and child stimulation and parent training. Room and board may be included.

Special Provisions

- a. Medical examinations, for purposes of eligibility determination, when required, are paid from administrative funds.
- b. Facilities providing respite care, infant and child stimulation, and training to maximize independence must meet appropriate licensing and programmatic standards of the administering agency.
- c. Training to maximize independence is provided in group homes, child care institutions, halfway houses, alternative living units, supervised apartments, foster homes, or clients' own homes.

22. SOCIALIZATION/RECREATION - CODE 3001

This includes the purchase of activities which provide opportunities for constructive social experiences and leisure time opportunities. This service is directed at improving individual functioning in personal and social communication, offering opportunities for self-expression, and minimizing isolation and monotony.

Special Provisions

- a. Socialization and leisure time resources and opportunities include: senior citizens' centers; public performances (e.g., music, other arts); social activities sponsored by fraternal, religious, civic, and other groups; and volunteer roles in community organizations.
- b. Socialization/Recreation Services are available under Group Eligibility in certain community centers for adults. For more information refer to Volume VII, Section I, Chapter C.

23. TRANSPORTATION - CODE 3102

This includes the purchase of conveyance of individuals to and from needed community resources and facilities. Travel to and from work or for medical care payable under Title XIX is not allowed under this service.

Special Provisions

- a. Transportation for Day Care for Children is paid as a day care cost regardless of whether the provider of transportation is the provider of the day care.
- b. To be purchased only when the transportation is not included in other service definitions or is not available through other community resources.
- c. A transportation driver must have a valid driver's license or chauffeur's license, as appropriate. The vehicle must have a valid registration and current inspection sticker.

C. ADDITIONAL PURCHASE CODES AND DEFINITIONS

In addition to the purchased services there are 20 purchase codes, also known as component codes, which further describe purchased service activities. These additional purchase codes, combined with the purchase of service codes, are used in the VACIS Resource and Vendor Payment subsystems. These combined codes are also used for purchase of service orders and vendor invoices. In some instances, a purchased service code and an additional purchase code component is needed. In other instances the same code is used for both.

An alphabetized listing of purchased service and additional codes is in the Appendix.

The additional purchase codes which relate to each purchased service are shown in the Appendix under Allowable Purchase Codes by Purchased Services. Only purchase codes marked under the specific purchased service may be used for that purchased service.

The additional purchase codes (component codes) are identified and defined below.

1. ADOPTION SERVICES - CODE 0101

Combined social and legal processes which enable children who have been permanently and legally separated from their natural parents to become permanent members of a new family.

2. CHORE SERVICES - CODE 0401

Chore services may be provided to an eligible adult who is unable to perform non-routine, heavy home maintenance tasks himself and there is no one available to provide these services without cost.

3. COMPANION SERVICES - CODE 0504

This includes the following:

- a. Provision of light housekeeping such as cooking and cleaning and household shopping.
- b. Provision of assistance with individualized activities such as personal cleanliness and hygiene, bedmaking and room care, dressing, feeding, laundry, medication management, or personal shopping.
- c. Provision of general supervision services for persons who cannot be left alone and/or escort services for health and safety reasons when the client is a potential danger to him/herself or others.

4. COMBINED RESIDENTIAL SERVICES - CODE 5023

Social services provided by a children's residential facility.

5. CONGREGATE MEALS - CODE 5002

Provision of balanced meals in group settings, purchased from approved providers.

6. COUNSELING - CODE 5504

Guidance, consultation and problem solving:

- a. aimed at aiding individuals to improve or change careers;
- b. aimed at aiding individuals to improve or acquire formal, functional, or consumer education.
- c. provided to individuals or a family unit by qualified human service professionals in either individual or group sessions. The counseling focuses on the individual's perception of self, family, and significant others.

Providers of this service shall be licensed unless exempt under Section 54-9444 of the Code.

7. EDUCATION - SPECIAL EDUCATION - CODE 1403

Specifically designed instruction to meet the unique needs of a handicapped child, including classroom instruction, instruction in physical education, adaptive physical education, movement education, and motor development. Service includes vocational education. Handicapping conditions include learning disabilities, mental retardation, emotional disturbances, and certain physical disabilities. See Special Provisions section under Education and Training for limitations.

