

Date – July 1, 2021

Manual - Child and Family Services Manual, Chapter E, Foster Care

Transmittal # - 297

The purpose of this transmittal is to provide new, revised, and clarified guidance for the Foster Care Chapter (E) of the Child and Family Services Manual. Unless otherwise stated, the provisions included in this transmittal are effective July 1, 2021.

Changes to the manual incorporate federal and state laws as well as state regulations into the guidance; clarify existing guidance; and enhance guidance on meeting the safety, permanency, and well-being needs of children in foster care. Changes were made throughout the manual to update terminology from “substance abuse” to “substance use disorder.”

This transmittal and manual are available on FUSION at:

<https://fusion.dss.virginia.gov/dfs/DFS-Home/Foster-Care/Foster-Care-Guidance>

Significant changes to the manual are as follows:

Section(s) Changed	Significant Changes
1.2 Definitions	Adds definitions for “qualified individual” and “qualified residential treatment programs”.
2.4 Roles and resources families and other individuals can provide	Modifies the requirement to involve a child in case planning from age 14 years and older to age 12 years and older.
2.9.1 Addressing five critical decision points	Adds link to requirement in Section 6B regarding qualified residential treatment programs and the requirement to have a Family Partnership Meeting.
2.9.2 Participants in Family Partnership Meetings	Modifies the requirement to involve a child in case planning from age 14 years and older to age 12 years and older.
3.9.1.1 Services for pregnant and parenting youth	Adds that pregnant and parenting youth are an eligible population for title IV-E prevention funds for evidence based services in an in-home services case.
3.9.1.4 Placements specializing in providing prenatal, post-partum, or parenting supports for youth in care	Adds new subsection detailing allowable placement settings for youth, including congregate care placements that are able to receive IV-E funding.
4.1 Confidentiality of records	Adds clarification that it is not permitted to release identifying information from a prior foster care record for any child reentering foster care from a dissolved adoption.

4.5.1 Title IV-E eligibility requirements	Changes the requirement for the title IV-E eligibility application to be completed within 10 days of removal from the home rather than within 10 days of the court commitment order.
5.8 Types of assessment tools	<p>Adds information about the trauma screening available through Virginia Heals.</p> <p>Adds information about the Genogram Tool available through the child welfare information system.</p>
6.3 Critical decisions in making placements	Updates language for immediate placements to be consistent with the title change for Section 6.9.
6.9 Procedures for immediate placement	<p>Retitles Section 6.9 to Procedures for immediate placement</p> <p>Removes information related to the outdated emergency approval process and adds information about procedures for placing children immediately in a kinship home.</p>
6.13 Placements in relative homes	Updates information about the process to approve kinship foster homes for immediate placement.
6.16 Placements in residential programs	Add links to title IV-E reimbursable residential placements for the implementation of Family First.
6B Placements specific to Family First requirements	<p>Adds a new section outlining the congregate care settings that children in foster care will need to be placed to be eligible for title IV-E funding upon implementation of Family First and the requirements for those settings.</p> <p>The new subsections include:</p> <ul style="list-style-type: none"> • 6B.1 Introduction • 6B.2 Framework <ul style="list-style-type: none"> ○ 6B.2.1 Legal Authority <ul style="list-style-type: none"> ▪ 6B.2.1.1 Qualified residential treatment programs ▪ 6B.2.1.2 Placement in a licensed family-based residential treatment facility for substance use disorder ▪ 6B.2.1.3 Other Family First specific placement requirements • 6B.3 Qualified Residential Treatment Programs (QRTPs) <ul style="list-style-type: none"> ○ 6B.3.1 Assessment <ul style="list-style-type: none"> ▪ 6B.3.1.1 Qualified individual ▪ 6B.3.1.2 Family and permanency team meetings ○ 6B.3.2 Court requirements <ul style="list-style-type: none"> ▪ 6B.3.2.1 Materials to be submitted to court

	<ul style="list-style-type: none"> ▪ 6B.3.2.2 Foster care plan requirements ▪ 6B.3.2.3 Court ordered findings ▪ 6B.3.2.4 Requirements for subsequent foster care hearings ○ 6B.3.3 Commissioner approval for extended placement • 6B.4 Out of State Residential Placements • 6B.5 Family-based residential treatment facility for substance use disorder <ul style="list-style-type: none"> ○ 6B.5.1 Eligibility of the child ○ 6B.5.2 Eligibility of the facility ○ 6B.5.3 Foster care plan requirements
7.4.1 Six processes that support concurrent planning	Updates information about the process to approve kinship foster homes for immediate placement.
7.5 Shared decision making	Modifies the requirement to involve a child in case planning from age 14 years and older to age 12 years and older.
7.5.1 Using Family Partnership Meetings prior to change of placement	Updates information about the process to approve kinship foster homes for immediate placement.
8.4 Assessing for Return Home	Adds that the SDM Reunification Tool can be used in the assessment process for reunification.
8.6 Reunification services and service planning	Modifies the requirement to involve a child in case planning from age 14 years and older to age 12 years and older.
8.6.6 Contacts and visits following reunification	Adds a requirement that during a trial home visit at least one worker visit per month must occur in the family’s home and with all household members.
9.4.4.2 Procedures to follow for court termination	Adds that when a termination of parental rights (TPR) petition is not filed at the same time as the foster care plan changing the goal to adoption, the petition must be filed within 30 days of the hearing.
10.8 Overview of relatives becoming foster parents	Updates information about the process to approve kinship foster homes for immediate placement.
10.11.2.1 Determining eligibility for youth	Removes the requirement for the KinGAP (Kinship Guardianship Assistance Program) Staffing Report to be submitted to the permanency practice consultant for approval of KinGAP for all children under the age of 14.
10.11.2.3 Determining placement of at least six (6) consecutive months	Updates information about the process to approve kinship foster homes for immediate placement.
10.11.2.4 Siblings of eligible youth placed in the same home	Updates language to be consistent with the process to approve kinship foster homes.

10.11.3 Foster care plan requirements	Adds a link to the new section 10.11.4 and clarifies that LDSS must make efforts to discuss the kinship guardianship arrangement with the youth's parents. If they are not able to discuss the arrangement with the parents, efforts must be documented and can include sending letters, conducting person locator searches and other diligent search tools.
10.11.4 Determining that the goal of adoption is not appropriate	Adds a new section detailing the required efforts to determine that the goal of adoption is not appropriate for the child for the purposes of eligibility for kinship guardianship assistance.
10.15 Negotiating kinship guardianship assistance	Adds references to the Referral for KinGAP Negotiation Packet this is available on FUSION.
12.5.1.2 Placements for youth who are victims or at risk of sex trafficking	Adds a new section for recommended placements for youth who are victims of or at risk of sex trafficking and reorganizes the remaining subsections as follows: <ul style="list-style-type: none"> • 12.5.1.3 Human trafficking assessments and children and youth in foster care • 12.5.1.4 Resources
12.11.7.7 Medicaid's Addiction and Recovery Treatment Services (ARTS) program	Updates the section with current information regarding Medicaid's services for individuals with substance use disorders.
14.4.4.4 Court approval	Clarifies that IV-E funding cannot be used beginning on the 181 st day if the judicial determination is not made within 180 days of the execution of the VCSSA.
14.4.4.5 Title IV-E eligibility	Clarifies that IV-E funding cannot be used for the remainder of the foster care episode if the judicial determination is not made within 180 days of the execution of the VCSSA.
15.3 Engaging family and key partners in developing the foster care plan	Modifies the requirement to involve a child in the development of their case plan from age 14 years and older to age 12 years and older.
16.2.6.5 Exceptions to the requirement to file for TPR	Adds that the LDSS is required to determine whether it will file for TPR prior to the child reaching 15 months in foster care so that it can timely file for TPR or claim an exception at the 15 month mark. Adds two additional examples of potential compelling reasons to not file for TPR that were included in 2021 legislative changes. Adds that the Summary of Decision Not to File for TPR form must also be attached to the petition and the plan for the next permanency planning hearing.

16.4 Basic Timeline	Adds the Summary of Decision Not to File for TPR to the forms necessary for the second permanency planning hearing.
16.6.2 Composition of the Review Panel and notification	Modifies the requirement to involve a child in the Administrative Panel Review from 14 years and older to 12 years and older.
16.7 Supervisory Reviews	<p>Removed the 16.7 Supervisory Reviews as all youth in the defunct Independent Living Program (program prior to Fostering Futures) have aged out and there is no longer a need for supervisory reviews.</p> <p>The following sections (and their subsections) have been renumbered and now display as:</p> <ul style="list-style-type: none"> • 16.7 Additional information regarding required reviews • 16.8 Restoration of parental rights
17.3 Required training	Updates the required supervisor training to include SUP5705, which is the fifth course in the Family Services CORE Supervisor Training Series.
17.3.3 First six months requirement	Adds CWS3015: Adoption Assistance as a required training in the first six months of employment for all adoption service workers.
17.18 Failure to provide foster care services	Adds a section describing the authority for state intervention when agencies fail to provide foster care services or create substantial risk to the health, safety, or well-being of any child under their supervision and control.
18.1.3 Rates	Updates the maintenance payment rates and clothing allowance rates for July 2021.
18.1.5 Maintenance payments from title IV-E funds	Updates language to be consistent with the process to approve kinship foster homes.

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1

FOSTER CARE OVERVIEW

TABLE OF CONTENTS

1.1	Introduction	2
1.2	Definitions	3
1.3	Federal requirements	13
1.4	Practice principles	16
1.5	Organization of manual	20

1

FOSTER CARE OVERVIEW

1.1 Introduction

Federal law mandates and appropriates funding for the provision of services to enhance the safety, permanency and well-being of children in foster care ([Social Security Act, Title IV-E](#)). Federal regulation defines foster care as twenty-four hour substitute care for all children placed away from their parents or guardians and for whom the State agency has placement and care responsibility ([45 CFR 1355.20](#)).

State law defines foster care services as the provision of a full range of casework, treatment, and community services, including but not limited to independent living services, for a planned period of time to children, and their families, who are abused or neglected as defined in [§ 63.2-100](#) or in need of services as defined in [§ 16.1-228](#) ([§ 63.2-905](#)).

Children and their families receive foster care services in three separate and distinct situations. The children:

- Have been identified as needing services to prevent or eliminate the need for foster care placements; or
- Have been placed through an agreement between the LDSS or the public agency designated by the Community Policy and Management Team (CPMT) and the parents or legal guardians who retain custody; or
- Have been committed or entrusted to a LDSS or licensed child placing agency by the court ([§ 63.2-905](#)).

State law specifically mandates the provision of foster care services through the Children's Services Act (CSA) ([§ 2.2-5211 C and B3](#)). CSA provides services that

are child centered, family focused and community based and that address the unique and diverse strengths and needs of children and their families. CSA strives to preserve families and provide appropriate services in the least restrictive environment, while protecting the welfare of children and maintaining the safety of the public ([§ 2.2-5200](#)).

Foster care prevention services are meant to preserve and strengthen families and keep children in their own homes. The local department shall first make reasonable efforts to keep the child in his home. The local department shall make diligent efforts to locate and assess relatives or other alternative caregivers to support the child remaining in his home or as a placement option if the child cannot safely remain in his home. Any services available to a child in foster care shall also be available to a child and his parents or custodians to prevent foster care placement and shall be based on an assessment of the child's and birth parents' or custodians' needs. When a child must be removed from home, the initial goal focuses on the provision of services to return the child home. If reunification is not possible, the goal becomes achieving permanency for the child through adoption with another family or a relative, or custody transfer to relatives based on the best interests of the child. Permanency also involves facilitating lifelong connections for the child with siblings, extended family, and other significant adults.

Foster care placement is intended to be a temporary rather than a long-term solution to family problems. It is developed in collaboration with the family and based on the needs and best interest of the child. Placement with a relative who expresses a willingness to provide a long-term commitment to the child and to become an approved foster and adoptive parent is the preferred placement for most children. If placement with a relative is not possible or appropriate, the first alternative to consider should be a non-relative foster family home. Group living arrangements, a residential treatment facility, or an independent living arrangement are other possible placements.

Services shall be provided to the child and his or her family and should include services to the relative or other caregivers as necessary (§§ [63.2-905](#), [2.2-5200](#), and [2.2-5208](#)).

1.2 Definitions

The following words and terms, when used in this policy, shall have the following meaning, unless the context clearly indicates otherwise:

<u>Term</u>	<u>Definition</u>
Adoption Assistance	A money payment and/or payments for services provided to adoptive parents on behalf of a child with special needs.

Adoption Assistance Agreement	A written agreement and any addenda that are entered into and binding on all relevant parties, including the local department of social services, the prospective adoptive parent(s) of a child with special needs, and the licensed child-placing agency when the child is in its custody. At a minimum, the agreement and any addenda specify the payments, services and assistance to be provided on behalf of the child and stipulate that the agreement and any addenda shall remain in effect regardless of the State of residence of the adoptive parent(s) at any given time (Social Security Act, Title IV, § 475 (c) (2) [42 USC 675] and § 63.2-1302).
Adoption Assistance – Maintenance	That component of the adoption assistance payment made to an adoptive parent that may be consistent with the basic foster care maintenance rate.
Adoptive Placement	Is the arranging for the care of a child who is in the custody of a child placing agency in an approved home for the purpose of adoption.
Adoption Assistance – Service	That component of the adoption assistance payment pursuant to § 63.2-1302 that is made for special services provided to the child that the adoptive parents cannot afford and that are not covered by insurance or otherwise.
Agency	A public agency or licensed child-placing agency.
Adoption Resource Exchange of Virginia (AREVA)	A registry and photo listing of children and families waiting for adoption within the Commonwealth of Virginia. It is a tool provided by VDSS to connect families with children available for adoption.
Child	For the purposes of Fostering Futures (outlined in Section 14 of Foster Care Guidance), adoption assistance (outlined in Section 2.14.8 of Adoption Guidance), and Kinship Guardianship Assistance Program (outlined in Section 10.21 of Foster Care Guidance) a person who has reached the age of 18 years but has not reached the age of 21.
Child and Family Team Meeting	A meeting of the youth, family, extended family and all service providers that is a mechanism by which regular reviews of services and progress is shared among all the individuals involved in the case and where the family’s needs and preferences routinely inform decision making.

Child-Placing Agency

Any person who places children in foster homes, adoptive homes or independent living arrangements pursuant to [§ 63.2-1819](#) of the Code of Virginia or a local board that places children in foster homes or adoptive homes pursuant to [§ 63.2-900](#), [63.2-903](#), or [63.2-1221](#) of the Code of Virginia. Officers, employees, or agents of the Commonwealth, or any locality acting within the scope of their authority as such, who serve as or maintain child-placing agency, shall not be required to be licensed.

Children's Residential Facility

Means any facility, child-caring institution, or group home that is maintained for the purpose of receiving children separated from their parents or guardians for full time care, maintenance, protection and guidance. Children's residential facilities shall not include: 1. A licensed or accredited educational institution whose pupils, in the ordinary course of events, return annually to the home of their parents or guardians for not less than two months of summer vacation; 2. An establishment required to be licensed as a summer day camp by [§ 35.1-18](#); or 3. A licensed or accredited hospital legally maintained as such ([§ 63.2-100](#)).

Children's Services Act (CSA)

The legislation that created a collaborative system of services and funding that is child-centered, family-focused, and community-based to address the strengths and needs of troubled and at-risk youth and their families in the Commonwealth. ([§ 2.2-5200 et. seq.](#)).

Community Policy and Management Team (CPMT)

A team that is appointed by the participating local political subdivision establishing the team to implement the CSA as specified in Sections [§§ 2.2-5200](#) – [2.2-5207](#) of the Code of Virginia. The purpose of the CPMT is to manage the cooperative effort in each community to better serve the needs of troubled and at-risk youths and their families, and to maximize the use of state and community resources.

Concurrent Permanency Planning

A structured approach to case management which requires working towards family reunification while, at the same time, establishing and working towards an alternative permanency plan.

CRAFFT

Consortium for Resource, Adoptive, and Foster Family Training. CRAFFT Consultants are available to local departments of social services (LDSS) to provide assistance regarding training for foster families.

Credit Freeze	Also known as a “security freeze.” It protects a consumer’s credit file and prohibits the Credit Reporting Agency (CRA) from sharing credit information in most instances. Designed to prevent the approval of credit, loans, or services in a consumer’s name without their consent.
Department (VDSS)	The State Department of Social Services.
Diligent Search	The ongoing process of examining the extended networks of the people who have been involved with the child over the course of the child’s life. It involves reconstructing the child’s relationships historically over time and currently to identify family members and other individuals who have been significant and positive for the child for the purposes of finding family and lifelong connections for the child.
Dual Approval	The approval of a home concurrently as both a foster and adoptive home for children.
Emergency Placement	The sudden, unplanned, unexpected placement of a child who needs immediate care in a foster home and the placement occurs prior to the agency obtaining adequate information regarding the child’s needs. Emergency placements require the foster parent to provide increased supervision and support to ensure the child’s safety.
Enhanced Maintenance Payment	The amount paid to a foster or adoptive parent over and above the basic foster care maintenance payment. It is based on the needs of the child for additional daily supervision and support by the foster or adoptive parent as identified by the VEMAT.
Family Assessment and Planning Team (FAPT)	The local team created through the Children’s Services Act to assess the strengths and needs of troubled youth and families who are referred to the team. The team identifies and determines the complement of services required to meet these unique needs (§ 2.2-5208).
Fictive Kin	Individuals who are not related to a child by blood or adoption but have an established relationship with the child or their family.

Foster and Adoptive Parent	A provider who has completed the dual approval process and has been approved as both a foster and adoptive family home provider. The provider is committed to support reunification and to be prepared to adopt the child if the child and family do not reunify.
Foster Care	Twenty-four-hour substitute care for children placed away from their parents or guardians and for whom the local board has placement and care responsibility. Placements may be made in foster family homes, foster homes of relatives, pre-adoptive homes, group homes, emergency shelters, residential facilities, and child care institutions. Foster care also includes children under the placement and care of the local board who have not been removed from their home.
Foster Child	A person who has been placed into foster care through a non-custodial foster care agreement, entrustment, or commitment before 18 years of age.
Foster Care Episode	A foster care episode is a removal with one or more placement settings. A previous episode is one that has been completed by a discharge or entry into the Fostering Futures Program. A current episode is a removal and one or more placement settings without a discharge.
Foster Care Placement	Placement of a child through (i) an agreement between the parents or guardians and the local board or public agency designated by the community policy and management team where legal custody remains with the parents or guardians, or (ii) an entrustment or commitment of the child to the local board or licensed child-placing agency (§ 63.2-100).

Foster Care Services	The provision of a full range of casework services including prevention, placement, treatment, and community services including but not limited to independent living services, for a planned period of time to a child who is abused or neglected as defined in § 63.2-100 , or in need of services as defined in § 16.1-228 , and his family, when a child (i) has been identified as needing services to prevent or eliminate the need for foster care placement, (ii) has been placed through an agreement between the local board or the public agency designated by the community policy and management team and the parents or guardians where legal custody remains with the parents or guardians, (iii) has been committed or entrusted to a local board or licensed child placing agency (§ 63.2-905).
Foster Family Placement	Placement of a child with a family that has been approved by the LDSS to provide substitute care for children until a permanent placement can be achieved.
Full Disclosure	Respecting parents by providing them with complete information about their rights, responsibilities, expectations, the importance of staying connected to their children, and the consequences of not following through on the service plan. It is a process that facilitates open and honest communication among the service worker, the biological parents, and extended family members, caregivers, and the court.
Human Trafficking	Refers to both sex and labor trafficking.
Independent Living Arrangement	A placement of a child at least 16 years of age who is in the custody of a local board or licensed child-placing agency and has been placed by the local board or licensed child-placing agency in a living arrangement in which he does not have daily substitute parental supervision.

Independent Living Services

Are the services and activities provided to a child in foster care 14 years of age or older who was committed or entrusted to a local board of social services, child welfare agency, or private child-placing agency. "Independent living services" may also mean services and activities provided to a person who (i) was in foster care on his 18th birthday and has not yet reached the age of 21 years or (ii) is at least 18 years of age but has not yet reached 21 years of age and who, immediately prior to his commitment to the Department of Juvenile Justice, was in the custody of a local board of social services. Such services shall include counseling, education, housing, employment, and money management skills development, access to essential documents, and other appropriate services to help children or persons prepare for self-sufficiency ([§ 63.2-100](#)). These services are not contingent on the youth having a permanency goal of independent living nor are they contingent upon the youth residing in an independent living arrangement.

Interstate Placement

Is the arrangement for the care of a child in an adoptive home, foster care placement, or in the home of the child's parent or with a relative or non-agency guardian, into or out of the Commonwealth, by a child placing agency or a court when the full legal right of the child's parent or non-agency guardian to plan for the child has been voluntarily terminated or limited or severed by the action of any court.

Individual Family Service Plan (IFSP)

The plan for services developed by the family assessment and planning team under the Children's Services Act.

Kinship Guardianship Assistance

A money payment provided to a relative custodian, including fictive kin, on behalf of a child that was discharged from foster care to the relative's custody in accordance with the requirements of Virginia Code [§ 63.2- 1305](#).

Kinship Guardianship Assistance Agreement

A written agreement, binding on the parties to the agreement, between the agency and the prospective relative custodian(s), including fictive kin, of the minor child that specifies the nature and the amount of any payments and assistance to be provided under such agreement, and stipulates that the agreement shall remain in effect regardless of the State in which the relative custodian resides.

Labor Trafficking	Labor trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purposes of subjection to involuntary servitude, peonage, debt bondage, or slavery, (22 USC § 7102).
Local Board	The local board of social services representing one or more counties or cities.
Local Department (LDSS)	The local department of social services of any county or city in this Commonwealth.
Maintenance	Payments made on behalf of a child to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel for the child to visit with family or other caretakers and to remain in the school in which the child was enrolled at the time of placement and other allowable expenses in accordance with guidance by VDSS.
Non-Custodial Foster Care Agreement	The agreement that specifies the conditions for care and control of the child that the LDSS enters into with the parent(s) or guardians to place a child in foster care when the parent(s) or guardians retain custody.
Normalcy	Allowing children and youth in foster care to experience childhood and adolescence in ways similar to their peers who are not in foster care by empowering foster parents and congregate care staff to use the reasonable and prudent parent standard as referenced in Public Law 113-183 when making decisions regarding extracurricular, enrichment and social activities
OASIS	The Online Automated Services Information System, used to record all child welfare services data for children in foster care
Parental Agreement	The agreement that the local public agency designated by the Community Policy and Management Team enters into with the parent(s) or guardians who retain legal custody of the child that specifies the conditions for placing the child in a placement outside of the child's home. The agency shall not be the LDSS.

Permanency	Permanency for children means establishing family connections and placement options for children in order to provide a lifetime of commitment, continuity of care, a sense of belonging, and a legal and social status that goes beyond the child's temporary foster care placement.
Permanency Planning	An array of social work and legal efforts that promotes establishing a permanent living situation for every child with an adult with whom the child has a continuous, reciprocal relationship within a minimum amount of time after the child enters the foster care system.
Permanency Planning Indicator	A tool used in concurrent planning to assess the likelihood of reunification.
Person Locator Tool	A web-based search program that allows people searches, address searches and phone number searches in real-time. Specifically it provides a comprehensive view of public records; an individual's associations and relatives; help for localities to connect children/youth with living relatives or other potential caregivers or mentors; and a means to meet the diligence requirements specified by the Fostering Connections Act of 2008.
Prior Custodian	Defined as the person who had custody of the child and with whom the child resided, other than the birth parent, before custody was transferred to or placement made with the child-placing agency when that person had custody of the child.
Putative Father	A man who is alleged to be the father of a child. A putative father is not married to the child's mother. The court has not established that he is the father of the child; he has not signed a written agreement acknowledging paternity; nor has he adopted the child.
Qualified Individual	<i>A trained professional or licensed clinician who is not an employee of the local department or affiliated with any placement setting in which the child has been placed and who is responsible for completing the 30-day assessment for placements in qualified residential treatment programs, as outlined in Section 6B.3.1.</i>

Qualified Residential Treatment Program (QRTP)

A program that provides 24-hour residential placement services for children in foster care; has adopted a trauma-informed treatment model that meets the clinical and other needs of children with serious emotional or behavioral disorders, including any clinical or other needs identified through assessments; employs registered or licensed nursing and other clinical staff who provide care, on site and within the scope of their practice, and are available 24 hours a day, 7 days a week; conducts outreach with the child's family members, including efforts to maintain connections between the child and their siblings and other family; documents and maintains records of such outreach efforts; and maintains contact information for any known biological family and fictive kin of the child; whenever appropriate and in the best interest of the child, facilitates participation by family members in the child's treatment program before and after discharge and documents the manner in which such participation is facilitated; provides discharge planning and family-based aftercare support for at least six months after discharge; and is licensed in accordance with 42 U.S.C. § 671(a)(10) and accredited by an organization approved by the federal Secretary of Health and Human Services.

Service Worker

The worker primarily responsible for case management or service coordination and meeting the foster care requirements for a foster care case.

Sex Trafficking

The recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act ([Trafficking Victims Protection Act of 2000](#)). Severe forms of trafficking include: (A) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or (B) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Sibling

Each of two or more children having one or more parents in common.

State Pool Funds

The pooled federal, state and local funds established by the Children's Services Act and used to pay for services authorized by the Community Policy and Management Team, including foster care services.

Title IV-E	The title of the section of the Social Security Act that authorizes federal funds for foster care and adoption assistance.
Treatment Foster Care (TFC)	A community-based program where services are designed to address the special needs of children. Services to children and youth are delivered primarily by treatment foster parents who are trained, supervised and supported by agency staff. Treatment is primarily foster family based and is planned and delivered by a treatment team.
Virginia Enhanced Maintenance Assessment Tool (VEMAT)	The Virginia Enhanced Maintenance Assessment Tool is Virginia's standardized tool for assessing a child's need for enhanced maintenance payments when placed in a foster home. It determines the standard rate to be paid for additional support and attention when needed.
Wraparound Services	An individually designed set of services and supports provided to a child and his family that includes treatment services, personal support services, or any other supports necessary to achieve the desired outcomes. Wraparound services are developed through a team approach.

1.3 Federal requirements

Specific foster care requirements are set forth in the following federal laws:

- The [Indian Child Welfare Act](#) of 1978 (ICWA). Congress passed ICWA in response to the high number of Indian children being removed from their homes by both public and private agencies. The intent was to "protect the best interests of Indian children and to promote the stability and security of Indian tribes and families." Federal regulations which further clarify ICWA went into effect December 2016 and can be found in the [Federal Register](#).
- The [Adoption Assistance and Child Welfare Act](#) of 1980 (Public Law 96-272). This federal program authorized appropriations for adoption and foster care assistance to states and required states to provide adoption assistance to parents who adopt a child who is AFDC-eligible and is a child with special needs. For foster care assistance, states are required to make reasonable efforts to prevent placement or to reunify children with their families.
- The [Multiethnic Placement Act](#) of 1994 as amended by the Interethnic Adoption Provisions of 1996. These laws were enacted in an effort to promote the best interests of children by ensuring that they have permanent, safe, stable,

and loving homes that will meet their individual needs, without regard to the child's or the prospective parent's race, color, or national origin.

- The [Adoption and Safe Families Act](#) of 1997. This law was passed to improve the safety of children, to promote adoption and other permanent homes for children who need them, and to support families. This law made changes and clarifications in a wide range of policies established under the Adoption Assistance and Child Welfare Act (P.L. 96-272).
- The [Foster Care Independence Act of 1999](#). This law was enacted to amend part E of title IV of the Social Security Act to provide States with more funding and greater flexibility in carrying out programs designed to help children make the transition from foster care to self-sufficiency.
- The [Child and Family Services Improvement Act](#) of 2006. This law amended parts B and E of title IV of the Social Security Act. It reauthorized the Promoting Safe and Stable Families (PSSF) program; authorized funds to states to meet requirements for case workers to visit children in foster care monthly; and reauthorized the Court Improvement Program.
- The [Safe and Timely Interstate Placement of Foster Children Act](#) of 2006. This bill was enacted to improve protections for children and to hold states accountable for the safe and timely placement of children across state lines.
- The [Adam Walsh Child Protection and Safety Act](#) of 2006. This law was enacted to protect children from sexual exploitation and violent crime; to prevent child abuse and child pornography with an emphasis on comprehensive strategies across federal, state, and local communities to prevent sex offenders' access to children; to promote Internet safety; and to honor the memory of Adam Walsh and other child crime victims.
- The [Fostering Connections to Success and Increasing Adoptions Act](#) of 2008. The goal of this law is to amend parts B and E of title IV of the Social Security Act to connect and support relative caregivers, improve educational and health outcomes for children in foster care, provide for tribal foster care and adoption access and improve incentives for adoption, as well as for other purposes.
- The [National Youth in Transition Database](#) regulations (45 CFR 1356.80 through 1356.86). This regulation requires states to collect and report data to the Administration for Children and Families (ACF) on youth who are receiving independent living services and on the outcomes of certain youth who are in foster care or who age out of foster care.