8. EMERGENCY SHELTER - CODE 5019

Temporary housing and, if needed, meals provided for a child, adult, or family unit as a protective or preventive service until more permanent arrangements can be made. It may be provided in an approved emergency shelter facility, foster home, motel or hotel.

9. EMPLOYMENT-SHELTERED EMPLOYMENT - CODE 1603

Supervised, guided, remunerative employment for an individual whose current assessment indicates that employment in a sheltered setting represents the individual's maximum level of vocational functioning.

10. FAMILY SHELTER - CODE 5020

Room and board, and treatment services and supervision of the child and parent/guardian for a limited time period in an approved family shelter.

11. FOSTER CARE FOR CHILDREN - SPECIALIZED FOSTER CARE -
CODE 2802

Services provided by foster parents who, through experience or training, have the skills needed to meet the special needs of the child beyond normal care and supervision.

12. HOMEMAKER SERVICES - CODE 2104

Services from a provider with homemaking skills acquired through training and/or experience. Services may include instructions in or, where appropriate, performance of activities such as:

- a. personal care,
- b. home management,
- c. household maintenance,
- d. child rearing,
- e. nutrition,
- f. consumer or hygiene education.

13. HOME DELIVERED MEALS - CODE 5003

Preparation and delivery of a maximum of two meals a day per individual. The meals are available to eligible individuals who are homebound, cannot prepare their own meals because of illness, disability, or advanced age, and have no one to provide the meals without cost.

14. MEDICAL/REMEDIAL SERVICES - CODE 5008

Medical/remedial care may include diagnosis; testing; physical/psychological/psychiatric/neurological treatment; optical, audiological and dental services; vitamin, drug, physical, and occupational therapy; inpatient/outpatient treatment services; and emergency transportation services.

Medical supplies and equipment are also included when delivered in a residential treatment facility. Medical/ remedial care is payable with SSBG funds when the individual is not eligible for such service under Title XIX. It also has to be an integral but subordinate part of another SSBG service (except for Family Planning). It has to be necessary to achieve the objective of that service and merely not to correct a medical condition.

15. PLACEMENT SERVICES - CODE 5017

Services designed to determine the need for placement of an individual into substitute care or a residential facility, and the actual placement of the individual. The services include, where appropriate; (1) counseling of the individual and the individual's family regarding the need for, and progress in, placement, (2) the recruitment and training of substitute parents, (3) placement of the individual, (4) arrangement for and/or coordination of services during placement, and (5) placement discharge planning and follow-up with the individual and his/her family.

16. REGISTRATION - CODE 5010

One time fee required by a day care or educational facility when not part of the unit cost of care.

17. RESIDENTIAL TREATMENT - CODE 5011

The provision of services in a group-living environment to an individual whose mental, emotional, physical and/or behavioral problems prevent him or her from remaining in the home.

18. ROOM AND BOARD IN A RESIDENTIAL TREATMENT FACILITY -
CODE 5012

Maintenance (room and board) in a residential treatment facility. For foster care children, costs must be reimbursed by S/L-FC or ADC/FC, not SSBG funds. Costs for adults or non-foster care children may be reimbursed for six months by SSBG funds.

19. SPEECH THERAPY - CODE 5014

A range of services including (1) diagnosis and appraisal of specific speech or language disorders, (2) provision of speech and language habilitation or rehabilitation services or prevention of communicative disorders, and (3) counseling instruction, and guidance for parents, children, and teachers regarding speech and language disorders.

20. TESTING/DIAGNOSIS - CODE 5015

The administration of tests and the evaluation and identification of mental, emotional, physical and/or behavioral problems that prevent the individual from functioning at a normal level. It includes educational and vocational testing, evaluation, and diagnosis.

D. CLIENT CATEGORIES

There are nine categories for reporting client service cases, and 15 client subcategories for assigning client service cases. The subcategories are always designated by a three-digit code. There is also another code, 000, which is used for ESP only cases.

Each case must be assigned to a single subcategory. The subcategories are listed in the order of preference for selection. However, the service needs of a particular client and the local agency's local SSBG plan may need to be considered in selecting the best subcategory. For example, a CPS founded case could be assigned to subcategories 215 (ADC), 502 (Income Eligible), 671 (Child Abuse and Neglect), or others, depending on their income source and amount as well as the service needs of the client. The 671 subcategory may be selected over the others, for example, if the agency wishes to purchase CPS services for the client which are not in the agency's local SSBG plan under the discrete purchased services.

1. FUNDING SOURCES

There are five sources of funding client activities. These are:

- a. Refugee
- b. Social Services Block Grant (Title XX), including special appropriations for targeted services/populations.

- c. Employment Services Program (ESP)
 - d. Title IV-E
 - e. Local Only
2. REFUGEE CATEGORY (REFUGEE FUNDING)
- a. 124- ADC Eligible
Recipients of ADC refugee money payments.
 - b. 120- Other Refugees
Refugees who do not receive ADC refugee money payments.
3. ADC CATEGORY (SSBG FUNDING)
- a. 215- ADC
Recipients of ADC regular money payments.
 - b. 216- ADC Foster Care
Children in foster care who are eligible or would have been eligible for ADC six months prior to placement.
 - c. 213- ADC Refugee - SSBG
Recipients of ADC refugee money payments for whom services are funded out of Title XX, not Refugee funding.
4. SSI AGED CATEGORY (SSBG)
- 305- SSI Aged
- Clients who, due to advanced age:
- a. receive, Supplemental Security Income (SSI);
 - b. receive an auxiliary grant payment; or

- c. who are mandated to receive service because they received a chore or homemaker allowance in December, 1973, under Old Age Assistance.

5. SSI DISABLED CATEGORY (SSBG)

307- SSI Disabled

Clients who due to disability:

- a. receive Supplemental Security Income (SSI);
- b. receive an auxiliary grant payment but not SSI; or
- c. who are mandated to receive service because they received a chore or homemaker allowance in December, 1973.

6. BLIND CATEGORY (SSBG)

306- Blind

All clients who are certified blind and visually handicapped by the Department for the Visually Handicapped, including blind recipients of SSI and Auxiliary Grants.

7. INCOME ELIGIBLE CATEGORY (SSBG)

a. 436- Foster Care

Any child in Foster Care other than one eligible under the ADC-Foster Care subcategory, 216.

When a foster care child is returned to his parents, whether the child was ADC-FC or not, and the local agency retains custody, the case is coded to 436 for services.

b. 562- Income Eligible

Individual/family who is not blind and who does not receive ADC or SSI payments and who meets the eligibility criteria identified in Section I, Chapter C. Recipients of Medicaid and General Relief are included in this category.

8. ELIGIBLE WITHOUT REGARD TO INCOME (UNIVERSAL ACCESS)
CATEGORY (SSBG)

a. 671- Child Abuse and Neglect

Child abuse or neglect cases on which a formal complaint has been made. Only child protective services can be provided unless the case can be reclassified to ADC, SSI, or Income Eligible.

b. 672- Adult Abuse and Neglect

Adult protective service cases where a report/complaint has been made. Only adult protective services can be provided unless the case can be reclassified to another category such as SSI or Income Eligible.

c. 774- Universal Access

This includes:

- 1) Cases other than APS, CPS, or Foster Care eligible to receive services in which the income is too great to qualify the case as income eligible.
- 2) Preventive protective services cases for child or adult at risk of abuse or neglect, where no formal complaint has been made.
- 3) Family planning cases in which the only service requested is family planning and the recipients are not ADC, SSI or income eligible.
- 4) Special needs adoption cases which are not eligible for Title IV-E.
- 5) Cases where services are provided for an adopted child formerly in Foster Care related to pre-existing conditions.

9. TITLE IV-E (TITLE IV-E FUNDING)

783- Subsidized Adoption

This code is used only for those children receiving subsidized adoption payments who have been determined ADC-FC or SSI eligible and the final order of adoption is completed.