- The [Patient Protection and Affordable Care Act](#) (P.L. 111-148). This law, passed in 2010, is intended to decrease the number of people without health care coverage.
- The [Child and Family Services Improvement and Innovation Act](#) (P.L. 112-34) was signed into law in September 2011. This law amended and expanded parts B and E of title IV of the Social Security Act. The law expands the requirements of how agencies monitor and treat emotional trauma in addition to other health needs identified through screenings and requires states to establish protocols for the appropriate use and monitoring of psychotropic medications. The law also increases the standard for monthly visits with children by the service worker to at least fifty percent in the residence of the child. The law also requires educational stability at each placement change vs. only when coming into care. It also requires that each youth, 16 and older, in foster care receive a copy of any consumer credit report each year until discharged from foster care. The youth is also to be assisted in interpreting the credit report and resolving any inconsistencies.
- [The Preventing Sex Trafficking and Strengthening Families Act](#) (P.L. 113-183) was signed into law in September 2014. In addition to protecting children and youth at risk of sex trafficking, it also includes provisions for improving opportunities for children in foster care and supporting permanency. The law requires states to implement a plan to locate and respond to children who run away from foster care, report to law enforcement authorities any instances of sex trafficking, and to collect data regarding children in foster care who have been the victims of sex trafficking. Additionally, states are required to develop a reasonable and prudent parent standard for a foster child's participation in age and developmentally appropriate social, recreational and extracurricular activities. The law also limits the goals of Another Planned Permanent Living Arrangement and Permanent Foster Care to youth 16 years of age or older and prescribes requirements for approval of the foster care plan. Youth who age out of foster care at age 18 shall be provided with certain documentation and all youth age 14 and older shall be given the opportunity to participate in case planning and choose up to two members of their team.
- [The Family First Prevention Services Act \(Family First\)](#) was enacted by Congress on February 9, 2018 as part of the larger Bipartisan Budget Act (BBA), and represents the most significant re-write of title IV of the Social Security Act since 1981. Family First enables states to use federal funds under parts B and E of title IV of the Social Security Act to provide enhanced support to children and families and prevent foster care placements by providing the following: i) mental health and treatment *for substance use disorders*, (ii) prevention and treatment services, (iii) in-home parent skill-based programs, and (iv) kinship navigator services. Additionally, Family First provides the tools and resources necessary to allow Virginia's social services system to focus on prevention in order to keep

children safely with their families and not enter foster care so that they have a better chance of growing-up in the least restrictive setting.

The amount of financial participation by the federal government is dependent upon compliance with federal regulations. Requirements are also in state laws pertaining to foster care and the Children's Services Act (Chapter 52 of title 2.2 of the Code of Virginia §§ [2.2-5200](#) through [2.2-5214](#)).

1.4 Practice principles

The Virginia Children's Services System Practice Model sets forth a vision for the services that are delivered by all child-serving agencies across the Commonwealth, especially the Departments of Social Services, Juvenile Justice, Education, Behavioral Health and Developmental Services, and the Office of Comprehensive Services. The practice model is central to our decision making; present in all of our meetings; and in every interaction that we have with a child or family. Decisions that are based on the practice model will be supported and championed. Guided by this model, our process to continuously improve services for children and families will be rooted in the best of practices, the most accurate and current data available, and with the safety and well-being of children and families as the fixed center of our work.

These guiding principles for permanency services in Virginia shall be incorporated in all decisions in case planning and service delivery for children in foster care and their families. To achieve permanency for children in foster care, services provision shall be timely and based on the following principles:

We believe that all children and communities deserve to be safe.

- Safety comes first. Every child has the right to live in a safe home, attend a safe school, and live in a safe community. Ensuring safety requires a collaborative effort among family, agency staff, and the community.
- We value family strengths, perspectives, goals, and plans as central to creating and maintaining child safety, and recognize that removal from home is not the only way to ensure child or community safety.
- In our response to safety and risk concerns, we reach factually-supported conclusions in a timely and thorough manner.
- Participation of parents, children, extended family, and community stakeholders is a necessary component in assuring safety.
- We separate caregivers who present a threat to safety from children in need of protection. When court action is necessary to make a child safe, we use our authority with respect and sensitivity.

We believe in family, child, and youth-driven practice.

- Children and families have the right to have a say in what happens to them and will be treated with dignity and respect. The voices of children, youth, and parents are heard, valued, and considered in the decision making regarding safety, permanency, and well-being, as well as in service and educational planning and in placement decisions.
- Each individual's right to self-determination will be respected within the limits of established community standards and laws.
- We recognize that family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.
- Children have a right to connections with their biological family and other caring adults with whom they have developed emotional ties.
- We engage families in a deliberate manner. Through collaboration with families, we develop and implement creative, individual solutions that build on their strengths to meet their needs. Engagement is the primary door through which we help youth and families make positive changes.

We believe that children do best when raised in families.

- Children should be reared by their families whenever possible.
- Keeping children and families together and preventing entry into any type of out- of-home placement is the best possible use of resources.
- Children are best served when we provide their families with the supports necessary to raise them safely. Services to preserve the family unit and prevent family disruption are family-focused, child-centered, and community-based.
- People can and do make positive changes. The past does not necessarily limit their potential.
- When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home. We value the resources within extended family networks and are committed to seeking them out.
- When placement outside the extended family is necessary, we encourage healthy social development by supporting placements that promote family, sibling, and community connections.

- Children’s needs are best served in a family that is committed to the child.
- Placements in non-family settings should be temporary, should focus on individual children’s needs, and should prepare them for return to family and community life.

We believe that all children and youth need and deserve a permanent family.

- Lifelong family connections are crucial for children and adults. It is our responsibility to promote and preserve kinship, sibling, and community connections for each child. We value past, present, and future relationships that consider the child’s hopes and wishes.
- Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care, or guardianship. Placement stability is not permanency.
- Planning for children is focused on the goal of preserving their family, reunifying their family, or achieving permanency with another family.
- Permanency planning for children begins at the first contact with the children’s services system. We proceed with a sense of urgency until permanency is achieved. We support families after permanency to ensure that family connections are stable.

We believe in partnering with others to support child and family success in a system that is family-focused, child-centered, and community-based.

- We are committed to aligning our system with what is best for children, youth, and families.
 - Our organizations, consistent with this practice model, are focused on providing supports to families in raising children. The practice model should guide all of the work that we do. In addition to practice alignment, infrastructure and resources must be aligned with the model. For example, training, policy, technical assistance, and other supports must reinforce the model.
 - We take responsibility for open communication, accountability, and transparency at all levels of our system and across all agencies. We share success stories and best practices to promote learning within and across communities and share challenges and lessons learned to make better decisions.
 - Community support is crucial for families in raising children.

- We are committed to working across agencies, stakeholder groups, and communities to improve outcomes for the children, youth, and families we serve.
 - Services to families must be delivered as part of a total system with cooperation, coordination, and collaboration occurring among families, service providers, and community stakeholders.
 - All stakeholders share responsibility for child safety, permanence, and well-being. As a system, we will identify and engage stakeholders and community members around our practice model to help children and families achieve success in life, safety, life in the community, family-based placements, and lifelong family connections.
 - We will communicate clearly and often with stakeholders and community members. Our communication must reinforce the belief that children and youth belong in family and community settings and that system resources must be allocated in a manner consistent with that belief.
- We are committed to working collaboratively to ensure that children with disabilities receive the supports necessary to enable them to receive their special education services within the public schools. We will collaboratively plan for children with disabilities who are struggling in public school settings to identify services that may prevent the need for private school placements, recognizing that the provision of such services will maximize the potential for these children to remain with their families and within their communities.

We believe that how we do our work is as important as the work we do.

- The people who do this work are our most important asset. Children and families deserve trained, skillful professionals to engage and assist them. We strive to build a workforce that works in alignment with our practice model. These professionals are supported in this effort through open dialogue, clear policy, excellent training and supervision, formal and informal performance evaluation, and appropriate resource allocation.
- As with families, we look for strengths in our organization. We are responsible for creating and maintaining a supportive working and learning environment and for open, respectful communication, collaboration, and accountability at all levels.
- Our organizations are focused on providing high quality, timely, efficient, and effective services.
- Relationships and communication among staff, children, families, and community providers are conducted with genuineness, empathy, and respect.

- The practice of collecting and sharing data and information is a non-negotiable part of how we continually learn and improve. We will use data to inform management, improve practice, measure effectiveness, and guide policy decisions. We must strive to align our laws so that collaboration and sharing of data can be achieved to better support our children and families.
- As we work with children, families, and their teams, we clearly share with them our purpose, role, concerns, decisions, and responsibility.

1.5 Organization of manual

The manual is organized to reflect the sequential order of practice in the field. It also includes information about funding for a particular service in the section where that service is described and directions for documentation of activities in OASIS. Most sections begin with a brief introduction, followed by an overall framework. The framework provides three fundamental cornerstones to help guide all decision-making and actions: 1) practice principles; 2) key legal citations; and 3) desired outcomes. The framework is followed by subsections delineating required procedures and effective practices. The last subsection provides resources and tools.

The following verbs are used to denote the type of action required:

- “Shall” means mandate or requirement by federal and/or state law or regulation or by State Board policy. It includes necessary actions that demonstrate or that are required to be in compliance with legal mandates, such as documentation in the OASIS.
- “Should” means effective practices that are consistent with and help achieve the practice principles, legal requirements and desired outcomes. These practices are strongly encouraged and expected, but are not mandated by law.
- “May” means an option is authorized by law or implementation may depend on circumstances.
- “Must” means a practice is mandated or required by federal and/or state laws or regulations, by State Board policy, or by VDSS guidance. “Must” includes actions that are required or necessary to demonstrate compliance with legal mandates, such as documentation in OASIS. These practices are consistent with and help achieve the practice principles, legal requirements and desired outcomes. Failure to complete required practices could expose LDSS to fiscal penalty or loss upon appeal. New requirements will use this language beginning July 1, 2020 with a full revision of existing requirements over the next year.

Extensive links are used to ease navigation across the manual.

- To access sources external to the section (e.g., federal and state laws, forms, websites, and other sections of the manual), rest the cursor on the blue underlined link until a small hand appears. Click on the link to go directly to the external site. Scroll down or link to access the information. To return to the previous place in the manual, go to the left corner of the Internet toolbar and click the back arrow pointing left in the green circle.
- To access another section in the same section of the Foster Care Manual (e.g., table of contents; “See Section 2.3” when in Section 2.6), rest the cursor on the blue link (not underlined) until a small hand appears. Click on the link to go directly to that section. To return to the previous place in the same section, go to the middle of the Adobe tool bar and click on the blue circle with an arrow pointing left that says “click to return to the previous page view” when you rest the cursor over it.

2

ENGAGING THE CHILD, FAMILY, AND SIGNIFICANT ADULTS

TABLE OF CONTENTS

2.1 Introduction	3
2.2 Framework	4
2.2.1 Practice principles	4
2.2.2 Legal citations.....	6
2.2.3 Outcomes	6
2.3 Notifying and informing relatives of child removal	7
2.4 Roles and resources families and other individuals can provide	9
2.5 Searching for relatives and significant adults	11
2.5.1 Preparing for and engaging the child and family in the search.....	12
2.5.2 Examining the child’s and family’s extended networks.....	13
2.6 Engaging relatives and significant individuals in the child’s life	14
2.7 Working with parents that are incarcerated	15
2.7.1 Locating incarcerated parents	15

2.7.2	Finding an inmate	16
2.7.3	Communicating with incarcerated parents	17
2.7.4	Identifying services for incarcerated parents	17
2.7.5	Visitation with incarcerated parents	18
2.7.6	Documenting involvement of parent who is incarcerated	18
2.8	Using teaming in child welfare practice	19
2.8.1	Benefits of teaming	20
2.8.2	Values and key principles of effective teaming	20
2.9	Using Family Partnership Meetings (FPM)	22
2.9.1	Addressing five critical decision points	22
2.9.2	Participants in Family Partnership Meetings	23
2.9.3	Scheduling Family Partnership Meetings	26
2.9.4	Paying for Family Partnership Meetings	27
2.9.5	Documenting the Family Partnership Meeting	27
2.10	Using Child and Family Team Meetings	27
2.11	Using the Family Assessment and Planning Team (FAPT)	31

2

ENGAGING THE CHILD, FAMILY, AND SIGNIFICANT ADULTS

2.1 Introduction

Family engagement involves all aspects of partnering with youth and families in a deliberate manner to make well-informed decisions about safety, permanency, lifelong connections, and well-being. Family engagement is an intentional practice with utilization of particular skill sets to ensure relationships develop. Family engagement is founded on the principle that communicating openly and honestly with families supports disclosure of culture, family dynamics, and personal experiences. Engagement goes beyond mere involvement; it is about motivating and empowering youth and families to acknowledge their own underlying needs, positive capacities, and supports. True engagement supports families in taking an active role in creating change. It means engaging the child's birth parents, prior custodians, and family members, as well as other community members and adults who are significant to the child and family, consistent with the child's best interests in all aspects of permanency planning for the child.

Family engagement involves notifying relatives, both maternal and paternal, that the child is or will be placed in foster care, searching for extended family and community networks, aggressively pursuing leads, discussing roles and resources the family members and significant adults can provide, engaging them in the child's life, and establishing permanent supports and lifelong connections for the child.

Family engagement is important throughout the child's involvement with the child welfare system to:

- Ensure the child's safety.

- Stabilize the child's family when in crisis.
- Prevent the child's placement in foster care.
- Provide supports for the child when foster care placement is necessary.
- Ensure service plans respond to the strengths, needs, and desires of the child and family.
- Reunify the child safely with his or her family when separation was necessary.
- Find permanent families when the child cannot return home.
- Establish the roles of family members in caring and supporting the child.
- Provide lifelong connections for the child.
- Transition the child to permanency.
- Connect the child and family to post-permanency resources for stability and success in life.

2.2 Framework

Local departments of social services (LDSS) shall meet federal and state legal requirements, and should use sound practice principles to achieve desired outcomes and to guide decision making on the engagement of the child, family, and community.

2.2.1 Practice principles

Three fundamental principles in Virginia's Children's Services System Practice Model provide the philosophical basis and guide practice for decision making while engaging children and families:

First, we believe in family, child, and youth-driven practice.

- Children and families will be treated with dignity and respect. The voices of children, youth, and parents are heard, valued, and considered in the decision

making regarding safety, permanency, and well-being as well as in service and educational planning and in placement decisions.

- Each individual's right to self-determination will be respected within the limits of established community standards and laws.
- Family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.
- Children have a right to connections with their biological family and other caring adults with whom they have developed emotional ties.
- We engage families in a deliberate manner. Through collaboration with families, we develop and implement creative, individual solutions that build on their strengths to meet their needs. Engagement is the primary door through which we help youth and families make positive changes.

Second, we believe that all children and youth need and deserve a permanent family.

- Lifelong family connections are crucial for children and adults. It is our responsibility to promote and preserve kinship, sibling, and community connections for each child. We value past, present, and future relationships that consider the child's hopes and wishes.
- Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care, or guardianship. Placement stability is not permanency.

Third, we believe in partnering with others to support child and family success in a system that is family-focused, child-centered, and community-based.

- We take responsibility for open communication, accountability, and transparency at all levels of our system and across all agencies.
- Community support is crucial for families in raising children.

2.2.2 Legal citations

The legal framework and specific requirements for engaging children and families when children are at risk of or in foster care are delineated in federal and state law. Key citations are provided below. See the law for complete language by clicking on the citation.

- **Identifying and notifying relatives of the child's removal from home**
 - [Social Security Act, Title IV, § 471 \(a\) \(29\) \[42 USC 671\]](#)
- **Identifying a relative for kinship foster care**
 - § [63.2-900.1](#)
- **Seeking out relatives first as a placement option**
 - § [63.2-900](#)
- **Providing for family and foster parent participation in the family assessment and planning team (FAPT)**
 - § [2.2-5208](#)

2.2.3 Outcomes

Engaging the child, families, and significant adults in the lives of children at risk of, or placed in, foster care helps LDSS achieve the following outcomes required in the federal Child and Family Services Review, each with specific outcome measures:

Permanency Outcome 1: Children have permanency and stability in their living situations.

- Fewer children are placed in out-of-home care.
- More children leave foster care and achieve permanency.
- Children achieve permanency with shorter lengths of stay in foster care.

- Increased timeliness to permanency.
- Fewer children re-enter out-of-home care.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

- More children in foster care are placed in close proximity to their families and communities.
- More children in foster care are placed with siblings.

2.3 Notifying and informing relatives of child removal

The LDSS shall document diligent efforts to notify in writing all grandparents and other adult relatives, both maternal and paternal, when the child is being removed or has been removed. Notification shall also be given to all parents, including adoptive and step-parents, of any sibling who has been removed from the custody of the parent(s) (The Preventing Sex Trafficking and Strengthening Families Act, P.L. 113-183).

Parents and relatives should be actively engaged in decision making for the child through a Family Partnership Meeting (FPM) prior to removing the child whenever possible ([Section 2.9](#)). Notifying relatives and documenting these efforts shall be the responsibility of all services workers involved in the child's case. (See Child Protective Services manual, [Section 4.3.3.8.5](#) and [Section 8.2.5](#))

The purpose of the written notice is to explain the options the relative has to participate in the care and placement of the child in an effort to establish permanency for the child. This written notice shall occur **within 30 calendar days** after removing a child from the custody of the parent(s) (Social Security Act, Title IV, § 471 (a) (29) [42 USC 6711]). It should be done **within five (5) days** when feasible.

LDSS may contact relatives without the family's consent, written release, or court order when the LDSS determines that disclosure of information is in the child's best interests and the person has a legitimate interest. The LDSS has authority to contact parents, grandparents, or any other individuals that the LDSS considers a potential caretaker for the child who is involved with child protective services, if the child has to be removed

from the parent or custodian (§ [63.2-105](#); [22 VAC 40-705-160 B](#); [22 VAC 40-705-10](#)). For additional information, see the Child Protective Services Manual, Part 9, Confidentiality, [Section 9.7](#) on Release of Information to Legitimate Interests.

The LDSS may determine it is not in the child's best interests to notify relatives involved in family or domestic violence, who have a barrier crime as listed in § [63.2-1719](#), or who are listed on the Virginia State Police Sex Offender Registry.

The written notice shall:

- Notify the family members that the child is being removed or has been removed and is in the custody of the LDSS.
- Invite the family members to discuss ways to be involved in the child's life, including the possibility of becoming a foster parent for the child, and explain opportunities available through kinship guardianship assistance (§ [63.2-900.1](#)).
- Request assistance in locating relatives who may be willing to be involved in the child's life, including being considered as possible placements for the child.
- Explain the legal options available to relatives for the placement and care of the child.
- Describe the requirements for becoming a foster and adoptive foster family.
- Provide information on the types of services and supports available for children placed with foster and adoptive families.
- Explain the permanency options that may no longer be available if the relatives do not respond to the written notice.
- Provide contact information for LDSS staff responsible for responding to the relatives' interest in caring for the child.

The sample [Relative Notification Letter](#) should be used for individuals who have been confirmed to be relatives, as it contains all required language. Through the agency's search efforts, there may be certain individuals who are suspected to be relatives of the

child but have not yet been confirmed to be relatives. The agency is required to make efforts to locate all relatives of the child; however, it's also important that the agency protect the confidentiality of the family until the individuals are confirmed as relatives. The sample [Possible Relative Notification Letter](#) includes examples of language that should be used in those types of letters.

A copy of the written communication shall be kept in the child's case file. The date the written notice was sent and the date(s) any relatives responded shall be recorded in OASIS. The reasons for not notifying specific relative(s) shall be documented as well.

2.4 Roles and resources families and other individuals can provide

Family members and other individuals can provide important connections and support for the child at risk of or in a foster care placement. They can help the child in preventing foster care placement, during the foster care experience, in transitioning to permanency, and throughout adulthood. Strong connections with family members and significant adults provide the child with stability, long-term safety nets, and the necessary foundations for success in adulthood.

Relatives, siblings, friends and significant adults may assume diverse roles and provide different resources and supports for the child. Individuals not related by birth, marriage, or adoption to the child, but who have emotionally significant relationships with the child, may be willing to fulfill the functions of a family relationship for the child in foster care.

To the extent that it is age-appropriate, all children should be an active participant on the planning team. Youth age 12 and older shall be part of the planning team and shall be provided with the opportunity to choose up to two (2) members of the team who are neither a foster parent of nor a case/service worker of the youth and who he or she wants to involve with the team to help represent the youth's needs and provide support during the process (§ 16.1-281). One of the individuals selected by the youth may serve, as necessary, as an advocate with respect to normalcy for the youth. The LDSS may only reject the member(s) selected by the youth if there is good cause to believe that the individual(s) would not act in the best interest of the youth and this must be documented.

The roles of individuals may include, but are not limited to:

- Providing information and leads on relatives and significant adults.
- Helping identify potential relative caregivers.
- Serving as bridges to help make connections with other individuals.
- Providing knowledge of the families' cultural traditions and practices.
- Identifying strengths, supports, and resources of the child, youth, family, and community.
- Helping problem-solve in building on the child's, youth's and family's strengths in meeting the child's or youth's needs.
- Participating in school activities or inviting the child or youth to participate in family and social events.
- Connecting personally with the child on a regular and ongoing basis, such as visits, phone calls, email, texting, videoconferencing, and computer social networking.
- Providing emotional support or mentoring for the child or youth.
- Participating in FPMs.
- Helping to develop and implement a plan to meet the child's or youth's needs for safety, permanence, and well-being.
- Providing respite or temporary care for the caregivers, transportation, financial resources, or employment and housing options.
- Serving as placement resources.
- Providing a permanent family for the child or youth.
- Providing lifelong connections for the child or youth.

- Helping to prepare and transition youth over age 14 to adulthood successfully.
- Providing any needed post-permanency supports to help the child or youth be successful in the future.

2.5 Searching for relatives and significant adults

The LDSS shall diligently search for adult relatives and other individuals who have significant relationships with the child, including those adult relatives suggested by the child, birth parents or prior custodians ([Social Security Act, Title IV, § 471 \(a\) \(29\) \[42 USC 671\]](#)). The networks of the father and paternal family should be examined as thoroughly as those of the mother and maternal family, even if the father is currently absent from the child's life.

Within 30 days of a child whose father is unknown entering foster care, the LDSS shall request a search of the Birth Father Registry to determine if any man has registered as a putative father of that child ([§63.2-900](#)). If a man has registered, the LDSS shall contact the man to begin the process to determine paternity. A search of the Birth Father Registry when the child enters foster care does not eliminate the requirement for a LDSS to request another search when filing for termination of parental rights if the goal of adoption has been selected ([see Section 9.4](#)). For information about the Virginia Birth Father Registry process, see Child and Family Services Manual, Chapter F, Adoption, [section 8](#).

Searching for both maternal and paternal family and lifelong connections is an ongoing process throughout the child's involvement with the child welfare system. It should begin as soon as the child is at risk of being placed outside of the home and continue with a sense of urgency until the child has achieved permanency. At a minimum, the service worker shall search for relatives at the time the child enters foster care, annually, and prior to any subsequent placement changes for the child ([§ 63.2-901.1](#)). These ongoing efforts shall be documented in OASIS using the diligent search screen and the paper case file. Additionally, these efforts shall be documented in the foster care plans and court reviews submitted to the court for all foster care hearings throughout the life of the case.

The family search and engagement process involves exploring the extended networks of people who have been involved with the child over the course of the child's life. The service worker should reconstruct the child's relationships over time to identify as many family members and other individuals as possible who have been significant and positive for the child. Every reasonable lead should be pursued quickly. When family members indicate interest in connecting with the child, the service worker should engage these individuals to gather information, build relationships, and explore placement options for the child.

The process of finding family and lifelong connections should be guided by the desires and needs of the child, consistent with the child's developmental level. The child should be involved as soon as possible in the search process, taking into account the child's circumstances and best interests. The service worker should identify the most appropriate individual to work with the child on the search process.

2.5.1 Preparing for and engaging the child and family in the search

The service worker should explain the search process to the child, the person working directly with the child, appropriate family members, and other involved individuals to:

- Prepare them for the process.
- Identify relatives and significant individuals.
- Explore the types of connections the child wants.
- Help the child express his desires about the outcomes of the relative search and set reasonable expectations as needed.

Conversations with the child and family about the search should be ongoing to identify additional relationships that they remember, to keep them informed, and to seek their input and desires throughout the process.

The following are some issues to consider when beginning a relative search:

- What are the roles, hierarchy, and authority of relatives in the raising of children, in both the presence and absence of parents?
- What is the family's hierarchy of responsible relatives (e.g., godparents, grandparents, siblings) in the temporary or permanent absence of parents?
- Does the family practice or reject formal or informal placement of relatives' children (e.g., adoption, guardianship)?
- How do gender and cultural traditions affect the family's decision-making structure, child-rearing practices, and selection of a family spokesperson?
- What has been/is the family's experience and attitude towards social service professionals and institutions?
- How have environmental conditions or changes affected the family's socioeconomic stability, child-rearing practices, and family members (e.g., unemployment, migration, housing, rural or urban settings, language)?

(Relatives Raising Children: An Overview of Kinship Care, Crumbley and Little, 1997)

2.5.2 Examining the child's and family's extended networks

The service worker should use a variety of methods to identify as many individuals as possible in the extended networks of the child and family. The networks of the father and paternal family should be examined in addition to, and as thoroughly as, those of the mother and maternal family.

Search methods include, but are not limited to:

- Utilizing a person locator tool to locate family members and supportive adults. All agencies have free use of this search engine through the VDSS.
- Completing a genogram and/or ecomap with the youth and family to gain information about family members and significant people connected to the family ([See section 5.8](#))

- Reviewing case records, including information gathered about the family search conducted during child protective service investigations and family assessments.
- Talking with the child, siblings, and previous and current caretakers.
- Talking with immediate and extended family members, including birth parents and absent parents; siblings, half-siblings, step-siblings, and adopted siblings; and maternal and paternal family members (e.g., adult siblings, grandparents, uncles, aunts, great aunts, and great uncles).
- Talking with adults who had emotional attachments or connections with the child, such as godparents, friends' parents, teachers, counselors, service workers, coaches, church members, and neighbors.
- Using meetings, personalized letters, handwritten notes, phone calls, and emails to engage adults.
- Following up on any leads through Internet search methods. (See [Family Engagement Toolkit](#))

The service worker should pursue every reasonable lead and respond quickly when family members indicate interest in connecting with the child.

All information gathered about the child's relationships with family members and significant adults should be documented in OASIS and the paper case file for use throughout the child's involvement with the child welfare system.

2.6 Engaging relatives and significant individuals in the child's life

As the service worker identifies family members and significant individuals, the service worker should explore opportunities for reconnecting and re-engaging them in the child's life. See [Section 2.4](#) for possible roles, resources, and supports these individuals can provide the child.

The service worker should:

- Help the child determine whether and how relationships will be maintained with different individuals over time, consistent with the child's developmental level.
- Engage appropriate family members and significant individuals in the child's life, including the birth mother and birth father, consistent with the child's safety, best interests, and personal desires.
- Candidly discuss with the family members and significant individuals the specific strengths and needs of the child, as appropriate.
- Identify the specific roles and resources they can provide the child.
- Encourage them to connect and maintain involvement with the child as appropriate to the child's needs.

Relationships with family members and other adults should be reconsidered throughout the child's involvement with the child welfare system. The child's needs and desires, and the individual's circumstances, may change over time. Someone who initially was not able to assist the child may be a valuable resource at another time.

2.7 Working with parents that are incarcerated

By engaging the incarcerated parents early and regularly throughout the life of the child's involvement with the child welfare system, from arrest to release and re-entry to the community, the LDSS may improve permanency outcomes for children of incarcerated parents.