Subsidy cases are to be opened in the name the child will be known as after final order of adoption is completed.

10. NON-FEDERAL

775- Other - Non-SSBG

Cases which receive services, income exceeds percentage of median income established, no other classification can be appropriately assigned and the locality wishes to maintain a service. No services may be purchased for cases in this subcategory code unless 100% local funding is used.

11. ESP ONLY

000- ESP Only

Cases which include an Employment Services Program registrant but do not receive any social services.

E. OPEN SERVICE CASE TYPES

Each open service case will need to have a primary problem "case type" designated for it. This case type is used for caseload standards to provide credit for the work done by the local agency on open service cases. See also Section VI, Statistical Reporting.

Case type is to be entered on the Generic Case Document (GCD) in element 59. It is possible that a case may have two case types. For example, a case may be a CPS case and an ESP case at the same time.

Case types are subsets of the seven direct services, as follows:

1. INTAKE: EMERGENCY/CRISIS FIRST 45 DAYS - CODE 12

A newly opened, short-term case (generally up to 45 days) requiring immediate attention due to:

- a. an emergency situation such as lack of shelter, food, clothing, or
- b. a crisis characterized by dysfunction requiring immediate social casework intervention and problem resolution.

2. INTAKE: SHORT TERM/ASSESSMENT - CODE 14

A newly opened, short-term case (generally up to 45 days) requiring:

- a. brief services such as follow-up, or
- b. more complete assessment/screening to determine the most appropriate on-going service to be provided.

3. ADULT: PREVENTION - CODE 82

A case in which intervention is needed to:

- a. prevent placement of an adult in an institution, and/or
- b. prevent abuse, neglect, or exploitation of an adult.

The intervention may be intense and require many resources in an attempt to stabilize the situation. It includes assessment and service planning to provide/arrange for such supportive services as home based care, adult day care, adult foster/family care and other alternate living arrangements, and/or other activities. It may involve court intervention. A case requiring nursing home preadmission screening generally fits this case type.

4. ADULT: STABILIZATION/SUPPORT - CODE 86

A case in which intervention is needed primarily to maintain and monitor on-going supportive services to promote the self-sufficiency and enhanced functioning of

the adult. Supportive services include, but are not limited to, home based services, adult day care, alternate living arrangements, and/or other activities.

5. PREVENTION AND SUPPORT: PLACEMENT PREVENTION - CODE 62

A case in which intervention is needed primarily to prevent foster care placement of a child at risk of entering foster care within six months. The goal is to maintain the child(ren) in his own home and the child is:

- a. subject to any judicial proceedings where foster care is an alternative at disposition;
- b. a child whose parent either acknowledges loss of, or, in the worker's judgement, has lost the capacity to care for and nurture the child; or
- c. any other child likely to enter foster care.

This case type is similar to **a high risk CPS case** except that no formal complaint was made or the complaint was not substantiated.

6. PREVENTION AND SUPPORT: PREVENTION OF CHILD ABUSE/NEGLECT - CODE 64

A case in which intervention is needed primarily to prevent child abuse or neglect. This includes a case where:

- a. the parent(s) acknowledges the potential for abuse or neglect;
- b. the service worker has become aware of the potential for abuse or neglect, but no formal complaint has been made; and/or
- c. a formal complaint has been determined unfounded but the child is at risk of abuse or neglect.

7. PREVENTION AND SUPPORT: STABILIZATION/SUPPORT - CODE 66

A case in which intervention is needed for:

- a. ongoing family support such as budgeting, guidance with child discipline, etc.;
- b. interstate supervision of a child in custody of another **State**; or

- c. courtesy supervision of a child in custody of another local agency.

Note: A Courtesy Supervision case will not be coded to this case type on the GCD when the agency holding custody has an open case. The credit for the agency providing courtesy supervision will be derived from data on the Service Supplement.

Note: This does not include a case primarily receiving day care in support of employment/training.