2.7.1 Locating incarcerated parents

When a parent's whereabouts are unknown, the service worker should consider the possibility that the parent may be incarcerated. The service worker should make reasonable efforts to locate parents who may be or who are known to be incarcerated in city, state, and federal corrections facilities or detained by U.S. Immigration and Customs Enforcement (ICE).

2.7.2 Finding an inmate

- County jail. The parent can usually be located by contacting the County Sheriff Department's administrative booking unit. Sometimes it may be faster to go to the jail in person. Inmates often use aliases when they are booked in county jail. Developing a working relationship with the Sheriff Department's staff who are acquainted with repeat offenders and their aliases may assist the service worker in this type of search.
- State prison. If a parent has been sentenced to a state prison, the service worker may utilize the [Virginia Department of Corrections, Offender Locator](#) service to help locate an inmate. If an inmate was recently admitted or transferred, the information may not be available for several days.
- Federal prison. If a parent has been sentenced to a federal prison, the service worker may use the [Find an inmate](#) locator tool on the Federal Bureau of Prison website. The parent's first and last name is needed.
- U.S. Immigration and Customs Enforcement (ICE). If a parent has been detained, the service worker may use the on line [ICE Detainee Locator System](#). This system will be able to locate a parent that has been detained by ICE in the last 60 days.
 - Detainees are not able to receive calls, but letters may be sent, utilizing name and alien registration number.
 - According to the Vienna Convention on Consular Relations, law enforcement agencies are required to notify all arrestees of their rights to contact their respective consulate. The federal government provides a list of [foreign embassies](#) with contact information. If the child is a U.S. citizen, the consulate may be able to advocate on behalf of the detained immigrant parent since children are often able to obtain dual citizenship.

An important reason to locate incarcerated parents is their right to receive notice that the child is in foster care. Failure to provide proper notice to incarcerated parents may result in denial of the parents' fundamental rights but also may result in court

continuances and delay in helping children to achieve permanency in a timely manner.

2.7.3 Communicating with incarcerated parents

A parent's ability to communicate is extremely restricted once he or she is incarcerated. They cannot easily access a phone or may not receive documents and notifications about their case plan and court hearings in a timely manner.

Connecting with program staff in the corrections facility may help the service worker in identifying the best contact methods for the incarcerated parent. It may be possible for the incarcerated parent to participate in team meetings and FPMs via telephone.

Unless the court has issued a ruling that releases the agency from having to make reasonable efforts to reunite the child with his birth parent, service workers are obligated to approach all cases involving incarcerated parents with the same urgency and respect as any other foster care case.

2.7.4 Identifying services for incarcerated parents

Though service referrals and the parent's ability to access helpful programs are severely limited while incarcerated, the service worker shall still discuss the service plan with the parent, advise him to participate in any available programs and plan for additional community services upon release.

The program staff at the corrections facility can help determine what services the inmate is already receiving and what is available.

Many correction facilities include services such as but not limited to:

- Parenting programs.
- General Educational Development (GED) and educational opportunities.
- Anger management.
- Drug and alcohol programs.

- Domestic violence programs.
- Counseling/mental health services.

As parents near their release, child welfare agencies should also be sure to discuss the service plan with them and the remaining steps to achieve reunification if this continues to be the permanent plan for the child. If not, discuss with the parent appropriate ways to develop the plan for permanency for their child.

2.7.5 Visitation with incarcerated parents

Children have the right to regular contact with their incarcerated parents and incarcerated parents have the right to continue to parent their children. Unless the court has determined that visiting the parent will put the child in danger, children and incarcerated parents have the right to regular, ongoing visits.

It is important for the service worker to understand the rules of each correctional facility. Developing a working relationship with the program staff at the facility provides for better coordination for visits and the provision of information to the incarcerated parent. This knowledge will also assist the service worker in determining if visitation is safe and appropriate for the child or youth.

Because each jail and prison has different visiting rules, it is recommended that the service worker call the facility prior to a visit (including the day of the visit) to determine that the inmate does not have restrictions on visits. If the incarcerated parent is located in Virginia, visitation policies may be found on the [Virginia Department of Corrections](#) website.

2.7.6 Documenting involvement of parent who is incarcerated

The service worker shall document in OASIS and in the foster care paper case record all efforts to involve the parent who is incarcerated, including but not limited to:

- All efforts made to locate and engage the parent who is incarcerated (see [Section 2.6](#) on engaging relatives in the child's life).

- All efforts made to establish ongoing communication and visitation with the child, as appropriate.
- Child's visits with the parent.
- Ways the parent is involved in service planning.

2.8 Using teaming in child welfare practice

In Virginia, several models of teaming are used to engage children, youth, and their families as partners in shared decision-making in child welfare. For example:

- FPMs are used at specific decision points and are facilitated.
- Family Assessment and Planning Teams (FAPTs) are used with the Children's Services Act (CSA) process.
- Teams jointly determine whether the child's best interest is to remain in the same school when the child's placement changes.
- Youth teams work collaboratively with older youth as they prepare for adulthood and establish permanent lifelong connections with significant adults.
- Child and family team meetings (CFTM) are used to provide continuity in communication and goal setting with team members over time, adding key partners as needed.

These teams often share a common set of values and goals, including:

- Achieving safety, permanency, and well-being for the child.
- Engaging the family and its natural, informal, and community supports.
- Building upon the strengths of the child and family.
- Identifying the needs of the child and family.
- Sharing decision-making.

- Developing the service plan, ensuring appropriate services and supports are provided, and assessing progress and making adjustments over time.

One team should be utilized to meet multiple purposes when feasible, as long as the activities of the team are consistent with law and guidance.

2.8.1 Benefits of teaming

Families, staff, and other team members have the opportunity to work together in planning, coordinating, and decision making. Research supports that child, youth, and family interventions are more effective when the family provides their input as to what decisions are made. When a child or youth and family share ownership in identifying their unmet needs as well as the interventions that may address these needs their commitment to change is evident. Team members then begin to take responsibility for contributing to the family's outcomes and team members exhibit more effective and functional cooperation as the team works toward addressing safety, permanence, and well-being for the child or youth.

2.8.2 Values and key principles of effective teaming

The core value of teaming is that the entire team shares the responsibility to strengthen the family and help support children and youth to reach their fullest potential. Families are the core members of the team.

The team should develop a unified vision of what would need to happen for the child to leave foster care. With this concept in mind, the team assesses, prepares for, and implements a plan for the child to safely leave foster care when risk is reduced and the safety and well-being of the child is secure in the family.

Some key principles of effective teaming:

- A group of committed persons, both formal and informal supports, come together to form a working team to collaborate with the child and family. Team members have sufficient knowledge, skills, cultural awareness, authority to act, flexibility to respond to specific needs, and the time necessary to work effectively with the child and family.

- The language, culture, family beliefs, traditions, and customs of the child and family are identified, valued, and addressed in culturally appropriate ways via special accommodations in the engagement, assessment, planning, and service delivery processes.
- The child, parents, family members, and caretakers are active, ongoing participants with the team. They each have a significant role, voice, and influence in shaping decisions made about child and family strengths and needs, goals, supports, and services.
- Everyone on the team has a voice in expressing their perspective on child and family strengths, needs, supports, and services.
- Conflicts are discussed and resolved by focusing on the specific needs of the child and family.
- The child, family, and team collaborate to develop meaningful service plans that address the child's and family's needs and enhance their strengths.
- The team monitors the status, progress, and effectiveness of interventions, making adjustments to the service plan when needed.

The teaming process and its membership evolve over time as the needs of the child/youth and family change.

2.9 Using Family Partnership Meetings (FPM)

A FPM is a team approach for partnering with family members and other partners in decision making throughout the family's involvement with the child welfare system. The team is facilitated by a trained individual who is not the supervisor or service worker for the child or family. It builds upon the strengths of the child, family, and community to ensure safety, a permanent family, and lifelong connections for the child.

Holding the FPM prior to the foster care plan/review being written allows the entire team to provide input and gives all team members the opportunity to discuss any concerns/needs so the team is fully aware of what information will be shared with the court. A FPM should be held prior to the dispositional hearing to develop the service plan with the family and establish the foster care goal and concurrent goal. In the event a FPM was held immediately prior to the removal or within five (5) days of the removal, a Child and Family Team Meeting (CFTM) may substitute for the FPM to develop the initial foster care plan. A FPM should also be held prior to all review and permanency planning hearings to determine the appropriateness of the goal (the outcome of the meeting may or may not be a change of goal) and to determine if there are changes needed in the services provided.

See [section 2.10](#) for more information on CFTMs.

For complete guidance on FPMs, see the [Family Engagement](#) section on VDSS' website.

2.9.1 Addressing five critical decision points

A FPM is required to be held for every family involved with the child welfare agency at five (5) critical decision points. The purpose of the meeting should be to address these decision points:

- Once a CPS investigation or family assessment has been completed and the family is identified as "very high" or "high" risk and the child is at risk of out-of-home placement.
- Prior to removing a child, whether emergency or planned.

- Prior to any change of placement for a child already in care, including a disruption in an adoptive placement *or a placement or the disruption of a placement in a QRTP (Section 6B.3.1.2)*.
- Prior to the development of a foster care plan for the foster care review hearing and permanency planning hearing. The purpose is to discuss permanency options and concurrent planning, as well as the foster care goal.
- When a meeting is requested by the parent (birth, foster, adoptive, or legal guardian), child, or service worker to address one of the four decision points above.

2.9.2 Participants in Family Partnership Meetings

The FPM should include birth parents, youth, other significant parties identified by the birth parents and/or youth, and neighborhood-based community representatives.

Each FPM convened at the critical decision points after a child's removal should include all the team members invited to previous meetings and should include the foster and/or adoptive parents of the child so that the birth parents and current caregivers can begin to build and/or strengthen relationships to ensure that the child achieves timely permanency.

For children in foster care with a goal of reunification, the service worker shall have face-to-face contact with the birth parents at every critical decision-making point throughout the case, unless the parents cannot be located or parental rights have been terminated ([§ 63.2-906](#)). As FPMs are required at critical decision-making points in foster care, this face-to-face contact should be completed at the FPM.

Participants and their respective roles in the FPM are described below:

- **Facilitator.** This individual is trained to lead the group through a solution-focused process. The FPM is facilitated by a trained individual who is not the service worker for the child or family or the supervisor of the case. The facilitator is responsible for keeping the group focused and moving through the decision-making process, allowing family members to actively participate. The facilitator ensures the voices of parents and youth are heard. The

facilitator communicates with the service worker who is working with the child or family to identify any potential emotional or physical safety concerns that may impact the quality of the meeting. When the child is present, the facilitator remains aware of his or her well-being, promotes a safe and protective environment, and translates for the child, when needed. At the end of the meeting, the facilitator provides a summary report to participants outlining decisions, action steps, and any follow-up needed.

- **Birth parents.** The birth parents are recognized as the experts on their family's needs and strengths. Their presence and involvement is integral to the meeting. While the FPM may proceed without the birth parent as long as other family members are present, there should be careful thought and consideration given to determining whether to have the meeting without the birth parents in attendance. In particular, the agency should decide whether the participation of other family members only will lead to effective decisions, or if the meeting should be rescheduled in order to try again to include parents.
- **Service worker connected to the family.** The service worker first talks with his or her supervisor to determine whether a FPM is needed for the child or family. The service worker is responsible for making the referral for the FPM. The worker relays all relevant information to the facilitator that includes the purpose of the meeting and any potential physical or emotional safety concerns that may impact the meeting, and ensures both the maternal and paternal family and all individuals that are involved with the family are invited to the meeting. The service worker is prepared to provide information to participants about the meeting purpose and provide any information and previous services received by the family. The service worker is responsible for making a decision if absence of consensus or if safety concerns are evident. The worker assesses any safety issues that may potentially come up and communicates those issues to the facilitator. If it is determined that an individual cannot participate due to safety reasons, the worker talks with the facilitator to determine strategies for participation (i.e., conference call, separate meeting.) The service worker prepares the family for the meeting by explaining the FPM process. The service worker also talks with the family to

determine whether child care arrangements have been made for the family during the FPM.

- **Child(ren)/Youth.** In deciding whether or not a child should participate, the service worker considers the child's developmental and chronological age and the parents' suggestions and concerns, and consults with others that have a working knowledge of the child's capacity, such as a therapist or counselor. It is recommended that youth 9 and older, unless otherwise determined, participate in FPMs. This does not preclude involving youth below age 9 if the service worker believes they have the capacity to participate. While all youth are consulted about meeting participants, some youth may not identify whom they would like to attend.
- **Extended family and non-relative supports.** Both maternal and paternal relatives as well as non-relative supports are invited by youth, parents, and/or the service worker as supports, to assist, and/or to be a resource. Their participation is always supported and encouraged. Extended family members are also asked about other individuals involved with the family who may be a potential support.
- **Members chosen by the youth.** For youth 12 years of age and older, they shall be given the opportunity to choose up to two (2) members of the team that are not their service worker or their foster parent. The agency may reject the individual chosen by the youth only if the agency has reason to believe that the individual will not act in the best interest of the youth.
- **Current caregivers (kin, foster).** These individuals are also seen as key team members who assist in providing information regarding the child's adjustment, progress, and needs, and assist with developing ideas and reaching a decision.
- **Supervisor.** The supervisor of the service worker connected to the family is responsible for being knowledgeable of the case. The supervisor utilizes the meeting as an opportunity to assess the strengths of their worker and identify areas in need of improvement. The supervisor serves as the expert about the process for accessing various services within their locality and ensures that

all agency “non-negotiables” (issues that must be addressed by law, policy, or court orders) are addressed.

- **Community partners.** These individuals are defined by their identity as a member of the family’s community whether based on neighborhood, ethnicity, religion, school, or other connection. They are invited by the agency and/or the birth parents, based on existing partnership to provide support, resource expertise, and an external perspective to decision making. Their presence in the meeting is agreed to by parents.
- **Service providers.** These are persons currently or previously involved with the family who come to the meeting prepared to discuss current or previous services provided to the child and/or family and any current or future recommended service needs.
- **Guardian ad litem (GAL) and CASA volunteers.** These court-appointed representatives responsible for representing the child’s best interest are invited to the FPM. These individuals often have useful information that can help inform the family engagement process. GALs can also give guidance and set parameters around legal issues that may be discussed during the meeting.
- **Other public agency staff.** This group may include home finding, independent living, family preservation staff, adoption staff, adult services staff, benefits workers, or others available to provide expertise/information depending on the purpose of the meeting and the type of FPM.

2.9.3 Scheduling Family Partnership Meetings

The service worker and supervisor should discuss the convening and timing of an FPM. Requested meetings should be scheduled **within two (2) weeks** of the request, or as quickly as possible if safety issues are present. In scheduling these meetings, consideration should be given to the work schedules of parents and other relatives, transportation issues, availability of an interpreter when the parents’ primary language is not English, need for child care, and any other barriers that might prevent parents and relatives from participating.

2.9.4 Paying for Family Partnership Meetings

Local Community Policy and Management Team (CPMT) policies may allow the use of State Pool funds to purchase services necessary to support a structured FPM e.g., trained facilitation.

2.9.5 Documenting the Family Partnership Meeting

All FPMs shall be documented in OASIS, including participants, location, and recommendations. This information is ultimately linked to data on child and family outcomes in order to ensure continuing self-evaluation of the FPM process and its effectiveness. See guidance on Documenting Family Partnership Meetings.

2.10 Using Child and Family Team Meetings

FPMs are only one means to engage the family in decision making. They generally occur infrequently over the course of a case and, therefore, are not sufficient in and of themselves to ensure partnership with family. Additional strategies are needed. VDSS encourages the use of a regular CFTM as a continuation of the work of FPMs. These meetings include the youth, parents, extended family and all service providers. They provide a mechanism by which regular review of services and progress is shared among all the individuals involved in the case and where the family’s needs and preferences routinely inform decision making.

In the matrix below, the FPM and CFTMs are compared and contrasted. The opportunities for family engagement, incorporation of voice and choice and teaming are addressed in both, but differences are also highlighted.

Comparison of FPM and CFTM	
Family Partnership Meetings (FPM)	Child and Family Team Meetings (CFTM)

<p>Purpose: To involve birth families (parents and extended family members) in all critical case decisions and to ensure a network of support for the child and the adults who cares for him/her.</p>	<p>Purpose: To involve birth families (parents and extended family members) in on-going case planning, monitoring and adjusting; to ensure that all team members have access to all information about the case; to ensure that all team members understand the goal(s) of service provision and the current plan to protect the child and to achieve permanency; and to ensure a network of support for the child and the adults who cares for him/her.</p>
<p>When: At the point that a critical case decision must be made: potential child removal; potential child placement change (placement disruption or change in foster care goal); or reunification.</p>	<p>When: As often as needed. Ideally, meetings will be held at least monthly and the next one will be scheduled at the end of the current one.</p>
<p>Who: family and extended family; youth; social worker; supervisor; family supports as identified by the family; providers (maybe); attorneys (maybe); CASA (maybe); eligibility worker (maybe); community representative; FPM facilitator.</p>	<p>Who: family and extended family; youth; social worker; supervisor (maybe); family supports as identified by the family; foster and adoptive family or placement representative; school representative; all treatment providers ; attorneys; CASA; eligibility worker (maybe) Probation officer (if applicable), etc.</p>
<p>Logistics: scheduling to maximize parent and family participation; ideally held in neutral location; consider use of conference calling; and transportation and child care should be provided by LDSS.</p>	<p>Logistics: scheduling to maximize full team participation, including parents, foster and adoptive parents and critical extended family members; usually held at LDSS or service provider office; consider use of alternative meeting space and/or conference calling; and transportation and child care should be addressed (meetings are scheduled in advance, so community based or natural resources can be</p>

<p>Values based upon:</p> <ul style="list-style-type: none"> • All families have strengths. • Families are the experts on themselves Families can make well-informed decisions about keeping their children safe when supported. • Outcomes improve when families are involved in decision making. 	<p>Values based upon:</p> <ul style="list-style-type: none"> • All families have strengths. • Families are the experts on themselves Families can make well-informed decisions about keeping their children safe when supported. • Outcomes improve when families are involved in decision making. • A team is more capable of creative and
<p>Stages of the Meeting/ Agenda:</p> <ul style="list-style-type: none"> • Introduction: purpose and goal; introduction of participants; and meeting guidelines. • Identify the situation: Define the concern/ decision to be made. • Assess the situation: safety needs; risk concerns; strengths and supports; hx of services; participants' perception of the situation; and worker recommendation(s). • Develop ideas: brainstorm in three categories, placement/custody, actions to provide safety, and services to reduce risk. • Reach a decision: consensus based decision (if possible) and addressing 	<p>Stages of the Meeting/ Agenda:</p> <ul style="list-style-type: none"> • Introduction: names and roles. • Review of progress: each team member (starting with parents) provides an update of progress made in the last month and which serviced have been completed and/or which treatment goal have been met. • Identification of concerns/services needing adjustment: each member (starting with parents) addresses areas of concern and/or what is not working well or may need to be adjusted. • Review of goal(s): team explores fit between progress, services and goals; team members (including family) make recommendations as to improving fit or

<p>Summary of Differences:</p> <ul style="list-style-type: none"> • Led by a facilitator. • Supervisor as well as service worker attend. Family participation is the most critical aspect. Extensive pre-work ensures family is engaged in the meeting process. • Formal and informal supports are invited and are part of the team. • Agenda and meeting process are standardized and more formal (reflect importance of decision being made). 	<p>Summary of Differences:</p> <ul style="list-style-type: none"> • Led by service worker. • Supervisor does not always attend; Parent and youth participation is critical. • Extended family participates as the family wishes or as makes sense. • Agenda is informal. • Outcome is action plan for the next several months leading to permanency or safe case closure.
<p>Benefits of FPMs:</p> <ul style="list-style-type: none"> • Families who are treated with respect can contribute more concretely to the identification of their family and children's needs. • When families and extended families are part of the decision making process, they are more likely to participate in services to keep their family together or to complete tasks in order to have their children safely returned. • Children are protected through the 	<p>Benefits of CFTMs:</p> <ul style="list-style-type: none"> • Provides a mechanism for insuring: ongoing family engagement and ongoing teaming. • Ensures timely monitoring and adjustment of services. • Increases parent, child and extended family buy-in. • Speeds progress towards permanency or case closure. • Team decision making results in high

2.11 Using the Family Assessment and Planning Team (FAPT)

The FAPT plays an integral role in service planning for children involved in the child welfare system who receive services and funding through the CSA. Local CPMT policies determine how the community coordinates family engagement principles with FAPT processes. The LDSS will need to consult CPMT local policies and procedures for complying with CSA and family engagement requirements.

3

ENTERING FOSTER CARE

TABLE OF CONTENTS

3.1	Introduction	2
3.2	Services to prevent or eliminate foster care placement.....	2
3.3	The date a child is considered to enter foster care	3
3.4	Best interests of child requirements	4
3.5	Reasonable efforts requirements	4
3.5.1	Initial judicial determination of reasonable efforts.....	4
3.5.2	Requirements for the court order.....	5
3.5.3	Reasonable efforts after LDSS receives custody or accepts placement.....	5
3.5.4	Reasonable efforts not required	5
3.5.5	When children in custody remain in their own home	6
3.6	Title IV-E funding restrictions	6
3.7	Authority for placement and dispositional alternatives	7
3.7.1	Court hearings	7
3.7.2	Temporary entrustment agreement.....	10
3.7.3	Permanent entrustment agreement.....	12
3.7.4	Relief of care and custody	12
3.7.5	Services to children through agency agreements with parents who retain custody	13
3.8	Providing written notice of right to appeal specific foster care services	18
3.9	Special populations	18
3.9.1	Pregnant and parenting youth in foster care	18
3.9.2	Indian child of a tribe	21
3.9.3	Youth in Department of Juvenile Justice custody	30
3.9.4	Youth ages 18-21 who were in foster care and completing DJJ commitment.....	34

3

ENTERING FOSTER CARE

3.1 Introduction

Children enter foster care through:

- Court commitment based on an abuse or neglect petition.
- A CHINS (children in need of services) petition.
- An entrustment.
- Delinquency or request for relief of care and custody petitions.
- Non-custodial foster care agreements.
- Re-entry from a commitment to the Department of Juvenile Justice.

3.2 Services to prevent or eliminate foster care placement

Foster care prevention services shall be provided to children and their families in their homes and communities to prevent or eliminate the need for foster care placements.

Any service in the home or community that is available to a child in foster care placement and his family shall be available to a child and his family as prevention services to prevent or eliminate the need for foster care placement based on an assessment of the child's and family's needs.

These services are available to children who are abused or neglected as defined in [§ 63.2-100](#) or in need of services as defined in [§ 16.1-228](#). The Children's Services Act (CSA) guidelines specify the criteria for the Family Assessment and Planning Team (FAPT), or an approved multi-disciplinary team, to use in determining when a child

meets the statutory definition of a “child in need of services” and is eligible for foster care services, consistent with the Community Policy Management Team (CPMT) policies. (See the [CSA Policy Manual](#).)

Out-of-home placements are not considered prevention services. Short-term stays outside of the home are only considered prevention services when children temporarily leave their homes for short stays of less than 14 days for the purposes of crisis stabilization, respite, hospitalization to meet acute physical or medical needs, or short-term psychological or psychiatric evaluations.

The Code of Virginia (§§ [16.1-252](#), [16.1-277.01](#), [16.1-277.02](#), [16.1-278.2](#), [16.1-278.3](#), and [16.1-283](#)) requires courts to consider persons with a legitimate interest for custody of the child when evaluating removal, entrustment, relief of custody, and termination of parental rights. In any proceeding in which a child is removed from his home, the court may order the parents or guardians of such child to provide the names and contact information to the local department of social services for all persons with a legitimate interest (§ [16.1-229.1](#) of the Code of Virginia).

3.3 The date a child is considered to enter foster care

Federal law and regulation provide specific criteria for calculating timelines for determining when a child is considered to have “entered foster care” for the specific purpose of ensuring that court hearings are held according to federal requirements. Virginia’s court hearing requirements surpass federal requirements and as a result, ensure that the case of each child in foster care is heard more frequently than required by federal requirements, as long as the LDSS:

- Provides the court with the contact information necessary to invite the foster and adoptive parent to participate in the dispositional hearing.
- A foster care review hearing (including notice to the foster and adoptive parent of the hearing and their right to participate in the hearing) is held within 12 months of the hearing that brings the child into foster care.

By following Virginia’s requirements for who shall receive notice of hearings (starting with the dispositional hearing) and adhering to the timeline for hearings, the LDSS will be in compliance with federal requirements regarding the date a child enters foster care. Federal requirements are based on:

- The date of the first judicial finding that the child has been subjected to child abuse or neglect; or
- The date that is 60 days after the date on which the child is removed from the home ([Social Security Act, Title IV, § 475 \(5\) \(F\) \[42 USC 675\]](#)).

For the purpose of providing services and assuming placement and care responsibility for the child, the LDSS shall consider the date of removal as the date a child enters foster care.

3.4 Best interests of child requirements

The initial court order shall contain language stating that the child was removed from the home pursuant to a judicial determination that:

- Continuation in the home would be contrary to the welfare of the child; or
- It is in the child's best interests to be placed in foster care; or
- There is no less drastic alternative than removal of the child from his or her home.

Nunc Pro Tunc (now for then) orders or affidavits attesting that the judicial determination occurred at a previous hearing that changes the substance of a prior judicial determination or constitutes a judicial determination not previously made are not acceptable documentation in support of a judicial determination for IV-E eligibility.

3.5 Reasonable efforts requirements

Both federal ([Adoption Assistance and Child Welfare Act of 1980, Public Law 96-272](#)) and state law (§§ [16.1-251](#), [16.1-253](#), and [16.1-278](#)) require that reasonable efforts are made to prevent or eliminate the need for removal of the child from the home and to make it possible for the child to be returned home. The safety of the child is paramount in this decision.

3.5.1 Initial judicial determination of reasonable efforts

At the time of the initial court hearing to commit a child to the custody of the LDSS, approve an entrustment agreement or approve the plan for placement in foster care through a non-custodial foster care agreement, a judicial determination shall be made as to whether reasonable efforts to prevent removal have been made. In order for the court to determine whether reasonable efforts have been made to prevent removal, the LDSS shall document and submit the following to the court:

- Service needs of the child and family including the safety of the child in the home.
- Services offered to meet the needs.
- The family's participation in service planning.
- The family's response to the services offered.

3.5.2 Requirements for the court order

The Code of Virginia requires that the initial court order state that reasonable efforts have been made to prevent or eliminate the need for removal. To meet federal requirements, reasonable efforts shall be documented in a court order within 60 days of entry into care. The court order shall also include if the child is found to be an abandoned infant as defined in § [18.2-371.1](#). For an entrustment or non-custodial foster care placement, reasonable efforts shall be documented within six months of placement. Compliance with Virginia law will assure compliance with federal regulations.

3.5.3 Reasonable efforts after LDSS receives custody or accepts placement

Annually, for every child in foster care, there shall be a judicial determination that reasonable efforts have been made to either:

- Safely reunite the child with his or her prior family if return home is the goal; or
- Finalize an alternate permanent placement for the child as quickly as practicable in accordance with his or her permanency plan if reunification cannot be achieved (e.g., placing the child with relatives in another state in accordance with the Interstate Compact on the Placement of Children (ICPC)) and to complete whatever steps are necessary to achieve permanency for the child either through adoption or custody transfer to relatives.

Documentation of reasonable efforts to reunify the child and family or achieve permanency for the child shall be recorded on the initial 60-day service plan, in the case record, and in every foster care review and administrative plan review thereafter.

3.5.4 Reasonable efforts not required

The LDSS having custody of the child is not required by the court to make reasonable efforts to reunite the child with a parent if the court finds that:

- The residual parental rights of the parent regarding a sibling of the child have previously been involuntarily terminated;
- The parent has been convicted of an offense under the laws of the Commonwealth or a substantially similar law of any other state, the United States or foreign jurisdiction that constitutes murder or voluntary manslaughter, or a felony attempt, conspiracy or solicitation to commit any such offense, if the victim of the offense was a child of the parent, a child with whom the parent resided at the time such offense occurred or the other parent of the child;

- The parent has been convicted of an offense under the laws of the Commonwealth or a substantially similar law of any other state, the United States or any foreign jurisdiction that constitutes felony assault resulting in serious bodily injury or felony bodily wounding resulting in serious bodily injury or felony sexual assault, if the victim of the offense was a child of the parent or a child with whom the parent resided at the time of such offense; or
- Based on clear and convincing evidence, the parent has subjected any child to aggravated circumstances ([§ 16.1-283 E](#)) or abandoned a child under circumstances which would justify the termination of residual parental rights pursuant to [§16.1-283 D](#).

If the LDSS determines that reasonable efforts to reunify do not need to be made based on the felony convictions or circumstances listed above, the LDSS shall petition the court to make that determination. This petition may be filed at any court hearing. **Within 30 days** of the court's determination that reasonable efforts to reunify do not need to be made, the court shall hold a permanency planning hearing. If the request for such a determination is made at a permanency planning hearing, it will not be necessary to hold another hearing.

The court order shall document that reasonable efforts to reunify are not required, because the parents have been convicted of offenses listed above or had parental rights of a sibling involuntarily terminated.

The law does not require that reasonable efforts be omitted in these cases. Agencies may decide to make reasonable efforts to reunite children with parents even when a court has convicted parent(s) of the crimes listed above or the parental rights of a sibling have been involuntarily terminated. This decision should be made on a case-by-case basis.

3.5.5 When children in custody remain in their own home

In situations where custody is given to the LDSS and the child remains in the home of the parent(s) or prior custodian, a judicial determination as to reasonable efforts to prevent removal is not necessary. However, if foster care placement becomes necessary, all of the legal requirements shall be met.

3.6 Title IV-E funding restrictions

Failure to meet requirements regarding best interests and reasonable efforts will result in the child being ineligible for title IV-E funding. Additional criteria for establishing and maintaining title IV-E eligibility are explained in the [VDSS Title IV-E Eligibility Manual](#). Placement costs for children found to be ineligible for title IV-E funding shall be paid from state pool funds.

3.7 Authority for placement and dispositional alternatives

If reasonable efforts have been made and the child still needs to be temporarily placed in foster care, the LDSS may accept placement of the child through several legal alternatives:

- Commitment by any court of competent jurisdiction; or
- Entrustment by the parent(s) or guardian(s)
 - The LDSS shall make diligent efforts to have both parents sign the entrustment agreement if the identity of both parents is reasonably ascertainable. Diligent efforts to identify and locate parents should be documented in OASIS.
 - An entrustment agreement is considered valid on the date in which the last required party has signed; or
- Placement through an agreement between the LDSS and the parent(s) or guardian(s) where legal custody remains with the parent(s) or guardian(s) ([§ 63.2-900.A](#)).

At each of the different types of court hearings concerning the child's health and safety, the court shall consider placement of the child with a relative or other interested individual as an alternative to foster care. Placements across state lines shall comply with the Interstate Compact on the Placement of Children (ICPC). Refer to the following websites for specific ICPC guidance and procedures:

- [DSS public website](#)

3.7.1 Court hearings

A child may be committed to the local board by a court order. The court order shall meet the reasonable efforts requirements in [Section 3.5](#). The commitment shall be made before the child is 18 years old. The different types of court commitment hearings are:

3.7.1.1 Emergency removal hearing

An emergency removal order may be issued ex parte (defined as "hearings in which the court hears only one side of the controversy") by the court upon a petition supported by an affidavit or by sworn testimony in person before the judge or intake officer in situations where safety of the child precludes services to prevent removal. The judge may deem that reasonable efforts have been made.

In the emergency removal order, the court shall give consideration to temporary placement of the child with a relative or other interested individual, including grandparents. The LDSS shall supervise this placement, pending the preliminary removal hearing. If the LDSS is providing supervision, a case record should be opened and maintained in OASIS.

As the initial court order, the emergency removal order shall indicate that placement is in the child's best interest (see [Section 3.4](#)) (§ [16.1-251](#)).

3.7.1.2 Preliminary removal hearing

This is a hearing where the court determines that a child who is alleged to be abused or neglected needs to be placed in foster care.

At this hearing, the court shall find that reasonable efforts have been made to prevent removal and enter that finding on the preliminary removal order. In situations where safety of the child precludes services to prevent removal, the judge may deem that reasonable efforts have been made.

At the preliminary removal hearing, the court may make an adjudication as to whether the child was abused or neglected as defined in § [16.1-228](#). The LDSS, parents, or Guardian ad Litem (GAL) may request that adjudication not occur that day. The court shall then schedule an adjudication hearing to occur **within 30 days**. The results of the adjudication shall be entered on a court order.

The court will address child support at this hearing see [Section 4.7.2](#) for additional information.

The court should consider and may transfer temporary custody to a relative or other interested individual at the preliminary removal hearing if the court finds that the relative or other interested individual is:

- Willing and qualified to receive and care for the child.
- Willing to have a positive, continuous relationship with the child.
- Willing and able to protect the child from abuse and neglect.

If the court orders transfer of temporary custody to a relative or other interested individual, the order will provide for the initiation and completion of an investigation of the relative or other interested individual; and will require the LDSS to continue supervision until disposition. The order will provide for compliance with any preliminary protective order and as appropriate, ongoing provision of social services to the child and temporary custodian.

At this hearing, the court shall schedule a dispositional hearing to occur within 60 days and provide notice to those present to attend that hearing (§ [16.1-252](#)).

3.7.1.3 Dispositional hearing

This hearing occurs within 60 days of the preliminary removal order hearing; the hearing that brought the child into care; or the date the child came into care if there was no previous hearing (see [Section 3.3](#) for the date a child is considered to enter foster care). At this hearing, the court will enter an order (foster care plan dispositional order- dc- 553) indicating what the disposition of the case will be. The court will also review the initial foster care service plan.

On the petition submitted to the court with the service plan, the LDSS shall include the names and contact information of the foster and adoptive parent so that the court can provide them notice of this hearing. Foster and adoptive parents' attendance at this hearing is solely for the purpose of the court's review of the service plan and to provide input into this discussion. The initial part of the hearing where the facts about the case are heard and the judge enters a dispositional order are not open to the foster and adoptive parent.

The dispositional order shall include a statement as to whether reasonable efforts have been made to return the child home and that continuation in the home would be contrary to the welfare of the child, or that placement is in the best interests of the child, or that there is no less drastic alternative. If there has not been a previous order that states reasonable efforts were made to prevent or eliminate the need for removal, the final dispositional order shall include a statement to this effect.

The court should consider the transfer of legal custody of the child to the relative or other interested individual at the dispositional hearing. The order granting legal custody to the relative or other interested individual shall be entered only upon a finding, based upon a preponderance of the evidence from the court directed investigation. The order shall state that the relative or other interested individual is:

- Willing and qualified to receive and care for the child.
- Willing to have a positive and continuous relationship with the child.
- Committed to providing a permanent suitable home for the child.
- Willing and able to protect the child from abuse and neglect.

The court's order should further provide for, as appropriate, any terms and conditions which would promote the child's interest and welfare, court review of the placement, and provision of ongoing services based on the needs of the child and custodian (§ [16.1-278.2](#)).

Refer to Section [16.2.2](#) of this chapter for legal requirements pertaining to foster care reviews.

3.7.2 Temporary entrustment agreement

Parent(s) or guardians may voluntarily request that the LDSS take custody of the child for a temporary period. In this case, the local board may accept the child through a temporary entrustment agreement for up to 180 days. Title IV-E eligibility can extend beyond 180 days only when the court approves the temporary entrustment within 180 days of placement and determines that the best interests and reasonable efforts requirements have been met.

Conditions for use of temporary entrustment agreements are:

- To return the child home. A temporary entrustment agreement may also be used for purposes of adoption planning. It is not to be used where the goal for the child is other than return home or adoption planning.
- To specify the rights and obligations of the child, the parent(s) or guardians and the LDSS. The agreement shall include the responsibility of the parent(s) for financial support of the child and the authority of parent(s) and LDSS for medical care of the child.
- Entrustments cannot be used for educational purposes or to make the child eligible for Medicaid.
- Parent(s), prior custodians, or the LDSS may terminate the entrustment agreement within ten days with written notice. The agreement is considered to be revoked unless the LDSS opposes the request and obtains a judicial decision that return is not in the child's best interest.

There are two types of temporary entrustments, those issued for less than 90 days, and those issued for more than 90 days ([§§ 63.2-903](#) and [16.1-277.01](#)).

3.7.2.1 Entrustments for less than 90 days

This type of entrustment is used when a situation related to the child or his family can be resolved within 90 days. Documentation of the plan for services is required. Use of the foster care service plan form is not required. The plan may be an identifiable part of the narrative, or a separate page attached to the agreement.

If the child does not return home within 90 days, the LDSS shall petition the court for a hearing to approve the service plan and entrustment by the 89th day after placement ([§ 16.1-277.01](#)). A service plan shall accompany the petition. The service plan shall document that reasonable efforts have been made to

prevent removal and to return the child home and that continuation in the home would be contrary to the welfare of the child.

If the LDSS decides to terminate the entrustment and seek court commitment during the first 90 days, the LDSS shall petition the court for custody and submit the service plan for approval.

Federal regulations allow title IV-E eligibility for temporary entrustment cases that meet all other eligibility requirements for up to 180 days. However, if the entrustment goes beyond 90 days, procedures in [Section 3.7.2.2](#) shall be followed ([§ 16.1-277.01](#)).

3.7.2.2 Court hearings to approve entrustments for more than 90 days

The entrustment agreement shall be approved by the court at a court hearing. The LDSS shall petition the court for approval **within 30 days** of signing the agreement and submit a service plan with the petition ([§§ 63.2-903](#) and [16.1-277.01](#)). The court shall set a hearing to approve the entrustment agreement and the service plan within 45 days of receiving the petition of the LDSS. The service plan submitted shall meet all requirements of [Section 16](#) of this chapter.

There shall be a judicial determination regarding best interests (see [Section 3.4](#)) and reasonable efforts (see [Section 3.5](#)) at the hearing approving the entrustment agreement. The initial court order form ([DC-553](#)) shall state that continuation in the home would be contrary to the welfare of the child and that reasonable efforts have been made to prevent removal and obtain alternative permanent placement. A statement that it is in the child's best interest to be placed in foster care or that there is no less drastic alternative than removal of the child from his or her home can substitute for the "contrary to the welfare" statement. These requirements shall be met for the child to continue to remain eligible for title IV-E beyond 180 days.

In accordance with requirements of the Code of Virginia, any court order transferring custody of an entrusted child to a relative or other interested individual shall be entered only upon a finding, based upon a preponderance of the evidence from a court directed investigation. The order shall state that the relative or individual is:

- Willing and qualified to receive and care for the child.
- Willing to have a positive and continuous relationship with the child.
- Committed to providing a permanent suitable home for the child.
- Willing and able to protect the child from abuse and neglect.

The court's order transferring custody to a relative or other interested individual will provide, if appropriate, any terms and conditions for the child's welfare, ongoing social services for the child and custodian, and court review of the child's placement (§ [16.1-277.01 D1](#)).

Refer to [Section 16.2](#) of this chapter for legal requirements pertaining to foster care reviews.

3.7.3 Permanent entrustment agreement

This agreement provides a method for the parent(s) to voluntarily relinquish parental rights and give the LDSS authority to place the child for adoption. The use of Permanent Entrustment Agreements is described in [Section 9.4.3.1](#) of this chapter.

Federal regulations allow title IV-E eligibility for children who enter care through a permanent entrustment agreement only when court approval is obtained within 180 days of placement. The court shall make a judicial determination that placement is in the best interest of the child (see [Section 3.4](#)) and that reasonable efforts have been made (see [Section 3.5](#)).

Once the court approves the permanent entrustment agreement, all parental rights are terminated. The parent can no longer revoke the permanent entrustment agreement.

If a parent is incarcerated, the court may authorize the Department of Corrections to have the prisoner transported to provide necessary testimony in hearings related to child welfare. The testimony of prisoners can also be acquired using electronic video and audio communication systems or telephonic communication systems in lieu of a personal appearance if authorized by the court (§§ [16.1-276.3](#) and [16.1-93.1](#)).

The adoption progress report shall be submitted to the court within six (6) months of the court's approval of the permanent entrustment.

3.7.4 Relief of care and custody

Parents may request temporary or permanent relief of care and custody.

On receipt of a petition for relief of custody, the court should refer requests for relief to LDSS initially for investigation and provision of services (§ [16.1-277.02](#)). The intent of this requirement is to determine whether the provision of services will prevent placement.

At the hearing, the court will determine, based on evidence presented, including the report from the LDSS, whether the parent should be relieved of custody. If permanent relief is requested, the court will determine whether, based on clear and convincing evidence, termination of parental rights is in the child's best interests. Parental rights can be terminated only upon a finding by the court that reasonable

efforts have been made to prevent removal and that continued placement in the home would be contrary to the welfare of the child ([§ 16.1-277.02](#)).

If a parent is incarcerated, the court may authorize the Department of Corrections to have the prisoner transported to provide necessary testimony in hearings related to child welfare. The testimony of prisoners can also be acquired using electronic video and audio communication systems or telephonic communication systems in lieu of a personal appearance if authorized by the court.

If relief is granted, the court will schedule a dispositional hearing within 60 days.

If permanent relief of custody is granted and termination of parental rights is ordered, the LDSS shall submit an adoption progress report to the court within six (6) months of the hearing ([§§ 16.1-277.02](#) and [16.1-278.3](#)).

3.7.5 Services to children through agency agreements with parents who retain custody

When a child is placed outside of the home, there are two types of agreements between a public agency and the parents or legal guardians who retain custody of the child. The type of agreement depends primarily on which public agency serves as case manager for the child placed outside of the home.

- When the LDSS serves as the case manager, the child shall be considered in foster care and a Non-Custodial Foster Care Agreement is used. (See [Section 3.7.5.1](#))
- When another public agency, other than the LDSS, is designated by the CPMT or the court to serve as the case manager, the child shall not be in foster care and a CSA Parental Agreement is used. (See [Section 3.7.5.2](#))

Parents or legal guardians do not have to relinquish physical or legal custody of their children to the LDSS in order to obtain necessary mental health services. Such services may be available through a CSA parental agreement and may include a full range of casework, treatment, and community services for a planned period of time. Services should be based on the assessed strengths and needs of the children and their family and documented in the service plan.

3.7.5.1 Non-Custodial Foster Care Placements

Parent(s) or guardians may enter into an agreement with the LDSS to voluntarily place a child under age 18 outside of the home in 24-hour substitute care while the parent(s) or guardians retain legal custody. The goal of such arrangement is to provide the services necessary to address the child's needs and to facilitate his or her return to the home as quickly as possible. The child is considered in foster care with the LDSS assuming placement, care and case management responsibility for the child ([45 CFR 1355.20](#)). Legal custody of the

children by the state child welfare agency (or its local counterparts) is not required in the federal definition. Thus, children placed through non-custodial agreements are in foster care.

All federal and state requirements shall be met, as with all children in foster care. The formal agreement between the parents and the LDSS is called a non-custodial foster care agreement.

Prior to entering a non-custodial foster care agreement, services to prevent the need for foster care placement shall be offered and shall be documented in the service plan. In emergency situations where services cannot be offered, the reasons shall be recorded on the service plan.

Before choosing this placement alternative and entering into a non-custodial foster care agreement, the LDSS shall assess and determine that:

- Leaving custody with the parent(s) or guardians is in the best interests of the child and will not place the child at risk.
- The parent(s) or guardians will remain actively involved with the child during the placement.
- The child will be able to return home within a reasonable timeframe (generally within a period of 12 months or less).
- There is no less restrictive alternative available through which the child can receive the level of supervision and services required.

These determinations shall be documented on the Non-Custodial Foster Care Agreement (see [Section 3.7.5.1.1](#)). If these conditions do not exist, transferring custody to the LDSS should be considered.

3.7.5.1.1 LDSS Non-Custodial Foster Care Agreements

Non-Custodial Foster Care Agreements are between the LDSS and the parent(s) or custodians. When a non-custodial foster care agreement is executed, the permanency goal shall be reunification. The non-custodial foster care agreement shall address the conditions for care and control of the child, and the rights and obligations of the child, parent(s) or guardians, and the LDSS and include:

- A statement addressing the legal status of the child. With this agreement, the child would remain in the legal custody of the parent(s) or guardians.
- A statement that leaving custody with the parent(s) or guardians is in the best interests of the child and will not place the child at risk.

- A statement that this is a voluntary agreement between the parent(s) or guardians and the LDSS; and that the child will be returned to the parent(s) or guardians if the agreement is revoked.
- A statement that if the parent wishes to revoke the agreement after the court approves the agreement, judicial approval for terminating the agreement shall be obtained.
- A statement that the LDSS has the right to seek judicial determination regarding custody of the child in a situation where the parent(s) or guardians revoke the agreement and the LDSS opposes return of the child.
- Requirements of the parent(s) or guardians for financial support, including a statement that the case will be referred to the Division of Child Support Enforcement (DCSE).
- Authority of the parent(s) or guardians and the LDSS in making medical care and treatment decisions.
- Expectations of the parent(s) or guardians during the placement, including a statement that the parent(s) or guardians will remain actively involved with the child during the placement.
- Expectations of the LDSS providing services to the child;
- Visitation arrangements.
- The date of the placement.
- The planned date of discharge from placement (generally within a period of 12 months or less).
- Other conditions for placement.
- When the placement is an interstate placement, a statement pertaining to responsibility for return of the child if the placement agreement is revoked.
- A non-custodial foster care agreement may extend beyond a child's 18th birthday with the consent of all parties in keeping with the child's needs and with the family and youth's cooperation to continuing services and placement.
- If both parents have custody or there is shared guardianship, both parents or both guardians shall sign the agreement.

A copy of the agreement should be given to the parent(s) or guardians, to the placement provider, and be kept in the child's record. The non-custodial agreement is effective no earlier than the date the last required signature is obtained and funding cannot begin prior to the effective date. (See the DSS internal website for a template [Non-custodial Foster Care Agreement Form](#).)

3.7.5.1.2 Court approval of plan for placement through a non-custodial foster care agreement

The LDSS shall file a foster care plan with the Juvenile and Domestic Relations District Court within 45 days following the board or LDSS' placement of the child unless the court, for good cause, allows an extension of time, which shall not exceed an additional 60 days (§ [16.1-281 A](#)). The LDSS should file a CHINS petition to place the case on the court's calendar and submit the foster care plan.

The court shall hold a hearing within 60 days of the child's initial foster care placement to review and approve the plan (§ [16.1-281 C](#)).

The court order shall include statements that:

- Reasonable efforts have been made to prevent the placement.
- Continuation in the home is contrary to the child's welfare, or it is in the child's best interest to be placed in foster care, or that there is no less drastic alternative than removal of the child from his or her home.

All foster care requirements shall be met. Time frames for administrative panel reviews and hearings are based on the date of the initial non-custodial foster care placement.

Refer to [Section 16.2](#) of this chapter for legal requirements pertaining to foster care reviews.

3.7.5.1.3 Other requirements

The case shall be entered into OASIS as a foster care case.

In the event that the child shall be moved to another placement, a new non-custodial agreement shall be signed prior to the date of the placement change. As long as there is no period during which the child returns home, a change in placement does not result in a new foster care episode. The goal should remain Return Home with the plan for reunification to be achieved within 12 months or less of the child's initial placement.

The case shall be referred for Medicaid, title IV-E screening and child support. Child support is to be addressed in the non-custodial foster care agreement. Parents are responsible for paying support from the beginning of placement (§ 63.2-909). A claim for good clause may be made when appropriate. Child support is to be based upon DCSE guidelines.

Since the child's parent(s) retain custody, they are responsible for signing the required referral and application forms.

Maintenance and service costs for non-title IV-E children will be paid from State Pool Funds.

At the point which the child no longer requires 24 hour substitute care, the child should be returned to the home and the non-custodial order should be terminated by the court. If the LDSS agrees to the return of the child and all required conditions for the child's safe return are met, the child may be sent home on a home visit pending final court approval.

If it is determined that a child in foster care through a non-custodial agreement will require a permanency goal other than reunification, the LDSS should file a petition for the child's custody to be transferred to the LDSS.

In the event that a child enters foster care from a non-custodial arrangement, as long as there is no period during which the child returns home, there is no new foster care episode.

3.7.5.2 CSA Parental Agreements

CSA Parental Agreements are agreements between a public agency other than the LDSS, designated by the CPMT, and a parent or guardian who retains legal custody of the child. CSA Parental Agreements are only used when the FAPT determines that a child requires placement outside of the home to address the child's service needs.

The public agency designated by the CPMT assumes case management responsibilities. The LDSS cannot be the case manager. If the LDSS is the case manager, the child shall be in foster care and a Non-Custodial Foster Care Agreement shall be used.

Thus, when a child is placed outside of the home through an agreement between a public agency, other than the LDSS, as designated by the CPMT, and the parent(s) or custodians retain legal custody of the child, and this other public agency provides case management services, this child is not considered in foster care and is not subject to the requirements, policies, and protocols (i.e., court hearings, title IV-E eligibility determinations, etc.) required for children in foster care.

While these children are not in foster care, they are eligible for foster care services since they have been placed under an agreement between the local public agency designated by the CPMT and the parents or custodians who retain legal custody ([§ 63.2-905](#)).

These CSA Parental Agreements, where a public agency other than the LDSS provides case management services, are subject to Final Interagency Guidelines established by the State Executive Council (SEC) of CSA. The LDSS never uses these agreements. (See the [CSA User Guide](#), 5.3.3.1.)

The CSA guidelines specify the criteria for FAPT, or an approved multi-disciplinary team, to use in determining when a child meets the statutory definition of a “child in need of services” and is eligible for foster care services, consistent with CPMT policies. (See the [CSA User Guide](#), 5.3.3.1.)

A CSA Parental Agreement delineates the responsibilities of both the parent(s) or custodians and the local case management agency, which cannot be the LDSS, in the provision of services. For the CSA Parental Agreement form, go to the [CSA User Guide](#), 5.3.2.2.

The CSA interagency guidelines, checklist, FAQs, tools and additional information is available in the [CSA User Guide](#).

3.8 Providing written notice of right to appeal specific foster care services

When the child enters foster care, the LDSS shall inform the child’s birth parents or caretakers in writing of their right to appeal the denial of specific foster care services as defined in [Section 15.12.1](#), or the delay of a decision regarding such foster care services, that are delineated in the foster care service plan and approved by the court ([See Family Services Notice of Action and Right to Appeal Form](#)). If the service is not in an approved service plan, then the denial is not appealable. The LDSS shall inform the birth parents or caretakers that the LDSS will mail the written notice at least **ten (10) days** before any action to discontinue, terminate, suspend, or change foster care services. The child’s birth parents or caretakers may request a hearing within **30 days** of their receiving written notice of the denial. See [Section 15.12.2](#) on providing written notice.

3.9 Special populations

3.9.1 Pregnant and parenting youth in foster care

Pregnant and parenting youth in foster care face additional challenges. They have to balance the circumstances of being in foster care along with being a parent. Placement changes, treatment needs and changes, and family separation can have significant impacts on a youth’s health and well-being and also impact their ability to

take care of their child. Pregnant and parenting youth should be placed in the least restrictive, most family-like setting and their children should remain with them in placement, whenever possible. Service workers should explore services as early as possible to help promote the health of pregnant youth and their children through pre-natal and post-natal services and to prevent the separation of parenting youth from their children by providing parenting skills and support services. If it is necessary to assume custody of a minor child of a youth in foster care, the service worker must document all efforts to work towards placing the child with their parent in both of the foster care plans. Service workers should address the needs of both mothers and fathers who are placed in foster care, including supporting their continued contact with their child when their child's primary residence is with someone else.

Service workers must document in the child welfare information system on the child's general information screen the Pregnant/Parenting Youth in Foster Care designation.

3.9.1.1 Services for pregnant and parenting youth

Pregnant and parenting youth (mothers and fathers) in foster care are eligible for parent support services through Medicaid, CSA, independent living funds, and PSSF. These services are designed to support and strengthen the youth's parenting capacity. Parent support services can include a wide variety of services such as family counseling, parental capacity evaluations, parent-child attachment services, and more. Additionally, their minor child may be eligible for services through a prevention services case. *In Virginia beginning July 1, 2021, pregnant and parenting youth are eligible for title IV-E prevention funds for evidence-based services through an in-home services case (See Prevention Guidance Section 2.3.2).*

If the parenting youth and child require services, the service worker should open a prevention case in the child welfare information system. The minor child would be identified as the child in the case and the youth in foster care would be identified as the parent/caretaker. These cases will need to follow the prevention case requirements outlined in [Section 2.11](#) of Prevention guidance including developing a prevention case plan. This prevention plan must be included with the foster care plan for the youth's foster care hearing (§ [16.1-281](#)).

3.9.1.2 Foster care plan and documentation requirements

For all pregnant or parenting youth in foster care, their foster care plan must include (§ [16.1-281](#)):

- A list of the services and programs to be provided to or on behalf of the child to ensure parental readiness or capability, and

- A description of the foster care prevention strategy for any child born to the child in foster care.

For youth and their children who are receiving prevention services, the prevention strategy should be included in the prevention plan which is attached to the foster care plan. For youth who are not receiving prevention services, an explanation of why can be included on the child's Foster Care Plan Part A.

3.9.1.3 Minor child of youth in foster care

The minor child of a youth in foster care, who is living in a foster home or residential facility with his or her parent and who is in the custody of the parent, shall be eligible to receive a foster care maintenance payment and shall not be eligible for TANF. The foster care provider should receive a basic maintenance payment for the minor child in the amount appropriate for the age of the child and from the same funding source as the parent of the child (i.e., title IV-E or state pool funds). The minor child is not eligible for enhanced maintenance.

- The foster care provider is responsible for providing room and board and ensuring that the payment is used to meet the child's needs.
- The minor child of a foster youth remains the responsibility of his or her parent, unless custody has been removed.
- The minor child shall be listed in OASIS with the foster youth (parent).
- The minor child is eligible for Medicaid, services, and child support services

The service worker does not open a case for the minor child; all costs are paid under the foster youth's case. If the foster youth resides in a residential facility with her minor child, the rate paid will be the rate negotiated with the facility for maintenance for the minor child. If the youth, who is under the age of 18, lives in an independent living arrangement, and is receiving the Independent Living Stipend, the minor child is not eligible for a maintenance payment but may be eligible for TANF. If the foster youth lives in an independent living arrangement and is receiving a maintenance payment as a Fostering Futures participant, the minor child is also eligible for a maintenance payment and would not be eligible for TANF.

The maintenance payment should be added to the foster youth's foster care payment (as one payment). For youth who reside in supervised independent living settings under Fostering Futures, the foster care payment is sent to the youth. For all other settings, the foster care payment is made to the placement provider.

- If the minor child of a foster youth has his or her own income (i.e., SSI, SSA, or child support), these resources shall be used toward the maintenance cost.
- If the LDSS finds it necessary to assume custody of a child of a foster youth, the child of the foster youth may be eligible for title IV-E or state pool funds. Eligibility for the child of the foster youth is determined in the same manner as are all other children in foster care.

3.9.1.4 Placements specializing in providing prenatal, post-partum, or parenting supports for youth in care

Youth must always be placed in the least restrictive setting based on their needs and safety concerns. Not only do family settings support healthy social development and maintenance of family connections, they help model healthy parenting and family engagement to the youth raising their child. For youth who may require a higher level of care (i.e. congregate care) based on their prenatal, post-partum or parenting needs, settings should be considered that can assist them in ensuring parental readiness or capability. Youth may be placed in congregate care programs that specialize in providing prenatal, post-partum, or parenting supports for youth. These settings are one of the specified settings allowed by Family First and do not need to meet the criteria of a Qualified Residential Treatment Program (QRTP) to receive title IV-E funding.

Currently, only placements with the Mommy & Me program designation granted by VDSS Licensing are designated to meet the specified setting for prenatal, post-partum or parenting supports for IV-E funding for residential placement; however, VDSS has the ability to designate additional placements in this placement category as more facilities are identified.

3.9.2 Indian child of a tribe

3.9.2.1 Federal definition of Indian Child

Children of Native American or Alaskan Eskimo or Aleut heritage of a federally recognized tribe are subject to the [Indian Child Welfare Act](#) (ICWA). Virginia currently has seven (7) federally recognized tribes. In January 2016, The United States Department of Interior granted federal recognition to the Virginia Pamunkey Indian Tribe. In January 2018, the following tribes were granted federal recognition: Chickahominy, Eastern Chickahominy, Monocan, Nansemond, Rappahannock, and Upper Mattaponi.

A child is covered by ICWA when the child meets the federal definition of an Indian Child. Specifically, the child is an unmarried person under the age of 18 and is either:

- A member of a federally recognized Indian tribe; or

- Eligible for membership in a federally recognized Indian tribe and is the biological child of a member of a federally recognized Indian tribe ([25 U.S.C. § 1903](#)).