- 8. PREVENTION AND SUPPORT: HOME STUDY/COURT ORDERS - CODE 68

A case in which intervention is needed to complete:

- a. independent adoption study;
- b. interstate placement study;
- c. custody study;
- d. mediation **or other** services ordered by the court (**not related to services already being provided by the local agency**);
- e. search for birth parent (even though this service may be provided for a family with no minor children); or
- f. services ordered by the court on behalf of a child committed to the Department of Corrections.

- 9. APS: INVESTIGATION - CODE 70

A case in which an APS investigation is being conducted. Once a determination is made, the case type is changed if it remains an open case, or the case is closed.

Note: Credit for an APS investigation is not derived from this code; data from the service supplement is used. **This code is not necessary if the case is already open with another case type such as Adult Services - Stabilization/Support.**

10. APS: ADULT PROTECTIVE - CODE 74

A case, **subsequent to an investigation**, in which intervention is needed to protect an aged or incapacitated adult when:

- a. the adult is determined to be in need of protective services, based on **the investigation; and**
- b. **the adult/guardian consents to services or involuntary protective services are ordered by the court.**

11. CPS: CHILD PROTECTIVE - CODE 44

A case, subsequent to an investigation, in which intervention is needed based on the service worker's assessment of risk related factors and service needs.

Refer to Section III, Chapter A for more details on **opening a case to CPS.**

12. FOSTER CARE/ADOPTION: SPECIALIZED CARE - CODE 32

Cases of children in agency custody which:

- a. require extra attention of the local agency, and
- b. include assessments which document that the child has moderate to severe behavioral or emotional problems, developmental disabilities, physical disabilities, or is dually diagnosed.

This case type will be further broken down in the caseload standards model by goal identified on the Service Supplement.

13. FOSTER CARE/ADOPTION: NON-SPECIALIZED CARE - CODE 34

Cases of children in agency custody which do not meet both criteria for specialized care.

This case type will be further broken down in the caseload standards model by goal identified on the Service Supplement.

14. FOSTER CARE/ADOPTION: POST ADOPTION - CODE 38

Cases in which intervention is needed after finalization of an agency placed adoption to:

- a. monitor a subsidy agreement, and/or
- b. maintain the placement by providing post adoption services.

Note: A case requiring intense intervention because of possible disruption should be coded Placement Prevention. A case requiring CPS services should be coded to the appropriate case type under that service.

15. EMPLOYMENT - ESP WITH DAY CARE/OTHER SUPPORT - CODE 92

A case with an Employment Service Program (ESP) registrant being assessed for or receiving day care, **ESP counseling services (ongoing family support with budgeting, discipline, alcohol/drug abuse, structural family therapy, etc.), emergency/crisis intervention, and/or ongoing medical/dental needs** provided through a social worker.

16. EMPLOYMENT: ESP - NO SUPPORTIVE SERVICES - CODE 94

A case with an ESP registrant with no **ongoing support services except transportation** being provided through a social worker. This includes one-time-only support services.

17. EMPLOYMENT: DAY CARE/OTHER SUPPORT-NON ESP - CODE 96

A case being assessed for or receiving day care or other support service needed to obtain/retain employment or education/training leading to employment which is not an ESP case.

This code is appropriate for a case receiving day care and/or other support services through a social worker under the FSET program or the Day Care Fee System.

This code is not appropriate for a case receiving day care for protective or preventive reasons.

18. DUAL CASE TYPES

There are a few instances where a case may have two case types, i.e. two primary reasons for services. A case with two agency workers does not necessarily mean that two case types are appropriate.

The following chart identifies allowable and unallowable dual case types. No two codes within a board service series are allowed. (Example: 64 and 66, 82 and 86, etc.) Exception: 62 or 64 may rarely be combined with 68 (only for interstate or adoption combined with prevention).

<u>Services</u>	<u>Codes</u>	<u>Allowable</u>	<u>Unallowable</u>
Intake	12, 14	94 (1st 45 days only)	All other
Adult	82, 86	38, 44, 62, 64, 66, 68, 94	12, 14, 32, 34, 70, 74, 92, 96
Prevention and Support	62, 64	68 (interstate or independent adoption only), 74, 82, 86, 92, 94, 96	12, 14, 32, 34, 38, 44, 70
	66	74, 82, 86, 94 (child directed, not regis- trant directed), 96	12, 14, 32, 34, 38, 44, 70, 92
	68	44 or 62 or 64 (inter- state or independent adoption only, not CPS or prevention), 74, 82, 86, 92, 94, 96	12, 14, 32, 34, 38, 70
APS	70	None (not needed with any other)	All others
	74	38, 44, 62, 64, 66, 68, 92, 94, 96	12, 14, 32, 34, 82, 86
CPS	44	68, 74, 82, 86, 92, 94, 96	12, 14, 32, 34, 38, 62, 64, 66, 70
FC/Adoption	32, 34	94 (Title IVE only)	All others
	38	74, 82, 86	12, 14, 44, 62, 64, 66, 68, 70, 92, 94, 96
Employment	92	44, 62, 64, 68, 74	12, 14, 32, 34, 38, 66, 70, 82, 86
	94	12, 14, 32, 34, 44, 62, 64, 66 (child directed), 68, 74, 82, 86	38, 70
	96	44, 62, 64, 66 (child directed), 68, 74	12, 14, 32, 34, 38, 70, 82, 86

F. MAINTENANCE PAYMENT CODES

For those agencies who are making payments for adoption and foster care maintenance through VACIS or who are using residential facilities, the appropriate four-digit code must be used. This section identifies and defines these codes.

1. ADOPTION MAINTENANCE SUBSIDY PAYMENT

Payments made to adoptive parents on behalf of a "special needs" child to subsidize maintenance costs of that child. These payments are made on the basis of a contractual agreement entered into by the local board and the adoptive parents prior to legal adoption of the child.

The codes for these payments are:

- a. 6105 - Adoption Maintenance Subsidy
 Payment by Age Group.
- b. 6101 - Adoption Maintenance Subsidy
 Payment - Ages 0-4
- c. 6102 - Adoption Maintenance Subsidy
 Payment - Ages 5-12.
- d. 6103 - Adoption Maintenance Subsidy
 Payment - Ages 13 and Over

Code 6105 is used to make adoption maintenance subsidy payments at the State rate. The system will pay the appropriate rate based on the age of the child.

Codes 6101, 6102, 6103 are used for adoption maintenance subsidy payments which are less than the State rate. Workers must select the appropriate code for the age of the child and update when it changes in rates or the child's age occur.

Special Provisions

Subcategory 774 - If the adoptive family of a child receiving a State/local adoption subsidy requests and is approved for services not included in the subsidy agreement, the subcategory for which this family becomes eligible should be used to provide subsidy payments for the child.

Subcategory 783 - If the adoptive family of a child receiving IV-E adoption subsidy requests and is approved for services other than SSBG services on behalf of the child or those included in the subsidy agreement (in this situation), the child must remain a separate case in subcategory 783. This is necessary to identify IV-E funds as the source of payment for the subsidy.

2. ADOPTION SPECIAL SERVICE - SUBSIDY

Payments made on behalf of a "special needs" child who has a physical, mental, emotional, or dental condition requiring special services and/or equipment.

6104 - Adoption Special Service Subsidy

Special Provisions

- a. Subcategory 774 - If the adoptive family of a child receiving a State/Local Adoption Subsidy requests and is approved for services not included in the subsidy agreement, the subcategory for which this family becomes eligible should be used to provide subsidy payments for the child.

Subcategory 783 - If the adoptive family of a child receiving IV-E adoption subsidy requests and is approved for services other than SSBG services on behalf of the child or those included in the subsidy agreement (in this situation), the child must remain a separate case in subcategory 783. This is necessary to identify IV-E funds as the source of payment for the subsidy.

- b. This service may be used to purchase from a commercial establishment (internal authorization) or to provide reimbursement to adoptive parents (reimbursement). It may also be used to pay an individual provider at a rate set by the LWA or a provider at a rate set by State Office Purchase of Service staff.