Under federal law, individual tribes have the right to determine eligibility and/or membership. However, in order for ICWA to apply, the child shall meet one of the criteria above.

3.9.2.2 Determination of Indian status

The LDSS shall treat all children in foster care or at risk of entering foster care as an Indian child until it is determined that the child is not of American Indian or Alaskan Eskimo or Aleut heritage, and the child does not belong to a tribe located in or outside Virginia. The LDSS worker shall ask the following individuals if the child, the child's parents, or his/her grandparents are identified with or members of an Indian tribe:

- The child (if age appropriate),
- The caregiver, and
- Any other person with knowledge of the child, parent or alleged parent

This information shall be documented in OASIS using "Indian Status" as the purpose of the contact.

In the event that the LDSS determines the child, the child's parents or his/her grandparents are identified with an Indian tribe, the following steps shall be taken by the service worker to confirm the tribe's status:

- Contact the [Bureau of Indian Affairs Eastern Regional Office](#) at its website or at 615-564-6500 for guidance on ICWA notification procedures for state recognized tribes
- Review the semi-annual publication of the [Tribal Leaders Directory](#) on the website of the [U. S. Department of the Interior Bureau of Indian Affairs](#). The directory provides the name, address, and contact information for each of the federally recognized Indian tribes. In the back, the directory has a copy of the Federal Register listing the "Indian Entities Recognized and Eligible to Receive Services from the United States Bureau of Indian Affairs." To see if there is a later version of this listing, go to [Federal Register](#), click on "browse," and search for "Indian Entities Recognized."

If the tribe is a federally recognized tribe, the worker shall:

- Gather the following information, if available, from the child, parent, alleged parent, relative, and any other person with knowledge of the child's or parent's tribal affiliation:
 - The name of the tribe of which the child, parent, or alleged parent is a member or eligible for membership.
 - The tribal enrollment or identification numbers of the parents or alleged parents and child(ren).
 - Name of the following relatives of the child:
 - Birth mother's maiden name.
 - Maternal and paternal grandparents.
 - Alleged biological and/or legal father(s).
 - Birth dates and birthplaces of the child, parents, and alleged parent.
 - Social Security numbers for the child, parents, and alleged parent.
 - If either birth parent was adopted, obtain the name of his or her birth parents (if available).
 - Other information about extended family members including the names, clan affiliations, dates of birth, and addresses of grandparents, aunts, uncles, cousins, great grandparents, stepparents, first and second cousins.
- Identify the geographic location, the Bureau of Indian Affairs Regional Office of the tribe, and contact information of the Indian Child Welfare Designated Agent for the tribe.
- Contact the Child Welfare Designated Agent and request contact information including the name, address, and telephone number of the tribal social service program and/or ICWA representative of the tribe.
 - Newly recognized tribes may not have a Child Welfare Designated Agent and/or ICWA representative. In these circumstances, the service worker is required to contact the head of the tribe. Notification to the tribe needs to be completed in writing via certified mail. If initial contact is by phone, the service worker is still required to send written notification to the head of the tribe or the designated representative via certified mail.
- Contact the tribal social service and/or ICWA representative and request in writing that the tribe confirm the child's membership or eligibility for

membership as the biological child of a member of the tribe. The service worker shall provide the social service and/or ICWA representative with all the identifying information listed above to assist in the confirmation or determination of membership.

- Document clearly in OASIS (using “Indian Status” as the purpose of the contact) and the foster care paper case record the determination that the child is an Indian child, as confirmed by the tribe. The tribe believed to be the child’s tribe is the only entity that can make a determination of whether a child is an Indian child or not. A tribal determination of membership is conclusive because each tribe defines the criteria for membership in the tribe and determines who meets those criteria.
- Document in the case record all inquiries and contacts made to investigate whether or not a child is an Indian child. The case record should include copies of all written correspondence to the tribe and correspondence from the tribe. Additionally, copies of the certified mail return receipts for the written notification should be included in the case record.
- Inquire of the tribal social service and/or ICWA representative if the tribe is willing to assume custodial responsibility for the child, once tribal membership in a federally recognized tribe is confirmed.
- Inquire of the tribe of any potential placement resources in accordance with [Section 3.9.2.7.1](#).

3.9.2.3 Requirements for active efforts

ICWA requires that active efforts shall be made to maintain and reunite an Indian child with his/her family or tribal community.

Active efforts are more than reasonable efforts as required by title IV-E of the Social Security Act ([42 U.S.C. 671\(a\)\(15\)](#)). Active efforts are also separate and distinct from requirements of the Adoption and Safe Families Act (ASFA), [42 U.S.C. 1305](#). ASFA's exceptions to reunification efforts do not apply to ICWA proceedings. Refer to [42 U.S.C. 1305](#) for a list of those exceptions.

Examples of active efforts include, but are not limited to:

- Engaging the Indian child, his/her parents, extended family members, and custodian(s);
- Taking necessary steps to keep siblings together;
- Identifying appropriate services and helping the parents overcome barriers, including actively assisting them in obtaining such services;

- Identifying, notifying, and inviting representatives of the Indian child's tribe to participate in Family Partnership Meetings (FPM) ([see Section 2.9](#));
- Conducting or causing to be conducted a diligent search for the Indian child's extended family members for assistance and possible placement;
- Involving and using available resources of the extended family, the child's Indian tribe, Indian social service agencies and individual caregivers.

3.9.2.4 When ICWA is not applicable

A child of Indian heritage who is officially determined to be neither a member nor eligible for membership in a federally recognized tribe is not subject to the requirements of the ICWA. The service worker shall document in the case record, the steps taken to determine the child's Indian/tribal ancestry and the tribe's written statement declaring the child ineligible for membership. Document any phone calls from the tribe stating that the child is not eligible and incorporate into any court hearing the tribe's written statement or documented phone call that the child is ineligible for tribal membership.

A child belonging to a Virginia tribe, that is not federally recognized, is not subject to the Indian Child Welfare Act, and the local court has jurisdiction. When a child entering care is believed or known to have Virginia Indian heritage, the LDSS shall immediately contact the [Bureau of Indian Affairs Eastern Regional Office](#) at its website or call 615-564-6500 for guidance on ICWA notification procedures for state recognized tribes.

In instances where ICWA does not apply but the child is of Indian heritage, a member of a Virginia tribe that is not federally recognized, or considered Indian by the Indian community, the LDSS should consider tribal culture and connections in the placement and care of the child.

In addition to following all ICWA requirements, LDSS are strongly encouraged to contact Virginia tribes in their service areas and work to build and strengthen relationships and address the needs of Indian children. The contact list for Virginia Tribes can be found [here](#).

3.9.2.5 Transfer of an Indian child to a tribal agency

When it is determined that the child is a member of a federally recognized tribe, the LDSS shall work in consultation with either parent, the Indian custodian, or the tribe on transfer procedures. The tribe's right to request a transfer to a tribal court can occur at any court proceeding, however, good cause may exist for the transfer not to occur. For example, a tribe may decide that a transfer is not appropriate until the termination of parental rights is being determined. Procedures for transferring a child to a tribe will be situational depending on the age of the child and requirements or needs of the tribe.

The transfer procedures shall not impact the child's eligibility, receipt of services, or payment under title IV-E or the medical assistance program operated under title XIX (Medicaid).

The LDSS shall establish eligibility for title IV-E at the time of transfer, if an eligibility determination is not already completed.

The LDSS shall provide essential documents and information necessary to continue the child's eligibility under title IV-E and Medicaid program under title XIX to the tribal title IV-E agency or an Indian Tribe with a title IV-E agreement, including but not limited to the following:

- All judicial determinations to the effect that continuation in the home from which the child was removed would be contrary to the welfare of the child and that reasonable efforts described in section 471(a)(15) of the Social Security Act have been made.
- Other documentation that the State agency has that relates to the child's title IV-E eligibility under §§ [Sections 472](#) and [473](#) of the Social Security Act.
- Information and documentation available to the agency regarding the child's eligibility or potential eligibility for other Federal benefits.
- Copy of the case plan developed including health and education records of the child.
- Documentation of the child's placement settings, including written documentation of the approval status of the current placement.
- Any other available information the tribe may request including but not limited to:
 - Identifying information on the child, parents, and relatives.
 - Special needs the Indian child may have.
 - Resources utilized or needed to meet the needs of the child.
 - The identified CPS risks and safety factors that caused the necessary removal.
 - Any assessments on the child and/or parents identifying strengths and needs.
 - Information about any relative or other significant person who is willing and able to care for the child.

- Copies of OASIS or paper case records

The service worker shall coordinate with the tribal court and/or an ICWA representative regarding the transfer of the child to the tribal agency:

- Obtain the parent's, guardian's, caregiver's or Indian custodian's (if available) agreement with the child's transfer to the tribe (if the parent objects to transfer to the tribe, contact the local attorney's office).
- Obtain the date, time and name of the tribal representative who will take physical custody of the child.
- When the tribe takes physical custody of the child, the acceptance and transfer of custody should be documented by written verification of the tribal representative's authority and acceptance of custody should be obtained and filed in the case file.
- Provide notice to the court that the tribe is assuming the child's custody so the court can determine appropriate action on the court's case.

3.9.2.6 Membership or eligibility in more than one tribe

If an Indian child is a member or eligible for membership in more than one federally recognized tribe, the LDSS shall notify and work in collaboration with all tribes of which the child may be a member or eligible for membership. The notification provided to each tribe should specify the other tribe or tribes of which the child has membership or is eligible for membership. ICWA requires that the Indian tribe with which the child has more significant contacts shall be designated as the child's tribe.

To determine significant contacts, the LDSS should gather the following information from the child, the child's parent, alleged parent, relative, and any other person with knowledge of the child's or parent's tribal affiliation:

- Preference of the parents for membership of the child;
- Length of time at residence on or near the reservation of each tribe;
- Tribal membership of custodial parents or Indian custodian; and,
- Interest of each tribe in response to the notice that the child is involved in a child custody proceeding;

If an Indian child is already a member of a tribe, but is also eligible for membership in another tribe, consideration should be given to the tribe in which the Indian child is a member, unless otherwise agreed to by the tribes.

If the Indian child is not a member of any tribe, the LDSS should provide an opportunity for the tribes to work together to determine which of them should be the designated tribe. If the tribes do not agree, the following factors should be considered in designating the Indian child's tribe:

- The preference of the parents or extended family members who are likely to become foster care or adoptive placements; and/or,
- Tribal membership of custodial parent or Indian custodian; and/or,
- If applicable, length of time the child resided on or near the reservation of each tribe; and/or,
- Whether there has been previous court involvement with respect to the child by a court or one of the tribes; and/or,
- Self-identification by the child; and/or,
- Availability of placements.

In the event the child is eligible for membership in a tribe but is not yet a member, the LDSS should take the steps necessary to obtain membership for the child in his/her designated tribe. Once an Indian tribe is designated as the child's Indian tribe, the LDSS shall notify all involved tribes in writing of the determination.

3.9.2.7 Non transfer of an Indian child to a tribal agency

Upon request to transfer the child to a tribal agency, the court shall transfer the case unless good cause exists to deny the transfer due to any of the following reasons:

- Either parent objects;
- The tribal court declines;
- The court determines that good cause exists not to transfer.

The burden of establishing good cause not to transfer is on the party opposing the transfer. The reasons for such belief or assertion must be recorded in OASIS, in the paper case records, and made available to the party petitioning for transfer.

If the tribe indicates that it will not assume custodial responsibility for the child, the service worker shall:

- Provide reunification services to the family of an Indian child when the child is in out of home placement. The first priority is to facilitate family reunification as soon as possible.
- Involve parents, other family members, and to the greatest extent possible, the Indian child's tribe in developing a case plan aimed at enabling the family to care for the Indian child safely at home and a concurrent plan should a return home not be possible. If it appears that the Indian child will not be reunited within 12 months, the service worker in collaboration with the Indian child's tribe, will implement the concurrent plan aimed at placement with the identified permanent placement for the child. The service worker shall strongly and regularly encourage the tribe to assist in the early identification of an appropriate permanent placement for the child and will place the child with the tribe's identified resource, unless there is a safety risk with the placement resource.
- Make active efforts to ensure that the Indian child's tribe and/or parent's tribe participate in the development of the foster care plan. The tribe's participation may be in person, by telephone or another effective means of communication.
- Contact the tribal social services and or ICWA representative and ask assistance from the tribe with the identification and provision of culturally appropriate services and programs that may be available through the tribe or an American Indian cultural center in the area or in close proximity that may assist the child or parents.
- Ensure that services and programs are culturally competent and delivered in a manner that incorporates, when appropriate, American Indian ceremonial and religious practices, family team decision making, talking circles, and programs that provide services specifically designed for Indian children and families that reflect American Indian values and beliefs in the family.

3.9.2.7.1 Indian child placement and placement preferences

The ICWA sets forth standards that govern where Indian children accepted for foster care or adoption may be placed. These standards are as follows:

- The Indian child shall be placed in the least restrictive setting which most approximates a family in which his special needs, if any, may be met.
- The Indian child shall be placed within reasonable proximity of his home taking into consideration any special needs of the child.

- In any foster care placement, a preference shall be given to a placement with:
 - A member of the Indian child's extended family;
 - A foster home, licensed and approved or specified by the Indian tribe;
 - An Indian foster home licensed or approved by an authorized non-Indian licensing authority; OR
 - An institution for children approved by an Indian tribe or operated by an Indian organization, which has a program suitable to meet the Indian child's needs.

In the event that any party claims good cause exists to not follow the placement preference, the reasons for such belief or assertion must be recorded in OASIS, in the paper case records, and made available to the party involved in the proceeding and the Indian child's tribe. Establishing good cause not to follow placement preference shall be clear and convincing and the burden of the party seeking departure from placement preference.

A determination of good cause shall be based on one or more of the following considerations:

- The request of the parents, if both parents attest that they have reviewed the placement options that comply with the order of preference.
- The request of the child, if the child is able to understand and comprehend the decision that is being made.
- The extraordinary physical or emotional needs of the child, such as specialized treatment services that may be unavailable in the community where families who meet the criteria live, as established by testimony of a qualified expert witness;
- The unavailability of a placement after providing clear and convincing evidence by the LDSS as stated above and a determination by the court that active efforts have been made to find placements meeting the preference criteria, but none have been located.

3.9.3 Youth in Department of Juvenile Justice custody

In August 2015, VDSS and the Virginia Department of Juvenile Justice (DJJ) developed and enacted a Memorandum of Agreement (MOA). The purpose of the MOA is to clearly identify the roles and responsibilities and provide instruction and guidance for both parties to serve the best interests of foster care youth committed

to DJJ. The MOA specifically addresses those youth who were in the custody of the LDSS immediately prior to commitment and who have not attained the age of 21 upon their release. The MOA has been expanded to age 21 to include the Fostering Futures population. These procedures require coordination and cooperation between DJJ and LDSS staff prior to, during and following the youth's commitment. These procedures are in compliance with §§ [16.1-291](#), [16.1-293](#), and [16.1-294](#) and should be considered best practice for the case supervision and management by the LDSS. The DSS-DJJ MOA, joint guidance, and instructions for entering the case in OASIS can be found [here](#).

3.9.3.1 Procedures immediately following commitment

At the time a youth in the custody of the LDSS is committed to DJJ, the youth becomes a mandated population under foster care prevention for funding purposes. The juvenile and domestic relations Court Service Unit (CSU) shall maintain contact with the youth during commitment along with the LDSS.

Within **five (5) business days** after the youth's commitment or after becoming aware of the commitment, the LDSS, DJJ, the Guardian Ad Litem (GAL) and any other parties of the youth's dispositional hearing should identify potential dates and times to hold the FPM.

A youth committed to DJJ is no longer in the custody of the LDSS and shall be discharged from foster care on the date of the court order. The case-type should be changed to "former foster care-committed to DJJ". Although the youth is no longer in LDSS custody, the LDSS service worker shall maintain contact with the youth and DJJ during the commitment time period when it is anticipated that the youth will return to LDSS custody at the end of the DJJ commitment. DJJ and LDSS should request that the court include in the Commitment order a provision that custody is transferred back to the LDSS upon the youth's release from commitment.

3.9.3.2 Procedures during commitment

The LDSS service worker and the CSU parole officer should work in collaboration to attend the case-staffing meeting and to notify the other of any staff changes in the CSU parole officer, LDSS service worker, or assigned counselor/case manager within **forty-eight (48) hours** of the change. LDSS shall be responsible for the following procedures while a youth is committed to DJJ:

- Maintain monthly contact with the youth. Face to face, in-person contacts at the juvenile correction center or other direct care placement facility shall occur every other month. For the alternating months, the visit may be conducted using the CSU's video conferencing technology.

- Participate in and provide input for Individualized Education Program (IEP) meetings and encourage and assist parents or other designated persons to attend.
- Forward any information from DJJ to the parent, other designated person as the educational decision maker, or person approved to receive information directly from DJJ.
- Coordinate a FPM:
 - No later than **five (5) business days** after the youth's commitment or after becoming aware of the commitment.
 - Six (6) months prior to the youth's anticipated release date.
 - Ninety (90) days prior to the youth's anticipated release date.
- File a Petition for Foster Care Review Hearing or Petition for Permanency Planning Hearing, as well as a foster care plan, 30 days prior to the juvenile's anticipated release date.

For suggested topics to be addressed at each occurrence of the FPM, refer to section [5.53 of the MOA](#).

Costs associated with the family's travel to a FPM may be reimbursed through CSA.

3.9.3.3 Procedures post release

Post-release supervision is the period that begins after a youth who has been committed to the DJJ returns to a local community for supervision. Post-release supervision or parole supervision of a youth is the responsibility of DJJ and not the LDSS.

The LDSS service worker should be responsible for the following upon the youth's release from DJJ:

- Transporting the youth to CSU to meet with the parole officer and review the rules of parole.
- Re-enrolling in school if applicable.
- Monitoring the youth's placement.
- Working on the youth's permanency goal.

- Reporting any non-compliance in writing with treatment and services to DJJ as soon as possible but no later than **forty-eight (48) hours** after receiving information.

3.9.3.4 The youth's custody upon release from commitment

In the event that the youth was in the custody of the LDSS immediately prior to his commitment to DJJ and has not attained the age of 18 years, the LDSS shall resume custody upon the youth's release. DJJ will consult with LDSS at least 90 days prior to the youth's release from commitment on parole supervision concerning return of the youth to the custody of the LDSS and the placement of the youth (§ [16.1-293](#)).

Pre-release planning for the youth is integral to determining the best placement resource and service needs for the youth and should involve discussions with family, relatives, and the DJJ regarding the best alternatives for the youth. The LDSS is responsible for continuing to address barriers to achieving permanency throughout the youth's commitment. The LDSS is also responsible for considering and pursuing the feasibility of a safe placement with family members upon the youth's release as a step towards achieving timely permanency for the youth.

Code of Virginia (§ [16.1-293](#)) states that an alternative arrangement for the custody of the youth may be developed during the release planning process. When the LDSS determines that there is an appropriate alternative arrangement for custody available, the LDSS should ensure that this possibility is addressed at a FPM as soon as possible after notification of the youth's release date. Additionally, the possibility for the youth to be released from commitment to a trial home visit should be addressed in a FPM during the release planning process.

After determination is made regarding the most appropriate placement for the youth, a transition plan should be developed with input from DJJ, the youth's parents, the youth, and the person who may take custody of the child.

A Petition for Foster Care Review Hearing or Petition for Permanency Planning Hearing should be filed 30 days prior to the juvenile's anticipated release date in order to bring the matter before the Court to address the youth's custody as close to the release date as possible. The foster care plan which is filed with the petition should identify the most appropriate foster care goal. In the event that a custody transfer is recommended by the LDSS, at the hearing, the Judge will make a determination about the youth's custody and may issue an order transferring custody to an appropriate alternative custodian at that time.

When the youth returns to LDSS custody upon release from commitment, this is considered a second foster care episode. The LDSS must change the case type from "former foster care-committed to DJJ" to "foster care" and new entries

must be made on the physical removal, legal basis, and placement screens. To resume the court timeline, the agency must file a Petition for Foster Care Review Hearing or Petition for Permanency Planning Hearing 30 days prior to the juvenile's anticipated release date. The court hearing must take place as close to the release date as possible and subsequent court hearings will follow the youth's prior court timeline.

3.9.3.5 Children returned to the LDSS custody and placed in out-of-home placement

- The youth is eligible for foster care maintenance and services. These cases are subject to requirements governing foster care plans, supervisory or panel reviews and dispositional hearings.
- The service worker shall refer the youth and provide information on the [Title IV-E/Medicaid Eligibility Form](#) to the eligibility worker. The eligibility worker shall determine the youth is not eligible for title IV-E Foster Care and determine whether the youth is eligible for Medicaid.

3.9.4 Youth ages 18-21 who were in foster care and completing DJJ commitment

Please refer to [section 14](#) of the foster care chapter.

4

OPENING AND MAINTAINING THE CASE

TABLE OF CONTENTS

4.1	Confidentiality of records	3
4.2	Freedom of Information requests	4
4.3	Setting up case in OASIS	4
4.3.1	Opening foster care case in OASIS.....	4
4.3.2	Choosing Eligibility Determination (Funding Screen).....	5
4.4	Setting up paper case records	5
4.5	Referrals for maintenance: Title IV-E and State Pool Funds	8
4.5.1	Title IV-E eligibility requirements.....	8
4.5.2	Additional requirements for continuing eligibility for title IV-E funding and requirements for all foster care cases.....	9
4.5.3	No redetermination of title IV-E eligibility required.....	9
4.5.4	Situations impacting child’s eligibility for title IV-E.....	9
4.6	Referral for determination of Medicaid (title XIX) eligibility	10
4.6.1	Signing and filing applications.....	11
4.6.2	Informing Medicaid of changes.....	11
4.6.3	Redetermination of eligibility for Medicaid.....	12
4.6.4	Managed Care.....	12
4.7	Referral for collection of child support	13
4.7.1	Fundamental information about support.....	13
4.7.2	Court-ordered child support.....	13
4.7.3	Responsibility of service worker in securing support for children.....	14
4.7.4	Claiming good cause.....	15
4.7.5	Identifying the absent parent.....	16
4.7.6	Completing the Absent Parent/Paternity Information Form.....	16

4.7.7	Responsibility of benefits program specialist.....	17
4.7.8	Responsibility of the Division of Child Support Enforcement.....	17
4.7.9	Notice of changes affecting child support.....	17
4.8	Arranging visitation with parent(s) or prior custodians.....	18
4.8.1	Visitation plans	18
4.8.2	Levels of supervision during visits	20
4.8.3	Visitation observations.....	20
4.8.4	Reviewing visitation plans	20
4.8.5	Visitation with parents struggling with <i>a substance use disorder</i>	21
4.9	Obtaining medical and dental exams	22
4.10	Referral for services.....	23
4.11	SSI and other potential benefits	23
4.11.1	Eligibility for Supplemental Security Income (SSI) for children.....	24
4.11.2	Representative payee.....	25
4.11.3	Special welfare accounts	25
	4.11.3.1 Using funds from special welfare accounts.....	25
4.11.4	Lump sum retroactive SSI payments.....	26
4.11.5	Other governmental benefits to which child may be entitled	27
4.12	Setting up payment process for providers	28
4.13	Credit Freezes.....	28
4.14	Starting a Lifebook.....	28

4

OPENING AND MAINTAINING THE CASE

4.1 Confidentiality of records

The records of children in foster care are confidential and information about children in foster care or their parents or relatives is confidential (§ [63.2-104](#)). The Local Department of Social Services (LDSS) may disclose information:

- Upon order of the court; for instance, to the Guardian ad litem and the Court Appointed Special Advocate (CASA) who are appointed to a child as the result of a court order.
- When the LDSS determines that disclosure is in the best interest of the child and the person has a legitimate interest in the records and information in a child protective services (CPS) case, without a court order and without the consent of the family. Persons with a legitimate interest include, but are not limited to:
 - Persons responsible for investigating a report of known or suspected abuse or neglect or for providing services to the child or family, including multidisciplinary teams and family assessment and planning teams, law-enforcement agencies, and Commonwealth attorneys.
 - Child welfare or human services agencies in Virginia when they request information to determine compliance with a child-protective services plan or court order.
 - Personnel of the school or child day program as defined in § [63.2-100](#) that the child attends so the LDSS can receive ongoing information on the child's health and behavior, and the activities of the child's custodian.
 - Parent, grandparent, or potential caretaker of the child in the event the LDSS has to remove the child from his custodian.
 - The Commitment Review Committee and the Office of the Attorney General for the purposes of sexually violent predator civil commitments (§ [63.2-105](#)).

- When the LDSS refers the child and family to the Family Assessment and Planning Team (FAPT) for assessment, services, or funding, obtaining proper consent to share information with the team if LDSS does not have custody of the child ([§ 2.2-5210](#)).

For additional information, see the Child Protective Services Manual, Part 9 Confidentiality, [Section 9.7](#) on Release of Information to Legitimate Interests.

For children who have been adopted and have subsequently reentered foster care, no identifying information can be released from their adoption record or included in any report or case plan the LDSS creates, including information from any electronic foster care case file. The information from the prior foster care case is protected from disclosure under the circumstances outlined in Section 5 of Adoption Guidance, as information retained from the foster care record is now part of the adoption record (See Section 19.10.2).

4.2 Freedom of Information requests

Code of Virginia [§ 2.2-3700](#) (Virginia Freedom of Information Act) requires that official records held by public agencies are to be open to inspection. Any individual may exercise his or her Virginia Freedom of Information Act rights to see public information in the custody of any public agency. The Act provides procedures for requesting records and responding to those requests. It also provides exceptions to providing certain information to individuals who make requests pursuant to the Code of Virginia.

The provisions of Code of Virginia [§ 2.2-3700](#) et seq. apply to all governmental entities. It includes the request of current and former clients to have access to their LDSS records (see [section 19.10.5](#) Access to records after closure). Except as otherwise specifically provided by law, all official records shall be open to inspection and copying by any citizens of the Commonwealth during the regular office hours of the custodian of such records.

4.3 Setting up case in OASIS

The Code of Virginia and federal law require that information be maintained in the state-approved Child Welfare Information System, OASIS, and that every child in foster care be tracked so that the Virginia Department of Social Services (VDSS) may monitor service delivery and planning for achieving permanency ([§ 63.2-907](#)). This includes children placed under a non-custodial foster care agreement. OASIS is Virginia's official system of record in which cases shall be documented and tracked.

4.3.1 Opening foster care case in OASIS

- Information for every child in foster care shall be entered into OASIS as soon as possible but **no later than five (5) calendar days** after the child's custody is transferred to a LDSS or he is placed in foster care. A delay in entry in OASIS will result in a federal penalty under the federal Adoption and Foster

Care Analysis and Reporting System (AFCARS). The worker is responsible for entering and updating all case data in OASIS as soon as possible but **no later than 30 calendar days** after each activity or event, with two exceptions:

- Placement and funding information for children shall be entered within five (5) business days of any placement change, in order to accurately track the whereabouts of children in care.
 - When entering placement information into OASIS, verify that the contract agency matches the Licensed Child Placing Agency (LCPA)/Children's Residential Facility (CRF) licensure information received by the worker before placement. If a LCPA/CFR is not listed on the pick list in OASIS, the service worker should contact the OASIS help desk to request an addition to the pick list.
- The foster care case should be closed within five (5) business days after the child leaves the care of the LDSS.
- The case is opened in the family's name. A child in the custody of the LDSS or in a non-custodial foster care placement is considered a member of a family case.
- The case is opened in the child's name if there is no known family (e.g., in abandonment cases).

4.3.2 Choosing Eligibility Determination (Funding Screen)

There are two sources of maintenance funds for children in foster care: title IV-E for title IV-E eligible children and CSA-state pool funds for non-title IV-E eligible children. These categories determine the source of maintenance payments made on behalf of the child. In order to receive federal funding, workers shall identify the eligibility category on the Funding Source Screen in OASIS.

When documenting a change in maintenance costs due to a birth date, enhanced payment, etc., the worker should input the information so that it is effective the first day of the month following the actual date that initiated the rate change.

For additional instructions on entering data on maintenance payments into the Funding Source Screen see [Section 18.1.8](#) of this chapter or OASIS help.