3. FOSTER CARE MAINTENANCE PAYMENT

Payments made to providers of care or on behalf of a child committed or entrusted to a local board of public welfare. These payments are made to defray the cost of maintenance (basic needs) of the child.

The codes for these payments are:

- a. 6009 - FC Maintenance Payment by Age Group
- b. 6004 - FC Out-Of-State Payment - Greater Than State Rate
- c. 6011 - FC Out-Of-State Payment - Same/Less Than State Rate
- d. 6006 - Room and Board in a Residential Non-treatment Facility
- e. 6010 - FC Special Payments - Residential Facility

- f. 6007 - Foster Care Maintenance Payment - Medical Care
- g. 6012 - Foster Care Special Payment - Other
- h. 6008 - Foster Care Supplemental Allowance
- i. 5012 - Room and Board in a Residential Treatment Facility

4. FOSTER CARE MAINTENANCE PAYMENT - INDEPENDENT LIVING

Payments made to a child, committed or entrusted to a local board of public welfare, in an independent living arrangement. Payment may also be made to a designated payee.

6005 - Foster Care Maintenance Payment - Independent Living

LIST OF PURCHASE CODES

This list combines the codes for purchased services (upper case) and additional purchase codes (lower case.)

<u>CODE</u>	<u>ABBREVIATED NAME</u>	<u>FULL NAME</u>
0101	Adoption Services	Adoption Services
2601	ADULT PS	ADULT PROTECTIVE SERVICES
2701	CHILD PA	CHILD PROTECTIVE SCES
0401	Chore Servs	Chore Services
0504	Companion	Companion
5023	Combined Services	Combined Residential Services
5002	Congregate Meals	Congregate Meals
0601	COUNSEL & TREAT	COUNSELING AND TREATMENT
5504	Counseling	Counseling
0802	D C ADULTS	DAY CARE FOR ADULTS
0902	D C CHILDREN	DAY CARE FOR CHILDREN
1002	DEV DAY ADULT	DEVELOPMENTAL DAY PROGRAMS FOR ADULTS
1102	DEV DAY CHILDREN	DEVELOPMENTAL DAY PROGRAMS FOR CHILDREN
1201	DRUG	DRUG
1401	EDUC & TRAINING	EDUCATION AND TRAINING
1403	Ed & Train Special Ed	Education and Training - Special Education
5019	Emergency Shelter	Emergency Shelter
1601	EMPLOYMENT	EMPLOYMENT
1603	Sheltered Employment	Employment - Sheltered Employment
1701	FAM PER ADJ COUNSEL	FAMILY AND PERSONAL ADJUSTMENT COUNSELING

LIST OF PURCHASED CODES (Continued)

<u>CODE</u>	<u>ABBREVIATED NAME</u>	<u>FULL NAME</u>
1801	FAMILY PLANNING	FAMILY PLANNING
5020	Family Shelter	Family Shelter
1901	FC ADULTS	FOSTER CARE FOR ADULTS
2801	FC CHILD	FOSTER CARE FOR CHILDREN
2802	FC Specialized Serv	Foster Care for Children - Specialized Foster Care
2001	HEALTH RELATED	HEALTH RELATED
5003	Home Delivered Meals	Home Delivered Meals
2104	Homemaker	Homemaker
2202	HOUSING	HOUSING
2401	LEGAL	LEGAL
5008	Medical/Remedial Ser	Medical/Remedial Services
2501	NUTRITION RELATED	NUTRITION RELATED
5017	Placement Services	Placement Services
3201	PREVENTION	PREVENTION SERVICES
5010	Registration	Registration
5011	Residential Treat	Residential Treatment
5012	Room & Board Res Treat	Room and Board in a Residential Treatment Facility
2902	SERV SPEC DISABLD IND	SERVICES TO SPECIFIED DISABLED INDIVIDUALS
3001	SOC/REC	SOCIALIZATION/RECREATION
5014	Speech Therapy	Speech Therapy
5015	Testing/Diagnosis	Testing/Diagnostics
3102	TRANSPORT	TRANSPORTATION

ALLOWABLE PURCHASE CODES BY PURCHASED SERVICES

This chart shows which additional purchase codes relate to each of the 23 purchased services. Only purchase codes marked under the specific purchased service may be used for that purchased service.