4.4 Setting up paper case records

OASIS is the official case record for all foster care cases and is supplemented with forms, letters, and other original hard copy documents, which shall be retained in the paper case record. Each child in the case should have their own individual paper case record. Most of the case documentation will be in OASIS, however, and not in the paper file. It is not necessary to copy the screens into the case record unless this is the policy

of the LDSS. Original documents (Social Security card, birth certificate, psychological reports, etc.) will remain in the paper record, as well as documents that require signatures. Many of the foster care forms are either in OASIS and can be completed and printed as needed, or are available on the DSS public website or Fusion page under “Forms”.

Material in the paper case record should be separated into divisions, grouping the same or similar forms and documents together. Within each division, material shall be fastened together in chronological order with the most recent material on top. A suggested paper case record format follows:

- Essential documents:
 - Referral to benefits program specialist for title IV-E determination and Medicaid.
 - Birth verification.
 - Social Security card and/or application.
 - Copies of medical insurance cards.
- Legal documents with original signatures:
 - Petitions.
 - Entrustments.
 - Foster care plans (including the court approved Individual and Family Service Plan (IFSP).
 - Court orders.
 - ICPC Forms.
- Agreements with original signatures:
 - Non-custodial foster care agreements.
 - Foster family home placement agreements.
 - Independent living agreements.
 - Respite care agreements.
 - Permanent foster care agreements.
- Current photograph, taken at least annually.

- Reports:
 - Social histories.
 - School reports.
 - Medical reports.
 - Psychological reports.
 - Quarterly provider reports.
- Residential care:
 - Application.
 - Placement reports.
- Correspondence in chronological order:
 - Notice of visitation.
 - Notice of placement change.
 - Notice of panel review.
 - CPS summary or affidavit.
 - Other correspondence.
- Funding:
 - Title IV-E determinations.
 - CSA documentation.
 - Purchase orders and invoices.
- Adoption documents:
 - Termination of Parental Rights.
 - Adoption Assistance Agreement (if applicable).
 - Adoptive home placement agreement.

4.5 Referrals for maintenance: Title IV-E and State Pool Funds

All children in foster care placements are eligible to receive room, board, supervision, a supplemental clothing allowance, transportation to visit family members, and transportation to remain in the school in which the child was enrolled at the time of placement if determined to be in the child's best interests. Maintenance is defined by federal law and additional information about maintenance payments and amounts is available in [Section 18](#) of the chapter. For information on arranging and paying for school transportation for the child to remain in the same school see [Virginia Department of Education and Virginia Department of Social Services Foster Connections: Joint Guidance for School Stability of Children in Foster Care](#).

4.5.1 Title IV-E eligibility requirements

For children who meet title IV-E eligibility requirements, the federal government partially funds maintenance costs of children in foster care. All children in care are to be referred to benefits program specialist for an initial determination of title IV-E eligibility. Procedures for determining a child's eligibility for IV-E funds are found in the [Title IV-E Eligibility Manual](#).

- The service worker shall refer a child for screening **within ten (10) calendar days** of the *removal from the home*, the date the voluntary entrustment agreement is signed, or the date the non-custodial agreement is signed.
- The service worker is responsible for providing the benefit programs specialist the following documents for the eligibility file:
 - Copy of the birth certificate.
 - Copies of legal documents including affidavit pertaining to the removal, petitions, entrustments, service plans or the court approved IFSP, court orders, and ICPC forms.
 - Note: It is very important to provide the petition that initiated the episode of foster care. This petition is used to assist in establishing which month eligibility begins. The court orders are used to determine and start the clock on timeliness of hearings to continue title IV-E eligibility.
 - Copies of agreements including non-custodial foster care agreements, foster family home placement agreements, voluntary continuing services and support agreements, independent living arrangement agreements, and permanent foster care agreements.
 - Copies of placement applications, licensures, placement reports and financial contracts.

- Copies of purchase orders and invoices.
- For adoption cases: copies of the adoption assistance agreement and the adoptive home placement agreement.
- The service worker is responsible for referring and providing information to the benefits program specialist that is used in making the title IV-E eligibility determination. The [Title IV-E/Medicaid Eligibility Form](#) is available on the DSS internal website.

4.5.2 Additional requirements for continuing eligibility for title IV-E funding and requirements for all foster care cases

- The court shall hold a permanency planning hearing within 12 months from the date the child entered foster care which is defined as the earlier of the date of the judicial finding of abuse/neglect or sixty (60) days from physical removal. (See [Section 3.3](#) of this chapter).
- Annually, there shall be a judicial determination at each court hearing that reasonable efforts have been made to reunite; or if the goal is other than Return Home, to finalize a permanent placement for the child (e.g., placing the child with relatives in another state in accordance with the ICPC), and to complete whatever steps are necessary to achieve permanency for the child through adoption or custody transfer to relatives.

The failure of the LDSS to meet the above requirements will make a child not eligible for title IV-E maintenance payments from the first of the month following the month the requirement was due and may resume the first of the month within the month the requirement was then met.

4.5.3 No redetermination of title IV-E eligibility required

Eligibility for title IV-E is determined once, upon the child's entry into foster care. No subsequent redeterminations are required. Should information become available to the service worker that would affect the child's eligibility for title IV-E payments or continued eligibility, the service worker shall make such information known to the benefits program specialist worker.

4.5.4 Situations impacting child's eligibility for title IV-E

The following situations would make a child ineligible for IV-E payment:

- The child is on a trial home visit or runaway status (AWOL).
- The child is placed with an allowable provider or a facility type which has a provisional or emergency approval, or whose approval has expired, or is no longer considered to be licensed.

- The child income or resource exceeds allowed criteria.
- The child's last judicial determination was not held within the past 12 months and/or did not result in a court order with appropriate "reasonable efforts" language.
- The child is placed in an unallowable title IV-E facility or agency, such as secured locked facilities operated primarily for the detention of juvenile delinquents; forestry or training camp; psychiatric or medical hospital; and public institution with more than 25 beds.
- The foster care child is receiving the full SSI benefit.

The following situations would end IV-E eligibility:

- The child no longer meets the age requirement.
- The child entered the agency's care and responsibility as the result of a voluntary placement agreement and the LDSS has not obtained a custody order with a judicial determination to the effect that continued voluntary placement is in the child's best interest within 180 days of the agreement.
- LDSS custody has been terminated.
- The child is on a trial home visit for more than six (6) consecutive months or time exceeds the time authorized by the court.
- The child is on runaway or absent without leave (AWOL) status for more than six (6) consecutive months.

The benefits program specialist is to be notified immediately of any change in the child's situation that might affect eligibility, including notification in advance that a child will become age 18, or is expected to graduate from high school prior to reaching age 19.

Additional information regarding title IV-E may be found on DSS internal website in the [Title IV-E manual](#).

4.6 Referral for determination of Medicaid (title XIX) eligibility

Funding for medical services in this program is from state and federal funds provided through the Virginia Department of Medical Assistance Services (DMAS). Determination of eligibility is the responsibility of benefits program specialists in the LDSS. Service workers are responsible for submitting the appropriate form to the benefits program specialist **within ten (10) days** of date of placement.

- If a child has been determined **title IV-E eligible**, a separate Medicaid application is not required. The [Title IV-E Foster Care & IV-E Medicaid Application](#) is used.
- If the foster care child is **Non IV-E**, a separate Medicaid application must be filed, either online at CommonHelp, by phone with CoverVirginia, or with a paper application submitted to LDSS. It is signed by an authorized employee of the public/private agency that holds custody of the child. (If the child has been placed with and is living with a parent/caretaker relative, that person can sign the application.)

It is recommended that the service worker complete both applications **within ten (10) days** of the child entering foster care. This will prevent a delay in Medicaid coverage should the child not be found to be IV-E eligible.

4.6.1 Signing and filing applications

For children in non-custodial foster care, the parents or guardian shall sign and file the application. The parent or guardian cannot authorize the service worker to sign the application.

4.6.2 Informing Medicaid of changes

Eligibility for Medicaid is redetermined annually. However, the service worker shall provide the benefits program specialist with any new information that might affect Medicaid eligibility **within ten (10) days** from the date of receipt of information regarding changes.

Changes that might affect eligibility include:

- Changes in income or resources (e.g., wages, inheritances, savings);
- Return of a child to his home on a permanent basis;
- Final order of adoption;
- Age of the child;
- A trial home visit in excess of six (6) months;
- Termination of custody by the court or placement by the LDSS or parent; or
- Release of the LDSS of responsibility for aftercare supervision.

4.6.3 Redetermination of eligibility for Medicaid

The service worker is responsible for providing the benefits program specialist information required for the annual redetermination of eligibility and information related to changes in the child's situation.

Changes that might affect eligibility include:

- Changes in income or resources (wages, inheritances, savings, etc.);
- Return of a child to his home on a permanent basis or a trial visit in excess of three (3) months;
- Termination of custody by the court; or
- Placement of children in jails, detention centers, or learning centers.

4.6.4 Managed Care

Most children who are eligible for Medicaid and placed in foster care have been transitioned from Medicaid fee-for-service to Medicaid managed care. This transition to managed care improves access to credentialed health providers and coordinated care. Not all children that are eligible for Medicaid are enrolled in managed care due to exclusions. These exclusions include hospitalization, admittance into a nursing home, admittance into a Level C residential facility, placement out of state, or having Third Party Liability insurance through a biological or adoptive parent. The Department of Medical Assistance Services (DMAS) contracts with Managed Care Organizations (MCOs) to provide health care services and additional services such as case management, care coordination, disease management programs focusing on various chronic conditions (e.g., pediatric asthma, diabetes, and obesity), a 24-hour nurse advice line, and toll free member helplines. For questions, contact fostercare@dmas.virginia.gov.

Requests for changes of the MCO may occur at any time of the year, however, the service worker is the only person authorized to request the change of MCO for children in foster care through the Managed Care helpline (800-643-2273). The worker will be asked to provide the child's name, date of birth, Medicaid ID number, placement address and the locality's address and FIPS code in order to request a change. Foster parents and biological parents are not approved to make changes of the MCO. It is the responsibility of the service worker to discuss with the foster care placement if changes are to be made in the MCO for the child based on specific needs or placement changes. The service worker or the foster care parent can make changes to the child's primary care physician by contacting the assigned MCO directly.

For additional information and resources regarding Virginia Medicaid Managed Care, see [Virginia Medicaid Managed Care](#) or [Managed Care for Children in Foster Care](#).

4.7 Referral for collection of child support

The VDSS is charged with collecting support for dependent children ([§ 63.2-1903](#)) in accordance with state and federal laws and policies and procedures of the VDSS Division of Child Support Enforcement (DCSE). The court may determine the amount of support at the preliminary removal hearing or may refer the case to DCSE to schedule another hearing to discuss support. The LDSS shall address support in agreements signed with parent(s) to place a child in foster care ([§ 63.2-910](#)).

The LDSS is responsible for reporting to DCSE all information necessary to aid in securing support on behalf of children.

4.7.1 Fundamental information about support

- Both parents should be pursued for support.
- If support is established and collection begins, DCSE will distribute funds according to the child's funding category.
- The state will receive the state's share of funds collected by DCSE for title IV-E children. Funds collected for non-title IV-E children will be forwarded to the LDSS. These support payments are placed in special welfare accounts to be used for reimbursement of foster care expenses for the child (e.g., maintenance, medical care not covered by Medicaid, and services). Instructions for the use of special welfare funds can be found in the [Local Finance Guidelines Manual](#).
- If the parent provides a financial statement indicating his or her ability to pay, child support guidelines will be used to determine the support amount.
- Current support payments will be assessed from the date of custody or when the parent(s) signs an agreement to place a child in foster care.
- DCSE will not collect support payments from absent parents after parental rights have been terminated or a permanent entrustment has been executed and approved by the court, unless the parents have accrued arrears. The service worker shall notify the benefits program specialist in writing when termination of parental rights occurs.
- Support payments will not affect foster care payments.

4.7.2 Court-ordered child support

- The petition requesting custody or foster care placement shall also request that the issue of child support be addressed at the preliminary removal hearing.

- The court shall address child support whenever a child is placed in foster care ([§ 63.2-909](#)). The court may determine the amount of support at the initial hearing, schedule another hearing to determine support when DCSE staff can be present, or refer the case to DCSE to determine the support amount.
- The LDSS and district DCSE office will determine how DCSE staff will be informed of support hearings pertaining to children placed in foster care. The service worker is not responsible for determining the child support amount.
- If the service worker believes the collection of support will interfere with the goal of returning the child home, the worker should inform the court at the hearing where child support is addressed of those specific concerns.
- If the court orders support, the worker shall complete the Interim Application for Child Support Enforcement Services and submit it to the district DCSE office **within five (5) days** of the hearing. If the worker is able to complete the full [Absent Parent/Paternity Information Form](#) and submit it to the district DCSE office **within five (5) days**, the Application for Child Support Enforcement does not have to be submitted to DCSE. A copy of the Absent Parent/Paternity Information Form submitted to DCSE should be provided to the benefit programs specialist at the time of the title IV-E screening (see [Section 4.7.6](#)).

4.7.3 Responsibility of service worker in securing support for children

The service worker is responsible for identifying the absent parent(s) and completing the [Absent Parent/Paternity Information Form](#) to provide information to DCSE staff regarding the absent parent(s) for whom paternity will be established and from who support will be pursued. One form shall be completed on each parent regardless of whether they are living together or apart. The information on the form should be accurate and up-to-date. The Absent Parent/Paternity Information Forms shall either be submitted to DCSE **within five (5) days** of the court hearing ordering support or to the benefits program specialist at the time of the title IV-E screening. The service worker shall also provide DCSE a copy of the court order addressing custody or placement and support or the non-custodial agreement.

- When children are placed in foster care through non-custodial agreements, the service worker is responsible for referring the case to DCSE at the time of the title IV-E referral.
- The service worker shall keep a copy of all support information and forms in the foster care record.
- As soon as there are changes in the status of the foster care case or in the situation of the absent parents, the service worker shall notify the benefits program specialist in writing. Status changes include a change in goals, the need to claim good cause in an existing case, the need to withdraw a good

cause claim, and closing the foster care case due to the child exiting to permanency.

4.7.4 Claiming good cause

Claiming good cause results in the case not being pursued by DCSE for collection of support. The service worker may claim good cause for the parent or parents to whom the child is to return when the foster care plan has the goal of returning the child to the parent(s) and collection of support will interfere with achieving that goal.

For example, a good cause claim may be made when the parent(s) possess such limited financial resources that support collection would interfere with the parent(s)' ability to meet conditions set forth in the foster care service plan or delay the reunification process. Homelessness, living in substandard housing, participation in full-time mental health programs *or programs for the treatment of a substance use disorder*, or serious illness are situations that could result in a good cause claim.

A good cause claim is not made for the parent to whom the child will not be returned unless that parent signs a permanent entrustment agreement for the purposes of adoption or parental rights have been terminated.

The service worker has the following responsibilities in claiming good cause:

- If the service worker believes that the collection of support will interfere with the goal of returning the child home, the worker should inform the court at the hearing where child support is addressed of those specific concerns. The court will determine the support amount.
- If good cause is claimed, the worker indicates the reason for claiming good cause when completing the Absent Parent/Paternity Information Form.
- If, after the court has ordered support or DCSE has determined a support amount and the support collection interferes with the goal of Return Home, the worker may stop the support collection by claiming good cause. The [Good Cause Determination Form](#) is located on the DSS internal website.

The worker completes the [Good Cause Determination Form](#) for each parent for whom good cause is claimed. The form is submitted to the benefits program specialist who is responsible for forwarding it to DCSE. DCSE will stop pursuing support once good cause is claimed. For those cases where support is court ordered, DCSE regulations allow the LDSS to claim good cause without obtaining court permission. The LDSS should consult with its court to determine whether the court wants to approve changes in court ordered support or be notified when the LDSS claims good cause.

- If the court has determined at the initial hearing that support collection will interfere with goal of Return home and has ordered that the parent(s) pay no support, the LDSS shall petition the court to order support when the parent(s)' situation improves and the collection of support no longer interferes with the goal of Return Home.
- Once good cause is claimed, the service worker is to notify the benefits program specialist in writing whenever changes are known that would eliminate good cause.

4.7.5 Identifying the absent parent

The service worker shall diligently search for absent parent(s) and encourage them to connect, support, and maintain involvement with the child, consistent with the child's safety, best interests and personal desires. For information on searching for absent parents, preparing the child for the search, and notifying and engaging the family, see [Section 2](#), Engaging the Child, Family and Significant Adults of the Foster Care Chapter.

For the purpose of foster care, "absent parent" is any person or persons whose parental rights have not been terminated who is required under law to support the child in custody of or placed with an LDSS or public agency designated by the CPMT.

The "absent parent(s)" may be the birth parent(s) including the putative father or the legal parent(s). A prior custodian is not required under law to support a dependent child.

4.7.6 Completing the Absent Parent/Paternity Information Form

Information on the birth or legal parent(s) is needed on the Absent Parent/Paternity Information Form in order to pursue support; including

- Names and addresses.
- Birth dates.
- Social Security numbers.
- Name and address of employers.
- Names of parents and emergency contacts of the absent parent(s).

The [Absent Parent/Paternity Information Form](#) is located on the DSS internal website.

Title IV-E children are mandated to receive full DCSE services upon referral. The service worker shall request full DCSE services for non-title IV-E children unless good cause is claimed. The service worker shall check statement (A) requesting all services offered by DCSE on the Absent Parent/Paternity Information Form, Section II: Child Support Enforcement Services for Medicaid Recipients.

4.7.7 Responsibility of benefits program specialist

The benefits program specialist is responsible for ensuring that information provided by the service worker is provided to DCSE for the title IV-E eligible child. The Medicaid worker is responsible for forwarding the Absent Parent/Paternity Information Form to DCSE for non-title IV-E children.

The benefits program specialist is responsible for notifying DCSE of any changes that affect the good cause claim. The service worker is responsible for evaluating whether good cause exists.

4.7.8 Responsibility of the Division of Child Support Enforcement

DCSE will ensure the establishment of paternity where necessary, the establishment of a child support order where none exists, the establishment and enforcement of health care coverage, and the collection of support for children upon receiving the referral where good cause does not exist.

4.7.9 Notice of changes affecting child support

As soon as there are changes in the status of the foster care case or in the situation of the absent parents, the service worker shall notify the benefits program specialist in writing. The benefits program specialist shall notify the Division of Child Support Enforcement. Changes in the status of a foster care case or the absent parent's situation may include the following:

- Good cause no longer exists because the service plan goal for the child changes from the goal of Return to Parents to another goal.
- Parental rights are terminated or the parent(s) have signed a permanent entrustment agreement.
- The child is emancipated or becomes age 18.
- The whereabouts of the child are unknown.
- Death of the child.
- The child is returned to a parent who is a recipient of TANF.
- The foster care case is closed.

The service worker will inform the benefits program specialist about the status of good cause for not pursuing child support, where appropriate.

4.8 Arranging visitation with parent(s) or prior custodians

Efforts to maintain contact with the parent(s) or prior custodians in accordance with the needs of the child shall begin as soon as the child is placed in foster care.

The child and parent(s) have the right to visit and maintain communication with each other, unless visitation has been restricted by the court ([§ 63.2-912](#)).

At the time a child is placed in foster care, the service worker shall encourage visitation and arrange with the parent(s) a mutually agreeable plan for visitation and other communication such as phone calls, email, and letters.

Frequent and meaningful visitations:

- Maintain and improve the parent/child relationship which facilitates reunification.
- Are the principal and often only means of maintaining, improving, or developing the child's relationship with his parent(s).
- Provide the opportunity for parent(s) to improve their parenting skills and to demonstrate their ability to care for their child.
- Provide the service worker the opportunity to observe and to evaluate the strengths and the weaknesses of the parent-child relationship. Information may be gathered about the level of commitment of the parent, and the reactions of the child may be observed. This information may be used to assist the service worker in making decisions on the most appropriate permanent plan for the child.

Note: Visitations should never be limited or denied due to a child's inability or lack of motivation to progress in a placement program's treatment process. Additionally, while sobriety during visits is critical, a positive drug screen at any point in the life of the case should not be the sole basis for suspending or cancelling a visit.

4.8.1 Visitation plans

See [Section 6.2.2.2](#) and [Section 8.6](#) of this chapter, for visitation and communication service requirements when children are first placed in foster care and the goal is reunification.

Visitation plans shall be in the best interest of the child including consideration of safety, permanency and well-being outcomes. The visitation plan shall be a written plan and addressed in the foster care plan. It should include the structure and logistics of the visits. The plan shall be documented in OASIS; it should be documented within **five (5) days** of the child's entry into foster care.

The service worker should develop the visitation plan with the parents and the caretakers. It is appropriate for this plan to be discussed and developed during a Family Partnership Meeting, team decision making meeting, or child and family team meeting.

The frequency and duration of the visits should be addressed in the visitation plan. Also, included in the plan should be the location of visits. The following criteria should be used:

- Least restrictive, inclusive setting with consideration given to the culture and social patterns of the family.
- In the child's community whenever possible.
- A setting that is age appropriate and ensures the safety of the child.
- In the agency's office when necessary for the protection of the child or to allow for support before, during or after the visit.

Visitation should occur frequently and in a positive, natural setting. Service workers should be creative in implementing visitation to assure frequent and positive visitation. Limiting visits to what is convenient for the agency limits the agency's knowledge of the parent's ability to learn and demonstrate how to care for their children. Possibilities for visitation are listed below but are not limited to the following:

- Visits in the foster home. These types of visits allow the parents to observe a positive approach to parenting, allows the child to view all the people that care for him as allies, and has the potential to develop a long term mentoring resource for the biological parent.
- Schools and daycares. Most schools today encourage parents to enjoy lunch with their children or visit the daycare. These types of visits allow the parent to observe and be a part of a child's life and have positive interaction with the teacher or day care provider.
- Medical and dentist appointments. These types of visits provide parents an opportunity to take responsibility for the medical and dental concerns of their child.
- Visits outside of the agency. Parks, playgrounds, fast-food restaurants or other places that provide a more natural setting for normal parent/child interactions.
- Use of web based video conferencing (Skype) and phone calls. Other types of contact should be considered if distance between parent and child is a barrier to frequent face to face visits.

4.8.2 Levels of supervision during visits

The service worker should determine the level of supervision for parent/child visits based on the identified safety threats. Three levels of supervision are recognized in practice:

- Supervised visits require another adult approved by the LDSS to maintain line of sight and sound supervision and intervene as needed.
- Monitored visits require another adult approved by the LDSS to periodically observe and intervene as needed.
- Unsupervised visits require the parent to be the primary caregiver and be willing and able to safely care for the child.

The visitation plan should document the reasons for the level of supervision.

4.8.3 Visitation observations

The service worker and/or visitation supervisor should observe and document in OASIS the following during visits:

- Who participated.
- How long did the visit last.
- How did the parent greet the child and the child respond to the parent.
- What was the interaction between the child and the parent.
- What activities took place or how the time was spent.
- Did the parent set limits and/or discipline the child.
- Did the parent pay attention to the child's needs.
- Was affection displayed between the parent and the child.
- Was the service worker required to intervene.
- How did the parent and child separate.

4.8.4 Reviewing visitation plans

The service worker has an obligation to preserve the child's relationship with the parents and family. Any changes to the visitation plan (limiting or terminating) should be discussed with the family, and the written visitation plan should be updated and provided to the family.

Reviews of the visitation plan should take place when:

- There is an increase or decrease in safety threats.
- Change in the permanency goal.
- Change in the well-being of the child.

Conditions that may support a change in the visitation plan to increase the frequency and duration of visits, or reduce the level of supervision required include consistently positive contact between parent(s) and child; therapist recommending increased contact; and parental compliance with treatment and progress towards service plan goals.

Conditions that may support a change in visitation plan (limiting or terminating contact) may include:

- Therapist recommends decreasing or suspending visitation due to the child's reactions to the visits.
- The child is at risk of physical or emotional harm.
- The supervisor/monitor of the visits is threatened.
- If the parent appears intoxicated or under the influence, the visit will be stopped immediately, but may resume after a review of the visitation plan.
- The court adopts a permanency goal other than reunification.
- It may be necessary to limit contact for the protection of the child if custody was obtained due to physical or sexual abuse.

4.8.5 Visitation with parents struggling with a *substance use disorder*

In cases where parental *substance use* is a factor which contributed to the child entering foster care, it is critical that the service worker complete an ongoing assessment of the family and make service referrals when necessary. Due to the recovery timeline *for a substance use disorder*, it is essential that parents are referred to treatment immediately. Drug or alcohol dependence disorders should be acknowledged as a medical condition that can be effectively treated. Research indicates relapse is a common part of recovery; therefore, service workers should help support children and parents through the challenges that may arise in the recovery process.

Regular visitation with parents is essential to maintaining the connection between the parent and child and necessary for any progress to be made towards reunification. This is also the case for children whose parents are facing challenges

with a *substance use disorder*. Additionally, visitation can potentially serve as motivation for parents who are working on maintaining their recovery.

A positive drug screen at any point in the life of the case **should not** be the sole basis for suspending or cancelling a visit; however, service workers may use information from the drug screen to help inform their decisions around supervision or location of the visitation. Service workers shall complete ongoing assessments to ensure child physical and/or emotional safety. Service workers may arrange a meeting with the parent prior to the visitation to assess and address child safety and to help support the parent with the visit. If a parent arrives for a visit and appears to be under the influence of a controlled substance and/or alcohol, the visit should be terminated. Prior to the next visit, the service worker should reevaluate the visitation plan with the parent, including current safety issues and how those safety issues will be addressed.

Service workers should:

- Acknowledge the child and parent's rights to visit and maintain communication with each other, unless visitation has been restricted by the court.
- Support to regular visitation between child and parent, even if visitation must continue to be supervised.
- Commit to ongoing assessment of visitation with parent and child to promote child safety/reduce risk of future harm and reevaluate the visitation plan as necessary.
- Conduct ongoing assessments that acknowledge the parent's progress and includes a supportive timelines for parent recovery.
- Offer services to parents that will help them achieve reunification as long as that is the goal.

4.9 Obtaining medical and dental exams

The service worker shall ensure:

- The child receives a medical evaluation **within 72 hours** of initial placement in foster care, when conditions indicate such an evaluation is necessary ([22 VAC 40-201-50 C](#)). When the child has urgent health, mental health, or substance *use* needs upon entering foster care, the service worker shall immediately, refer the child to a licensed health or mental health professional for an appropriate evaluation to be completed within 72 hours.
- The child receives a medical examination **no later than 30 days** after initial placement in foster care ([22 VAC 40-201-50 C](#)). The provider shall be a Medicaid

provider for the Medicaid eligible child or a provider covered by the child's health insurance.

- The child receives a dental examination within 60 days of entry into foster care if the child has not received an examination within the past six (6) months. Children in foster care shall receive a dental examination beginning at six (6) months of age or when they get their first teeth whichever is later, and every six months thereafter. This schedule is based on guidelines by the American Academy of Pediatric Dentistry, the American Dental Association, and the American Academy of Periodontology. For Medicaid enrolled children, this schedule is in accordance with DMAS' Smiles for Children Program.

Medical examinations are provided in accordance with the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program, whether or not the child has Medicaid coverage. EPSDT is a comprehensive and preventive child health program for individuals under age 21 through the Medicaid program (see [Section 5.9.3](#) of this Chapter).

The service worker shall document in OASIS and the foster care paper case record that the medical and dental examinations were obtained for the child as required. Documentation shall include the date, type of examination, name and address of health care provider, results, and any follow-up instructions. The service worker should use the health information screens in OASIS to document this information.

4.10 Referral for services

The service worker is responsible for referring the child and family to appropriate services identified through conducting a comprehensive child and family assessment (see [Section 5](#) of this chapter) and developing a foster care plan (see [Section 15](#) of this chapter). The initial assessment and referral for services should occur as quickly as possible once the child enters care in order to address the issues that resulted in foster care placement and to expedite a timely exit to a permanent family.

4.11 SSI and other potential benefits

The service worker is responsible for determining all financial resources available to the child, including SSI, other governmental benefits, and private resources.

The service worker is also responsible for assessing whether a child in care may be eligible for other benefits and referring that child for eligibility determinations. These referrals should be made **within the first two (2) weeks** of placement (e.g., title IV-E, Medicaid) or when the information gathered through the ongoing assessment indicates that the child may need, and qualify for, other benefits (e.g., SSI).

4.11.1 Eligibility for Supplemental Security Income (SSI) for children

An application for SSI should be considered if a child shows significant deficits for his or her age in cognition, communication, motor skills, social skills, personal/behavioral development, or concentration in combination with any of the following:

- Requires special education placement;
- Experiences chronic illness or repeated surgeries;
- Had low birth weight;
- Functions three years or more below grade level;
- Misses excessive school due to medical, psychological, or behavioral problems;
- Has one of the following diagnoses: organic mental disorders; schizophrenia, delusional, schizoaffective, or other psychotic disorders; mood disorders; mental retardation; anxiety disorders; somatoform, eating, and tic disorders; personality disorders; psychoactive substance dependence disorders; autistic disorder; attention deficit disorder; or developmental and emotional disorder of newborn and younger infants;
- Receives multi-disciplinary therapies; i.e., speech, physical, occupational, psychological, etc.;
- Requires highly supportive or structured settings to function;
- Requires adaptations (wheel chairs) to function;
- Has a condition which will be fatal within a year;
- Has complete or marked inability to stand or walk;
- Has impairment causing complete inability to function independently away from home within age appropriate norms;
- Has had more than five foster home placements due to difficulty of care;
- Has major congenital organ dysfunction that may lead to death if not surgically corrected by age 1;
- Has marked restriction in performing activities of daily living; or

- Has a history of placement in treatment foster care, group homes, or residential treatment facilities due to medical, psychological, or behavioral reasons or need for intensive support services.

4.11.2 Representative payee

For children in foster care, the LDSS will generally serve as the representative payee for a child receiving Social Security benefits. As representative payee, the LDSS will receive the benefits and is responsible for ensuring that benefits are used to meet the needs of the child and accounting for the use of funds.

The Social Security Administration provides an online [Guide for Organizational Representative Payees](#) on its website.

4.11.3 Special welfare accounts

When a child leaves foster care, all unspent funds paid to the child from the Social Security Administration, and placed in the special welfare account, shall be returned to the Social Security Administration, including SSA/SSI savings, other investments, and interest earned on the funds.

If the child in foster care has remaining unspent funds other than saved SSA/SSI benefits upon leaving custody of the LDSS, they shall be paid to the child or the parent or guardian, in accordance with [§ 63.2-314](#) Code of Virginia.

When a child receives a retroactive lump sum SSI payment, the LDSS shall establish a Special Welfare Account for the child and may only expend the funds in accordance with requirements as determined by the Social Security Administration (see [Section 4.11.4](#)).

4.11.3.1 Using funds from special welfare accounts

All recurring monthly benefits, including SSI, SSA, and Veterans Affairs, for the child are to be placed in a special welfare account in the name of the child to be used for expenses on behalf of the child. For more information on the [special welfare account](#), see the VDSS Finance Guidelines Manual.

- Accumulated funds in a special welfare account may be used to meet the current and future needs of the child ([§ 63.2-320](#)). These funds are to be used to reimburse expenditures on behalf of the child for maintenance, medical expenses not covered by Medicaid, and services.
- Funds in excess of those used to reimburse expenditures for the child are to be used for savings for the child or for the personal needs of the child. The worker, in consultation with the parents and foster parents, is responsible for identifying how these excess funds are to be used.

- For title IV-E eligible children, the resource maximum for title IV-E has increased to \$10,000. Children in foster care may accumulate combined resource/funds to a maximum of \$10,000 before becoming ineligible for title IV-E.
- For non-title IV-E children, the limit has not changed. If funds accumulate in excess of \$2,000 in an account, the child may become ineligible for SSI and non-title IV-E Medicaid.
- If the LDSS cannot maintain a child's special welfare account below the resource level, it can establish an irrevocable trust account. This irrevocable trust account will allow resources to accumulate over the resource level, while not making the child ineligible for future benefits.

The LDSS should consult with an attorney to ensure the irrevocable trust accounts are set up properly. The trust fund shall have a maturity date restricted to a birth date or date of custody transfer from the LDSS. Under no circumstances can the child or LDSS have access to the trust funds prior to the maturity date.

The size of the trust fund may affect the child's eligibility for title IV-E, Medicaid, and SSI. The worker should consult with benefits program staff when establishing a trust fund regarding the amount of funds in the trust.

4.11.4 Lump sum retroactive SSI payments

When a child receives an initial retroactive lump sum SSI payment and the retroactive amount covers more than six (6) months, the LDSS shall establish a separate "dedicated account" in a financial institution as per the [finance guidance manual, section 3.50](#), for the initial lump sum payment and keep these funds separate from the child's other resources. These funds do not count as income to the individual/child.

The LDSS shall not spend the lump sum funds to reimburse maintenance costs. (Only ongoing monthly SSI payments may be used to reimburse maintenance costs). Lump sum funds of greater than six (6) months may be used only for medical treatment, education, or job skills training if related to the child's impairment, personal needs assistance, special equipment, housing modification, therapy or rehabilitation, or other items or services as SSA deems appropriate. Other items have been defined as the following:

- Specialized child care or special education not included in the child's special education program.
- Food and veterinary care for a guide dog.

- Repair of walls, carpets, or furnishings that have been damaged by a child with a mental impairment.
- Counseling, crisis intervention, respite, or treatment foster care services not covered by health insurance or public service program.
- Repayment of a past debt, including reimbursement of a creditor payee, if the items or services provided were related to the child's impairment and benefited the child.
- Personal aids to facilitate living and learning, such as assistive technology for communication and mobility, modified instructional materials, and specialized transportation.
- Special food for children with dietary needs or diapers for older, incontinent children.
- Increased electrical bills resulting from needed mechanical devices that constantly run.

Impact on eligibility for other resources: accumulated retroactive funds in dedicated accounts do not affect SSI eligibility. The child's title IV-E eligibility may be affected if the child is not SSI eligible when the retroactive benefits are received.

The LDSS should obtain approval from their local SSA office regarding reimbursement of expenditures from the retroactive lump sum payment if they have questions about the appropriateness of a reimbursement. The LDSS is held liable for these funds if they are not used in accordance with the Social Security Administration guidelines. The LDSS will be required to reimburse SSA for the misappropriation of any funds identified by the SSA from the dedicated account.

4.11.5 Other governmental benefits to which child may be entitled

The child may be entitled to certain benefits because of the death or disability of a parent. These include Veterans Affairs (VA), Social Security (SSA), Railroad Retirement, etc.

The Social Security Administration provides information on the types of benefits and eligible children at Social Security Benefits: [Understanding the benefits](#). The service worker should contact the local Social Security office to confirm if a child may be eligible for social security benefits.

The child may be eligible for medical services under the Champus/Tricare program, if a parent is in military service.

4.12 Setting up payment process for providers

The service worker is responsible for ensuring that the foster parents and other service providers receive appropriate and timely payments. Timely payments should be made within the month following the month when services were provided to a child. Other local policies and procedures related to payment should be explained to the provider.

4.13 Credit Freezes

Beginning July 1, 2019, when a child who is less than 16 years of age has been in foster care for six months, the LDSS shall request the placement of a credit freeze. The service worker shall submit the written credit freeze request and required documents to the credit reporting agencies (CRAs) via certified mail within the thirty (30) day window of the child's six month anniversary in foster care. Written request forms and documentation requirements vary according to the procedures established by each CRA. For additional information, see Credit Freezes for Children and Youth in Foster Care.

After a credit freeze request has been submitted and processed, the service worker will receive confirmation from each CRA via mail. CRA confirmation letters will contain a unique personal identification number (PIN) assigned to the child for whom the security freeze was requested. The PIN shall be maintained in the hard copy of the child's case file. The service shall document credit freeze placement activities in the contact screen through OASIS using "Credit Freeze" as the purpose of the contact. Copies of the written credit freeze request and all CRA confirmation letters and communications shall be maintained in the hard copy of the child's case file.

The LDSS shall request the removal of the credit freeze upon:

- The child's removal from foster care.
- The child's request if the child is 16 years of age or older.
- A determination by the LDSS that removal of the credit freeze is in the best interest of the child.

Credit freeze removal requirements are further outlined in [Section 19.7](#).

4.14 Starting a Lifebook

A Lifebook is important for children entering foster care. Children entering foster care leave behind everything that is known and familiar and often lose the tangible memories that most people take for granted. A lifebook gives them a connection to who they are and where they came from in an immediate, organized format. Starting and maintaining a lifebook gives a child an opportunity to recognize his identity. A lifebook is a scrapbook like creation that records a child's life, how he entered foster care, his experiences with different families, and his feelings along the way. Lifebooks are unique in that they

document the journey, both good and bad. This book records the love shared by birth families, their foster families, and other people that pass through their lives.

To start a lifebook, the service worker, birth family, foster family, and child should immediately begin to contribute or collect pictures of birth family, foster family, friends, certificates, awards, high-scoring exams, ticket stubs, and other mementos which can be included. A lifebook is specific and special to that child, so include any items that the child would like to include. Even though a child may be reluctant in working on a lifebook, services workers, birth families and foster families should never stop collecting memories for the child. Additional information about lifebooks can be found in [Section 9.5.3](#) of the chapter.

5

CONDUCTING CHILD AND FAMILY ASSESSMENT

TABLE OF CONTENTS

5.1	Introduction	3
5.2	Comprehensive assessment process	3
5.3	Engaging the child and family in the assessment process	4
5.4	Understanding traumatic stress for children in foster care	5
5.4.1	Consequences of trauma for the child	6
5.4.2	Observable behaviors of traumatic stress	7
5.5	Initial assessment process.....	7
5.5.1	Identifying child and family strengths and resources	8
5.5.2	Identifying child and family strengths to help address trauma	9
5.5.3	Identifying needs and issues prior to services	10
5.5.4	Identifying needs of child who has experienced trauma	11
5.6	Initial assessment requirements.....	12
5.6.1	Safety factors.....	12
5.6.2	Comprehensive social history.....	13
5.7	Role of Family Assessment and Planning Team.....	15
5.8	Types of assessment tools	15
5.9	State required and recommended assessments.....	18
5.9.1	Child and Adolescent Needs and Strengths (CANS).....	18
5.9.1.1	Who should be assessed with CANS	18
5.9.1.2	Assessment areas	18
5.9.1.3	CANS resources	20
5.9.2	Casey Life Skill Assessment (CLSA).....	20
5.9.2.1	Frequency of administration.....	20

5.9.2.2	Assessment areas.....	20
5.9.2.3	Resources	21
5.9.3	Early Periodic Screening, Diagnosis, and Treatment (EPSDT).....	21
5.9.3.1	When EPSDT screenings shall be conducted	22
5.9.4	Assessment by managed care organization.....	22
5.9.5	Best interest determination for school placement.....	22
5.10	Documenting the assessment	23
5.11	Additional resources.....	23

5

CONDUCTING CHILD AND FAMILY ASSESSMENT

5.1 Introduction

A comprehensive child and family assessment is the essential foundation for sound decision making in partnership with the child and family. Assessment involves the continuous process of gathering information from multiple sources over time using a strength-based approach to help evaluate, with the family, the most effective strategies for achieving safety, timely permanence, and well-being for their child.

The process should be driven by the strengths and needs of the child and family, rather than the availability of services. This approach expands the diverse resources available to support the child and family. It allows the strengths and natural supports of the child, family, and extended family, as well as the formal services of the child-serving agencies and community, to be creatively matched with the identified needs and issues. This process lays the foundation for creatively designing strategies, services, and supports during service planning and service delivery to improve outcomes.

5.2 Comprehensive assessment process

The assessment process begins with the family's first contact with the child welfare system and continues until the case is closed.

The comprehensive assessment is an ongoing process assessing the effectiveness of services provided to the child, birth parent or prior custodian, and foster and adoptive parents.

The effectiveness of services provided and the need for additional services shall be assessed every three (3) months if the goal is to return home and at least every six (6) months after placement for as long as the child or youth remains in foster care.

During a comprehensive family assessment, the service worker should:

- Engage and build relationships with the child, family, extended family, service providers, and other significant people to gather information.
- Observe patterns of child and family interactions over time and the impact on the child.
- Identify child and family strengths, protective factors, and resources that can be mobilized.
- Identify needs of the child and family that impact the child's safety, permanency, and well-being.
- Assess other factors that may have contributed to the child's placement in care such as: domestic violence; alcohol and drug abuse; mental health issues; chronic health problems; physical, intellectual, and cognitive disabilities; and poverty.
- Understand the broader issues impacting the family, such as employment, adequate housing, child care, transportation, needed services, and supports.
- Consider how the information gathered will guide service planning, decision making, and the efficient use of resources.

5.3 Engaging the child and family in the assessment process

As experts on their own family, the child and family are essential sources for information on what is impacting the safety, permanency, and well-being of the child. Involving the family and other significant individuals increases the effectiveness of decision making, service planning, and implementation. The service worker is more effective in gathering, analyzing, and determining the meaning of information. With better information, plans and decisions are more individualized and relevant to the family, thus increasing the likelihood of implementation and creating opportunities for lasting change.

The service worker should:

- Diligently seek out all extended family members as appropriate in the assessment process, including, but not limited to, the birth mother, birth father (including absent fathers), siblings, maternal and paternal family members, caretakers, and other individuals in the extended networks of the child and family (see [Section 2](#) of this chapter).
- Strive to understand the family's perspectives, which are often affected by their life experiences and cultural and ethnic heritage.
- Involve the child and family in identifying their own strengths, needs, and motivation for changes.

- Explore the “natural supports” available to the child and family through their interpersonal, social, and community relationships.
- Utilize the Family Partnership Meetings to gather assessment information (see [Section 2.9](#) of this chapter).

5.4 Understanding traumatic stress for children in foster care

Approximately 90 percent of children in foster care are exposed to trauma. Complex trauma is a common and serious concern for children in foster care. It occurs when the child is exposed to multiple or prolonged traumatic events which are often invasive and interpersonal in nature. It involves simultaneous or sequential occurrence of child maltreatment, including psychological maltreatment, neglect, exposure to violence, and physical and sexual abuse.¹

In Virginia, children and youth in foster care often experience complex trauma, traumatic stress, multiple losses, and difficult challenges.

- Three out of four children in foster care are removed from their home due to child maltreatment (neglect, physical abuse, sexual abuse, and/or abandonment).
- Over half are removed due to their parents’ situations (e.g., inability to cope, drug or alcohol abuse, inadequate housing).

Some children:

- Witness family violence or the victimization of close friends;
- Experience the death, loss, or separation of a significant person;
- Witness or are a victim of criminal activity (e.g., drug dealing; prostitution);
- Witness school or community violence;
- Experience serious accidents or medical trauma (e.g., surgeries, hospitalizations); and/or
- Have parents who experience their own significant challenges, including mental health or *substance use disorders*, or incarceration.

¹ Excerpted and adapted from the [Tri-Agency Letter on Trauma Informed Treatment](#) dated July 11, 2012 from the United States Department of Health and Human Services’ Administration for Children and Families (ACF), Centers for Medicare & Medicaid Services (CMS) and Substance Abuse and Mental Health Services Administration (SAMHSA).

Upon entering foster care, children grieve the separation from their parents, caregivers, siblings, friends, significant other persons, and the loss of everything familiar. This traumatic experience is then often compounded by systemic issues in foster care that exacerbate the child's traumatic response through multiple changes in foster care placements, service workers, and school placements.

5.4.1 Consequences of trauma for the child

In addition to the traumatic event, the child's experience of the event can create wide-ranging and lasting adverse effects on the child's developmental functioning and physical, social, emotional, or spiritual well-being. The child's response to the trauma is significantly related to the child's development stage. Adverse effects can impact the child's physiological responses; emotional responses; ability to think, learn, and concentrate; impulse control; self-image; and relationships with others.

- The child can become emotionally overwhelmed by the intense fear, anger, shame, and helplessness that they feel following a traumatic experience.
- Seemingly innocuous events such as sounds, smells, places, and other trauma reminders may reconnect the child with the emotional states of fear, terror, and hopelessness produced by the trauma.
- The child's mistaken feelings of guilt and self-blame for the negative events in his or her life may lead to a sense of hopelessness.
- The child can have difficulty regulating emotions, knowing and describing feelings and internal states, and appropriately communicating wishes and desires to others.
- A child's traumatic experiences can alter his or her worldview, sense of safety, and ability to interpret the meaning of the behavior of others—including people who are trying to help. The child now sees the world as uncertain, untrustworthy, and unpredictable.

Sustained, chronic, or multiple exposures to trauma can impact the child's development and the child's ability to form attachments, to develop relationships, to self-regulate, and to learn. Traumatic events may create new or secondary problems in the child's life (e.g., difficulties in school, problems with *substance use disorder*). These difficulties may be adaptive in the short term but have the potential to interfere with the child's long term recovery.

- The child's development of age-appropriate self-regulation may be delayed.
- The child's inability to regulate emotions may interfere with his or her ability to function in a family, in a traditional classroom, and with peers.

- “Bad behavior” is most often the traumatized child’s attempt at self-regulation. When faced with trauma reminders, the child’s resulting behaviors may be an appropriate response to internal turmoil but may seem inappropriate in the current situation.
- The child can isolate himself or herself from family, peers, and social and emotional support.
- The child’s ability and motivation to succeed in social and educational settings may be impaired.
- The child may engage in reckless, high-risk, or destructive coping behaviors.

Without help and support, children often develop a variety of negative coping responses to traumatic stress. A child’s response to traumatic stress may manifest across multiple domains of functioning and developmental processes, including emotional, behavioral, interpersonal, physiological, and cognitive functioning. These responses may have both short- and long-term consequences for the child’s well-being in education, physical health, mental health, and life trajectory.

Across the life span, complex trauma has been linked to a wide range of problems, including addiction, chronic physical conditions, depression and anxiety, self-harming behaviors and other psychiatric disorders.²

5.4.2 Observable behaviors of traumatic stress

Children manifest symptoms of traumatic stress through behaviors. Service workers and caregivers should be aware of various behaviors seen in children and youth who have experienced trauma and/or mental health issues. See **5.11 [Additional Resources](#)** for more information.

5.5 Initial assessment process

A comprehensive initial assessment increases the likelihood of matching services, resources, and supports to address the critical needs and issues for the child and family, thus increasing the likelihood of safety, timely permanency, and well-being for the child.

² Information in this section excerpted and adapted from:

- [Tri-Agency Letter on Trauma Informed Treatment](#) dated July 11, 2012 from the United States Department of Health and Human Services’ Administration for Children and Families (ACF), Centers for Medicare & Medicaid Services (CMS) and Substance Abuse and Mental Health Services Administration (SAMHSA).
- [Child Welfare Trauma Training Toolkit: Trainer’s Guide](#)—1st Edition March 2008 The National Child Traumatic Stress Network. www.NCTSN.org

In conducting the initial assessment, the service worker should:

- Engage with the child, family members, and other significant individuals to:
 - Discuss the purpose, process, participants' roles, and any questions and concerns about the assessment process.
 - Identify language needs and any cultural and religious traditions that need to be respected and taken into account in planning and implementing services.
 - Explore strengths, interests, resources, and formal and informal supports.
 - Identify issues and needs they feel need to be addressed.
- Identify the child's trauma experiences and their impact on the child's behavior to guide services and supports.
- Review previous records for existing information related to strengths, needs, services, family history, and potential supports to the family and child.
- Incorporate information gathered from other assessments, including any safety and risk assessments from other programs and agencies.
- Talk with other service providers and key individuals from places where the child spends time, such as school, sports, work, and religious organizations.
- Determine whether other specialized assessments are needed.
- Identify strengths of child and family, including formal and informal supports.
- Identify immediate issues, concerns, and needs.
- Identify broader issues that create challenges and opportunities.
- Consider services that will meet immediate needs of the child and family.
- Begin identifying ways to address the broader needs of the child and family.

5.5.1 Identifying child and family strengths and resources

The strengths, resources, and natural supports of the child, extended family, community, and agencies should be explored. Examples may include:

- Child complies with rules at grandmother's home.

- Mother can identify when child is going to explode with anger.
- Aunt is willing to help.
- Neighbor's older child is a positive influence.
- An older sibling is working with a therapist on anger management.
- Child enjoys basketball and has strong relationship with coach.
- Child wants to be a car mechanic like an uncle.

After the strengths are identified, creative strategies should be brainstormed and explored on how to use these strengths to address identified needs. This approach allows the family to improve their capacity to meet their own needs. Continuing the example above: after a safety plan is developed, the child could go to the grandmother's house in the afternoon to do homework since the child complies with her rules, the aunt could drive the child to her house, the completed homework could be celebrated by the child's choice of playing basketball, playing with the neighbor's child, or working on a car with his uncle; the grandmother could mentor the mother on enforcing rules.

5.5.2 Identifying child and family strengths to help address trauma

Children often have a variety of strengths, protective factors, and coping strategies that promote positive adjustment to traumatic experiences and complex trauma. Service workers and caregivers should identify these strengths and support the child and family in further developing and using these strengths and strategies.

Examples of protective or ameliorating factors that can moderate the impact of traumatic stress include:

- Child's strengths:
 - Easygoing temperament.
 - Social and emotional competence of child.
 - High intellectual ability.
 - Problem solving-skills.
 - Coping skills and self-regulation.
 - Social connections and support.
 - Promotion of self care.

- Sense of control.
- Parent and family strengths:
 - Secure attachment to adult figures who are present on a day to day basis.
 - Stable, permanent environment.
 - Structure and routine.
 - Concrete supports available to family.
 - Social connections and supports available to family.
 - Temperament match with caregivers.

5.5.3 Identifying needs and issues prior to services

The needs of the child and family should be identified before considering service and placement options. Rather than first identifying the service or placement type that is expected to meet most of the child's and family's needs, service workers should first identify the immediate needs and issues for the child and family, and then identify alternative strategies, services, and supports for addressing each one. This approach allows creative brainstorming and leads to more effective and successful strategies for working with families.

Needs are separate from services. Children do not need anger management services or treatment foster care. While these services may become part of the complement of services and strategies to address identified needs, they are not needs. Examples of needs may include:

- Being safe from abuse and neglect.
- Living with a stable and permanent family.
- Managing free time after school before parent comes home.
- Reacting to disappointments without aggressive behavior.
- Doing homework to improve grades at school.
- Learning effective parenting skills.
- Increasing positive social and peer supports.
- Developing specific independent living skills.

Defining needs before identifying services allows more creative solutions to be explored through mobilizing family and community strengths.

5.5.4 Identifying needs of child who has experienced trauma

The traumatized child needs to:

- Develop a sense of physical and psychological safety in a caring, stable and permanent family.
- Maximize his or her sense of internal safety.
- Understand his or her reactions through psycho-education.
- Understand that the trauma is only part of who he or she is.
- Reduce overwhelming emotions.
- Work through his or her emotions and learn to manage them effectively.
- Integrate the traumatic experience(s).
- Make new meaning of his or her trauma history and current experiences.
- Feel stable or organized in his thinking so he can function optimally.
- Reclaim age-appropriate power and make sound decisions through skill enhancement and future orientation.
- Communicate with those who advocate and make decisions on his behalf.
- Engage in positive and stable relationships.

The service worker should help identify resources and strategies to assist the child's family and caregivers in helping the child heal through:

- Regulating their emotional response to the child's behavior.
- Assisting the child in regulating his emotions.
- Talking with the child about the trauma in appropriate ways.
- Providing structure and nurturing.
- Challenging the child in developmentally appropriate ways to increase age appropriate skills and abilities.

- Shifting the child's negative world and self view by giving the child positive messages through language and behavior (e.g., communicate "It wasn't your fault; you're a good child; you deserve to be taken care of by parents who will keep you safe; your needs are important").

5.6 Initial assessment requirements

The initial assessment is the basis for developing a foster care plan that addresses immediate child and family needs and selecting a specific foster care permanency goal.

The initial assessment shall:

- Incorporate information contained in the Child Protective Services Safety Assessment and Family Risk Assessment completed when the child was removed from the home.
- Include a comprehensive social history of the child and family.
- Address the initial foster care goal and incorporate beginning exploration of relative resources and the formulation of a concurrent goal.
- Include a description of how the child, youth, birth parent or prior custodian, and other interested individuals were involved in the decision making process.
- Be entered into OASIS **within 30 days** of LDSS acceptance of the child for placement, using the assessment screen (unless otherwise noted) and completing all the required elements of appropriate screens.

5.6.1 Safety factors

The completed Child Protective Services Safety Assessment shall be copied and pasted into the appropriate element of OASIS assessment screen. Identified safety factors shall be taken into consideration in transferring the child's custody or placement to the LDSS such as:

- The child's vulnerability (conditions that result in the child's inability to protect self) including:
 - Whether the child is fearful of the caretaker or other household members.
 - The child's age.
 - The child's developmental and mental health needs.
- Caregiver behaviors such as:

- Having caused serious harm to the child or threats to cause harm.
- Previous maltreatment of a child.
- Failure to protect or provide the necessary supervision to protect the child from serious harm.
- Explaining any injury inflicted on the child in such a way that is questionable or inconsistent with the nature of the injury.
- Refusing the LDSS workers access to the child.
- Failure to meet the child's need for food, clothing, shelter, and/or medical and/or mental health care.
- Providing physical living conditions are hazardous and threatening to the child.
- Substance use that is or has seriously affected their ability to supervise, protect, or care for the child.
- Behavior toward the child that is or has been violent or out-of-control.
- Descriptions about or acts towards the child that are predominately negative.
- A history of or suspected child sexual abuse.
- Physical, intellectual, or mental health status that seriously affects their ability to supervise, protect, or care for the child.

5.6.2 Comprehensive social history

In addition to basing the initial assessment on the Child Protective Services Safety Assessment, a comprehensive social history is critical for understanding the strengths, needs, and experiences of the child entering care. A social history also allows the service worker to explore the full range of assets the family brings, as well as additional needs to address that may increase the likelihood of a safe and stable reunification.

A comprehensive social history including well-being information should be based on consideration of at least the following factors

- Background history about the child including but not limited to:
 - Family relationships.

- Peer/adult social relationships including the child's relationship to previous caretakers or other adults with whom the child might live.
- Parent, child, family, and community strengths and risk factors present.
- Child health information. The service worker should use the health information screens in OASIS to document the information below. This information should be based on all available health assessments, evaluations, and reports by qualified professionals knowledgeable of the child's health and/or health history. Information to be recorded includes:
 - Child demographics and physical description of the child.
 - Birth information.
 - Disability information.
 - Child's health care providers.
 - Child's current medical information, including: health insurance; whether the child's immunizations are up-to-date as of the child's last medical appointment; and dates of the child's last physical and dental exam.
 - Child's medications, including psychotropic medications.
 - Child's current medical and mental health conditions, allergies and special diet requirements.
 - Child's health history, including: birth and early development issues; prior accidents, illnesses, or conditions that no longer exist; prior hospitalizations.
 - Health history of child's birth family, to the extent known.
- Child's educational achievement and challenges. The service worker should use the child's educational screens in OASIS to document the following:
 - School information
 - Best Interest Determination meeting(s)
 - Educational information (grade level, school performance, special education status, and strengths/needs)

- Background history about the child's family and/or previous custodians including but not limited to:
 - Substance use or abuse.
 - Emotional stability.
 - Sexual abuse.
 - Resource management and basic needs.
 - Parenting skills.
 - Household relationships/domestic violence.
 - Caretaker abuse or neglect history.
 - Social or community support system.
 - Physical health.
 - Communication skills.

5.7 Role of Family Assessment and Planning Team

When a child is referred to the Family Assessment and Planning Team (FAPT), the FAPT assessment should be used to complement and inform the comprehensive assessment process. It may substitute for the initial foster care assessment as long as the requirements for the initial foster care assessment are met. The FAPT assessment information shall be entered into OASIS.

In addition to the above assessment requirements, all children receiving CSA-funded services shall have a standardized assessment using a tool approved by the State Executive Council. See ([Section 5.9.1](#)) of this chapter for information on the Child and Adolescent Needs and Strength Assessment (CANS).

5.8 Types of assessment tools

The following types of assessment tools can be helpful in assessing the strengths and needs of the child and/or the family:

- Trauma assessments, including Virginia's [Child and Adolescent Needs and Strengths \(CANS\) Assessment](#) modules to screen for trauma, sexual abuse, and violence needs *and the Screening for Experiences and Strengths (SEAS) screening tool to identify trauma and victimization experiences and symptoms (available as part of the [Virginia Heals Toolkit](#))*.

- Developmental assessments.
- Risk and safety assessments.
- Reunification assessments.
- Child and family comprehensive assessments.
- Life skills assessments.
- Educational assessments.
- Behavioral health assessments.

The following tools are often used by service workers to gather information from family members and other individuals in order to gather a comprehensive picture of the family. These tools are designed to be helpful in the assessment process but are not the actual assessment itself. Genograms and ecomaps in particular should be used after discussion with and training from others experienced in their use.