ALLOWABLE PURCHASE CODES BY PURCHASED SERVICES (Continued)

ALLOWABLE CLIENT SUBCATEGORIES BY PURCHASED SERVICES

This chart shows which client subcategory codes are applicable for each purchased service. Only clients in the subcategories listed under the specific purchased service are eligible for that service.

SUMMARY OF OPEN SERVICE CASE TYPES

<u>Broad Service</u>	<u>Case Type</u>	<u>Code</u>
Intake Services	Emergency/Crisis 1st 45 days	12
	Short Term/Assessment	14
Adult Services	Prevention	82
	Stabilization/Support	86
Prevention & Support Services For Families	Placement Prevention	62
	Prevention of Child Abuse/ Neglect	64
	Stabilization/Support	66
	Home Study/Court Orders	68
Adult Protective Services	Investigation	70
	Adult Protective	74
Child Protective Services	Child Protective	44
Foster Care/Adoption	Specialized Care	32
	Non-Specialized Care	34
	Post Adoption	38
Employment Services (and Day Care and Other Support)	ESP with Day Care/Other Support	92
	ESP - No Supportive Services	94
	Day Care/Other Employment	96
	Support - Non-ESP	

VOLUME VII
SECTION VI

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STATISTICAL REPORTING

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INTRODUCTION

Accurate statistical data about the programs, services, client/families served, and costs are very critical to support the provision of social services in Virginia. Data must be kept current in order to provide relevant, accurate information.

1. MAJOR SOURCES OF DATA

a. VACIS

See VACIS User Guides for details.

1) Case/Client Subsystem

a) Generic Case Document

The GCD provides client/family demographic data, data on case type for caseload standards, and data on direct services.

b) Service Supplement

The Service Supplement provides data on APS, Foster Care, Adoption Subsidy, and ESP.

2) Resource Subsystem

a) Resource Information Document

The RID provides general data on providers.

b) Agency Approved Provider Resource Document

The AAPRD provides data on agency approved providers, including data on approvals and renewals for caseload standards.

c) Purchase of Service Resource Document

The POSRD provides data on services and rates approved for purchased services.

Three local agencies are not participating in this subsystem.

3) Vendor Payment Subsystem

This subsystem is being piloted in five local social service agencies.

b. Financial Data

1) Financial Reports (See Volume I)

2) Warrant Registers (See Volume I)

3) Vendor Payment Subsystem of VACIS for five pilot agencies

2. USES OF DATA

a. Caseload Standards for Service Programs

A caseload standards model is used to determine the needed staffing level in each local social service agency. Key data from VACIS and other reports are used in the model to provide appropriate credit for work performed at the local agency. The caseload standards model utilizes data from five areas, as follows:

1) Open Service Cases

The model utilizes a primary problem "case type" to distinguish work related to open service cases. Case type is entered on the GCD in data element 59. See Section V, Service Definitions and Codes, for case types and definitions, and various service chapters.

Exceptions: Courtesy supervision case counts are derived from the Service Supplement. Food Stamp Employment and Training (FSET) cases are reported manually.

2) CPS Investigations

Data from CPSIS are used to credit work related to CPS investigations. See Section III, Chapter A, Protective Services.

3) APS Investigations

APS data from the Service Supplement in VACIS are used to credit work related to APS investigations. See Section IV, Chapter A, Protective Services.

4) Agency Approved Providers

Data on approval and renewal of agency approved providers are obtained from the VACIS Resource subsystem. The agencies not using this subsystem must submit manual reports. See Section I, Chapter I, Standards and Regulations for Agency Approved Providers.

5) Nursing Home Preadmission Screening

Data on nursing home preadmission screenings are utilized to provide credit for this work. The Department of Medical Assistance Services provides these data monthly based on information reported by local agencies and local health departments.

b. Other Uses of Data

Data are used for many other purposes, including direct service provision, monitoring and evaluation of programs and services, numerous statistical reports, to support funding requests, and other requests for data.