- **Genogram.** The genogram was first developed and popularized in clinical settings by Monica McGoldrick and Randy Gerson. The genogram (pronounced: jen-uh-gram) lets the worker and family members quickly identify and understand patterns in the family history. The genogram is a tool that helps map out relationships and traits in the family. There are many books on this topic as well as many websites. Genograms can vary significantly and are only limited by your imagination. Most genograms include basic information about number of families, number of children of each family, birth order, and deaths. Some genograms also include information on disorders running in the family, such as alcoholism, depression, diseases, alliances, and living situations. Basic [Genogram components](#) can be accessed on the GenoPro website. *Beginning mid-2021, Virginia's automated child welfare information system will include the ability to complete and maintain a genogram within the electronic system.*
- **Ecomaps.** An Ecomap is a pictorial representation of a family's connections to persons and/or systems in their environment. It can illustrate three separate dimensions for each connection:
 - The STRENGTH of the connection (Weak; tenuous/uncertain; Strong).
 - The IMPACT of the connection (none; draining resources or energy; providing resources or energy).
 - The QUALITY of the connection (Stressful; Not stressful).

As with genograms, there are many books that discuss the purpose and use of ecomaps including social work textbooks on assessment. The internet and public library are additional sources for information on ecomaps.

The purpose of an ecomap is to support classification of family needs and decision making about potential interventions. Further, it is to create shared awareness (between a family and their service workers) of the family's significant connections, and the constructive or destructive influences those connections may be having. Ecomaps enable a structured, consistent process for gathering specific, valuable information related to the current state of a family or individual being assessed. They support the engagement of the family in a dialogue that can build rapport and buy-in, while heightening the awareness of the caseworker and family. Ecomaps are used to:

- Identify and illustrate strengths that can be built upon and weaknesses that can be addressed.
- Summarize complex data and information into a visual, easy-to-see-and-understand format to support understanding and planning.
- Illustrate the nature of connectedness and the impact of interactions in predefined "domain" areas, indicating whether those connections and interactions are helping or hurting the family. Part of this value is in supporting the concept of observing "resource and energy flow" to and from a family as a result of its connections and interactions with its environment.
- Provide a consistent base of information to inform and support intervention decisions
- Allow objective evaluation of progress; workers can observe impact of interventions, both on the family and on other elements of their environment.
- Support discussion of spiritual and value-related issues in a constructive way.
- Help support integration of the concept of family assessment as an ongoing process.
- Integrate the values and concepts – and the real power of System Theory – in a practical way.
- Force the building of interviewing and other skills for staff.
- Support effective presentation of families' issues for court.

- **Timelines.** Timelines are another assessment tool that depicts the development and history of an individual and or family along a continuum from birth to the present. Similar to genograms and ecomaps, a timeline is a graphic representation of patterns, traits, and the chronology of events in the life of the individual and/or family.

5.9 State required and recommended assessments

The following assessment or screening tools are currently either required or recommended for use in Virginia.

5.9.1 Child and Adolescent Needs and Strengths (CANS)

CANS is a comprehensive, multi-domain, standardized assessment instrument which helps plan and manage services at both an individual and system of care level. It helps guide service planning, track child and family outcomes, promote resource development, and support decision making. Use of the CANS for all children in foster care permits analysis of state-wide trends in strengths and needs, and can inform state and regional policy and community action, particularly in regards to service provision and evaluation of efforts to improve outcomes.

5.9.1.1 Who should be assessed with CANS

All children in foster care shall be assessed using the CANS. Initial assessment should be completed within 30 days of entry into foster care. Reassessment shall be completed at least annually, and within 90 days of discharge from foster care, although may be completed more often.

All children who receive services and funding through CSA, and their families shall be assessed using the mandatory uniform assessment instrument ([§ 2.2-5212](#)). The schedule for assessment for CSA is determined by the local CPMT, but shall occur no less than annually. The CANS shall be used for title IV-E children and non-title IV-E children who receive CSA-funded services.

- For children and youth, use of the CANS is mandatory to receive services through CSA.
- A CANS is required for those youth that receive an IL stipend paid for through CSA funds.

5.9.1.2 Assessment areas

The CANS identifies the strengths and needs of the child in the following areas:

- Life domain functioning.

- Child strengths.
- School.
- Child behavioral/emotional needs.
- Child risk behaviors.

For child welfare, the CANS includes the following areas:

- An enhanced trauma module.
- A new child welfare module.
- The ability to rate multiple Planned Permanent Caregivers for a child to be used in concurrent planning and
- New worker reports for service workers and supervisors to help assess progress and outcomes over time for children in foster care and their families on:
 - Child trauma.
 - Caregiver permanency indicators.
 - Parent/guardian/caregiver protective factors and
 - CANS domains.

It also identifies the strengths and needs of the family or caregiver:

- Current caregiver.
- Permanency planning caregiver strengths and needs.
- Residential treatment center.

Additional modules are available to assess specific situations, including:

- Developmental needs.
- Trauma.
- Substance use needs.
- Violence needs.

- Sexually aggressive behavior needs.
- Runaway needs.
- Juvenile justice needs.
- Fire setting needs.

5.9.1.3 CANS resources

The CSA website provides:

- [Information on CANS, including policy, manuals, fact sheets, score sheets, training, and super users](#)
- [CANS training and certification information](#)
- [CANS user manual and score sheets](#)
- [Frequency of CANS administration](#)
- [CANVaS](#), the web-based system for completing the CANS tool online.

5.9.2 Casey Life Skill Assessment (CLSA)

CLSA is the state recommended assessment and planning tool for evaluating the life skills of all youth age 14 and older and all young adults in foster care. It is youth-centered, strength-based, and expert-focused in evaluating the independent living skills and needs of youth in foster care. (See [Section 13.5](#) on Independent Living Needs Assessment in this chapter).

5.9.2.1 Frequency of administration

The assessment should initially be administered:

- For youth in foster care, **within 30 days** after the youth's 14th birthday.
- For youth entering foster care after the age of 14, **within 30 days** after the youth's entry into the system.

The assessment should be re-administered every 12 months to youth 14 years and older.

5.9.2.2 Assessment areas

The CLSA identifies the youth's strengths and needs in nine domains:

- Career planning.
- Communication.
- Daily living.
- Home life.
- Housing and money management.
- Self care.
- Social relationships.
- Work life.
- Work and study skills.

Domain scores indicate areas of strength and opportunities for improvement.

5.9.2.3 Resources

- The [Casey Life Skills Website](#) provides a free suite of comprehensive online assessments, learning plans, and learning resources to help engage youth in developing life skills that are needed to exit foster care successfully.
- The [CLSA](#) is completed online and automatically scored within seconds. Tools are available in English, Spanish, and French.

5.9.3 Early Periodic Screening, Diagnosis, and Treatment (EPSDT)

EPSDT is a comprehensive and preventive child health program for all individuals under age 21 and who are Medicaid eligible. EPSDT includes periodic screening, vision, dental, and hearing services. In addition, it provides any medically necessary health services listed at section 1905 (a) of the Social Security Act to correct and ameliorate physical and mental conditions, even if the service is not included under the state's Medicaid plan.

See the Virginia Department of Medical Assistance Services' (DMAS) website for:

- Information and resources on the [EPSDT program](#) in English and Spanish.
- [EPSDT Program Fact Sheet](#).
- [EPSDT English Brochure](#).

- The EPSPT manual on the [Provider Manuals](#) website page.

5.9.3.1 When EPSDT screenings shall be conducted

The service worker shall ensure EPSDT screenings are provided for the child. EPSDT screening services are covered by the managed care organization (MCO) for members who are enrolled with an MCO. When the child is not covered by Medicaid, the service worker shall ensure the child receives the same screenings. See [Section 12.11.2](#) Medical Care and treatment to be provided to a child in foster care for additional information.

5.9.4 Assessment by managed care organization

When the child is enrolled in managed care, the managed care organization shall make a best effort to conduct an assessment within 60 calendar days of enrollment and every two (2) years thereafter. An assessment should include review of physician, hospital, and pharmacy utilization, providing referral policies and procedures for providers or, where applicable, authorized persons, to make referrals of assessment candidates and for members to self-refer for a needs assessment (Virginia Department of Medical Assistance Services' contract with managed care organizations).

5.9.5 Best interest determination for school placement

Federal and state law require that the LDSS and local school divisions work together to determine the best interest of children in foster care for school placement and to ensure educational stability for the children. Children in foster care should remain in the same school in which they were enrolled at the time of placement, or if this is not in the children's best interests, immediately enroll them in a new school.

The VDSS and the Virginia Department of Education have developed joint guidance and a joint tool to assist the LDSS service worker and the school representative in determining the child's best interest for school placement. The form provides a series of questions that should be considered during the determination process.

The determination of the child's best interests for school placement by the LDSS and the local school, in consultation with the child and other key partners, should be made as quickly as possible (e.g., **within three (3) business days**) after the service worker has notified the child's current school of the placement decision.

For more information on determining the child's best interest for school placement, see [Section 12.12.1](#) of this chapter.

5.10 Documenting the assessment

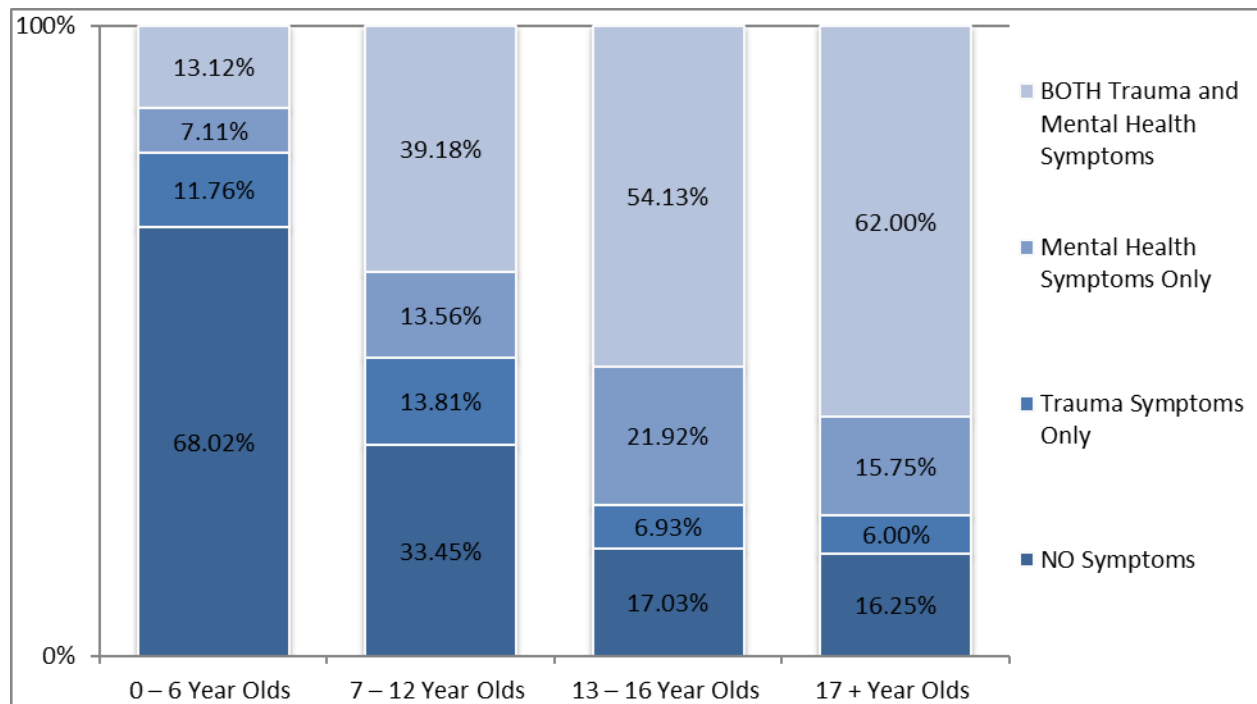
Documenting the assessment process and findings is important for permanency planning, developing and implementing services, and monitoring and evaluating progress. Documentation provides essential information for sharing with the child and family, the court, and service providers. It also provides an important vehicle for ensuring continuity in implementation, particularly when service workers change.

All information gathered during the assessment process shall be documented in the assessment screens in OASIS. Supporting documents (e.g., psychological and other clinical assessments; social work reports) shall be maintained in the paper case file for use throughout the child's involvement with the child welfare system.

5.11 Additional resources

- The [National Child Traumatic Stress Network](#) has a comprehensive website that provides many resources on trauma to help children, parents, caregivers, professionals, and others. It also includes a section on resources for the [child welfare system](#).
- [Tri-Agency Letter on Trauma Informed Treatment](#) dated July 11, 2012 from the United States Department of Health and Human Services' Administration for Children and Families (ACF), Centers for Medicare & Medicaid Services (CMS) and Substance Abuse and Mental Health Services Administration (SAMHSA) provides information and guidance around developing a trauma informed system.
- ["Comprehensive Family Assessment Guidelines for Child Welfare."](#) United States Health and Human Services, Administration for Children and Families, describes a comprehensive family assessment in child welfare.
- Additional information about trauma symptoms:
 - As the child gets older the symptoms of both trauma and mental health increase (see following chart).

Overlap of Trauma and Mental Health Symptoms



(Griffin, McClelland, Holzberg, Stolbach, Maj, & Kisiel , 2012)

Observable indicators of traumatic stress may include challenges in:

- **Biobehavioral functioning.**
 - Unexplained physical symptoms such as stomach or headaches and fatigue.
 - Poor impulse control and impulsive behavior.
 - Over or under active sensory responses (e.g. high sensitivity to noise, low awareness of pain).
 - Hypersensitivity to physical contact.
 - Hyper physical arousal (e.g., constant physical activity).
 - Underarousal (e.g., lack of movement and facial expressions, slowed walking and talking.)
 - Problems with movement, coordination, and balance. Excessive body movements, excessive and chronic silly behavior.
 - Nightmares, flashbacks, intense reliving, or distressing recollections of the trauma.

- Hypervigilance or exaggerated startle response.
- Exaggerated emotional and physical reactions to reminders of the event.
- Dissociation: frequent daydreaming or trance-like behavior, spacing or blanking out, amnesia-like states, loss of “time,” forgetfulness, avoidance, detachment, feeling emotionally detached or depersonalized as if “observing” something happening to self, withdrawing from the outside world.
- Refusal to eat, eating disturbances.
- Difficulty falling or staying asleep.
- Bedwetting. Wetting/soiling pants after having achieved previous bowel and bladder control
- Developmental delays, often of more than 4 years.
- Increased medical problems.
- **Attachment.**
 - Delays in social and emotional development.
 - Difficulty with physical or emotional boundaries with others.
 - Socially isolated.
 - Difficulty trusting others; suspicious.
 - Difficulty relating to and empathizing with others.
 - Underlying fear of getting close.
 - Lack of eye contact.
 - Anxious or clingy behavior in the absence of obvious cues of danger.
 - Push-pull response to relationships (e.g. intense likes and dislikes without good reason).
 - Dismisses, avoids, or detaches intentionally from others.
 - Difficulties in interpersonal relationships.
- **Cognitive development.**

- Distorted cause and effect thinking.
 - Perceptual errors, often misreading situations and thus appearing paranoid.
 - Hyperactivity: difficulty paying attention or concentrating, forgetful in daily activities, extreme distraction, difficulty focusing on and completing tasks.
 - Problem processing information.
 - Difficulty planning and anticipating.
 - Learning difficulties.
 - Problem with language development.
 - Difficulty in progressing and succeeding in school.
 - Impaired memory, unable to recall important aspects of the trauma.
- **Behavior.**
 - Excessive crying.
 - Excessive compliance.
 - Outbursts of anger.
 - Severe, frequent tantrums.
 - Inability to manage behavior in all arenas.
 - Intentional misbehavior.
 - Defiance, arguing.
 - Self-destructive behavior.
 - Running away.
 - Substance abuse.
 - Destruction of property.
 - Aggressive behavior.
 - Sexual acting out.

- Inability to shift from feeling to thinking.
- Absence of cause and effect thinking.
- Poor problem solving skills.
- Unable to learn from consequences.
- **Affect and mood regulation.**
 - Mood swings, rapid shifts in emotions (e.g., from sadness to irritability to anxiety).
 - Jumpy, irritable, outbursts of anger.
 - Emotional numbing, blunted or flat emotions, difficulty experiencing intense emotions.
 - Profound sadness.
 - Diminished interest or participation in significant activities.
 - Lack of eye contact.
 - No or few expressions of joy.
 - Avoiding feelings or unable to have loving feelings.
 - Lethargy, loss of motivation.
 - Suicidal ideation.
 - Difficulty describing emotions and internal experiences.
 - Difficulty managing emotions.
 - Difficulty communicating needs.
 - Shame and guilt.
 - Feelings of anxiety, fear, hopelessness.
- **Self and world concept.**
 - Internal and external lack of feeling safe.
 - Lack of a continuous, predictable sense of self.

- Poor body image.
- Low self-esteem.
- Shame and guilt.
- No future orientation.

6

PLACEMENT TO ACHIEVE PERMANENCY

TABLE OF CONTENTS

6.1	Introduction	4
6.2	Framework	5
6.2.1	Practice principles	5
6.2.2	Legal citations.....	6
6.2.2.1	General provisions for placing children.....	6
6.2.2.2	Vistation and communication with family	7
6.2.2.3	Seeking and notifying relatives of placement options.....	7
6.2.2.4	Pursuing permanent placement options	8
6.2.2.5	Using approved and licensed providers.....	8
6.2.2.6	Placing children outside of Virginia.....	9
6.2.2.7	Commissioner’s authority.....	9
6.2.3	Outcomes	9
6.3	Critical decisions in making placements	10
6.4	Keeping siblings together	13
6.4.1	Assessment of sibling relationships.....	13
6.4.2	Placing siblings together.....	13
6.4.3	When siblings are separated in placement.....	14
6.4.4	Continuing efforts to place siblings together.....	14
6.4.5	Sibling visitation and communication.....	15
6.5	Key partners in making placement decisions	15
6.6	Engaging relatives and significant adults as placement options.....	16
6.7	Procedures prior to out-of-home placement	17
6.7.1	Discussing permanency and placement options	17
6.7.2	Family Partnership Meetings prior to child’s removal and placement.....	19

6.7.3	Pre-placement visits	19
6.7.4	Preparing key partners for placement	20
6.7.5	Preparing key partners for impact of child’s traumatic stress on placement	21
6.7.6	Placement agreement with Code of Ethics and Mutual Responsibilities	23
6.7.6.1	Placement agreement with foster homes	24
6.7.6.2	Placement agreement with children’s residential facilities.....	25
6.7.7	Financial agreement with provider.....	25
6.8	Normalcy for children in foster care	26
6.9	Procedures for <i>immediate</i> placement.....	27
6.9.1	Purchasing emergency shelter services.....	27
6.10	Procedures for placement changes	28
6.10.1	Family Partnership Meetings to preserve or change placements.....	28
6.10.2	Collaborate with school to ensure school stability	28
6.10.3	Notification of placement changes and maintaining connections	29
6.11	Placements leading to permanency for child	30
6.11.1	Placements leading to reunification.....	30
6.11.2	Placements leading to adoption	30
6.11.3	Placements leading to custody transfer to a relative	31
6.12	Placements for children with alternative goals	31
6.12.1	Placement with goal of Permanent Foster Care	32
6.12.2	Placement with goal of Independent Living	32
6.12.3	Placement with goal of Another Planned Permanent Living Arrangement.	32
6.13	Placements in relative homes	33
6.14	Placements in foster and adoptive family homes	34
6.14.1	Foster and adoptive family home approval requirements.....	34
6.14.2	Foster and adoptive family homes providing services to more than one LDSS	35
6.14.3	Purchasing home studies and placement services	35
6.15	Placement in independent living arrangements for youth under the age of 18 ..	36
6.15.1	Factors to assess in determining youth’s readiness.....	36
6.15.2	Approving the Independent Living Arrangement	37
6.15.3	Agreement for placement in Independent Living Arrangement	37
6.15.4	Paying for Independent Living Arrangements.....	38

6.16	Placements in residential programs.....	38
6.16.1	Definition and objectives of residential placement.....	39
6.16.2	Pre-placement planning and placement in residential care.....	40
6.16.3	Residential facility requirements.....	41
6.16.4	Facilities with provisional licensure status.....	42
6.16.5	Requirements for placing child in out-of-state residential facility.....	42
6.16.6	Services during residential placement.....	43
6.16.6.1	Roles and responsibilities of LDSS.....	43
6.16.6.2	Roles and responsibilities of residential facilities based on licensing standards.....	44
6.16.6.3	Returning child to family and community.....	44
6.16.7	Paying for care in a residential facility.....	45
6.16.7.1	Requirements for Medicaid funding.....	45
6.16.7.2	Absence from a residential facility.....	45
6.16.7.3	Paying for incidentals in residential care.....	46
6.16.8	Psychiatric hospitalization of children in foster care.....	46
6.17	Placements across jurisdictions.....	47
6.17.1	Placing child in another political jurisdiction.....	47
6.17.2	Transferring custody of child to another LDSS.....	47
6.17.3	Placing child outside Virginia.....	48
6.17.4	Receiving a child into Virginia (ICPC cases).....	48
6.17.4.1	Receiving an ICPC case.....	49
6.17.4.2	When the placement is approved.....	50
6.17.4.3	Providing a written report.....	50

6

PLACEMENT TO ACHIEVE PERMANENCY

6.1 Introduction

Permanency planning with the child and family focuses on preserving the family, reunifying the family, or achieving permanency for the child with another family. It involves facilitating lifelong connections for the child with siblings, extended family, and other significant adults. It begins with the child and family's first contact with the children's services system and continues with a sense of urgency until permanency is achieved.

When a child cannot live safely with his family due to abuse, neglect, or seriously harmful behavior, the service worker shall actively seek a safe, stable, and nurturing family that maintains sibling and family connections and that is committed to meeting the child's needs, including educational, medical and behavioral health needs. For each child placed outside of the home, the service worker shall promote and preserve sibling, relative, significant non-relative, and community connections consistent with the child's best interests.

Placement stability is not permanency. Permanency is only achieved when the child leaves foster care to live with a permanent family. The child is either:

- Reunified with his family with custody transferred back to the parents;
- Adopted by a relative or non-relative; or
- Living with a relative who obtains custody of the child.

After achieving permanency, child and family supports should be continued until they are no longer necessary to ensure that the child is safe and family connections are stable.

6.2 Framework

When out-of-home placements are necessary to meet the best interests of the child, local departments of social services (LDSS) shall meet federal and state legal requirements and should use sound practice principles to achieve desired outcomes and to guide decision-making in pursuing permanency for the child.

6.2.1 Practice principles

Four fundamental principles in Virginia's Children's Services System Practice Model guide practice:

First, we believe that all children and communities deserve to be safe.

- Safety comes first. Every child has the right to live in a safe home, attend a safe school, and live in a safe community. Ensuring safety requires a collaborative effort among family, agency staff, and the community.
- We value family strengths, perspectives, goals, and plans as central to creating and maintaining child safety, and recognize that removal from home is not the only way to ensure child or community safety.
- In our response to safety and risk concerns, we reach factually supported conclusions in a timely and thorough manner.
- Participation of parents, children, extended family, and community stakeholders is a necessary component in assuring safety.
- We separate caregivers who present a threat to safety from children in need of protection. When court action is necessary to make a child safe, we use our authority with respect and sensitivity.

Second, we believe that children do best when raised in families.

- Children should be raised by their families whenever possible.
- Keeping children and families together and preventing entry into any type of out of home placement is the best possible use of resources.
- When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home. We value the resources within extended family networks and are committed to seeking them out.

- When placement outside the extended family is necessary, we encourage healthy social development by supporting placements that promote family, sibling and community connections.
- Placements in non-family settings should be temporary, should focus on individual children's needs, and should prepare them for return to family and community life.

Third, we believe in family, child, and youth-driven practice.

- Children and families will be treated with dignity and respect. The voices of children, youth, and parents are heard, valued, and considered in the decision making regarding safety, permanency, well-being as well as in service and educational planning and in placement decisions.
- Family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.
- Children have a right to connections with their biological family and other caring adults with whom they have developed emotional ties.
- We engage families in a deliberate manner. Through collaboration with families, we develop and implement creative, individual solutions that build on their strengths to meet their needs.

Fourth, we believe that all children and youth need and deserve a permanent family.

- Lifelong family connections are crucial for children and adults. It is our responsibility to promote and preserve kinship, sibling, and community connections for each child. We value past, present, and future relationships that consider the child's hopes and wishes.
- Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care, or guardianship. Placement stability is not permanency.

6.2.2 Legal citations

The legal framework and specific requirements for placing children are delineated in federal and state law. See the law for complete language by clicking on the citation.

6.2.2.1 General provisions for placing children

- **LDSS right to accept children for placement**

- [§ 63.2-900](#)
- **Placement agreement requirements**
 - [§ 63.2-902](#)
- **Cannot deny or delay placement due to race, color, or national origin**
 - [Federal Multiethnic Placement Act of 1994 and Interethnic Adoption Provisions of 1996 \(MEPA-IEP\)](#); Public Law 103-382
- **Reasonable efforts to place siblings together; or if separated, frequent visitation or communication**
 - [§ 63.2-900.2](#)
 - [Social Security Act, Title IV, § 471, \(a\) \(31\) \[42 USC 671\]](#)

6.2.2.2 Visitation and communication with family

- **Allowing reasonable visitation via court order at the preliminary removal hearing**
 - [§ 16.1-252](#)
- **Including visitation and other contacts in foster care plan**
 - [§ 16.1-281](#)
- **Planning visitation and communication between siblings**
 - [§ 63.2-900.2](#)
- **Visitation of child placed in foster care**
 - [§ 63.2-912](#)

6.2.2.3 Seeking and notifying relatives of placement options

- **Identify and notify relatives of child's removal from home**
 - [Social Security Act, Title IV, § 471 \(a\) \(29\) \[42 USC 671\]](#)
- **Seek relatives first as placement option**
 - [§ 63.2-900](#)

- Determine whether child has relative to be kinship foster parent
 - § [63.2-900.1](#)

6.2.2.4 Pursuing permanent placement options

- Child's health and safety is paramount concern; reasonable efforts to preserve and reunify families
 - § [16.1-281](#)
 - [The Adoption and Safe Families Act of 1997](#); Public Law 105-89
- If reunification not appropriate, reasonable timely efforts to finalize permanent placement; place child for adoption or with legal guardian
 - [The Adoption and Safe Families Act of 1997](#); Public Law 105-89
- If cannot return child to prior family, plan to place child with relative with subsequent transfer of custody or in adoptive home, or if neither feasible, permanent foster care.
 - § [16.1-281](#)
- Provide child welfare services to prevent separating children from families, restore them with families, place in adoptive homes, and assure adequate care
 - § [63.2-319](#)
- Provide services that achieve permanent placements as quickly as practicable
 - § [63.2-900](#)
- Document reasonable efforts to place child in timely manner and to finalize permanent placement
 - § [16.1-281](#)

6.2.2.5 Using approved and licensed providers

- LDSS approval of provider homes

- [\(22 VAC 40-211-20\)](#).
- **Funding based on licensure status of foster family home, group home, or residential facility**
 - **Title IV-E**
 - [Social Security Act, Title IV, § 471 \(a\) \(10\) \[42 USC 671\]](#).
 - **Children's Services Act**
 - § [2.2-5211.1](#)

6.2.2.6 Placing children outside of Virginia

- [The Safe and Timely Interstate Placement of Foster Children Act of 2006](#); Public Law 109-239
- **Interstate Compact on the Placement of Children**
 - §§ [63.2-1000](#) through [63.2-1105](#)

6.2.2.7 Commissioner's authority

- **VDSS Commissioner's authority to place, remove or direct the placement or removal of children in LDSS custody and to remove or direct the removal of children in placements that fail to comply with state or federal requirements intended to protect child's health, safety, or well-being.**
 - § [63.2-904](#)

6.2.3 Outcomes

Service workers shall strive to achieve the following two permanency outcomes required in the federal Child and Family Services Review, each with specific outcome measures:

Permanency Outcome 1: Children have permanency and stability in their living situations.

- More children leave foster care and achieve permanency.
- Children achieve permanency with shorter lengths of stay in foster care.
- Increased timeliness to permanency.

- Fewer placement moves and disruptions.
- Fewer children in out of home care.
- More children placed in family based care.
- More children placed in relative foster homes.
- Fewer children placed in residential care.
- Fewer children re-enter foster care.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

- More children in foster care placed in close proximity to families and communities.
- More children in foster care placed with their siblings.

6.3 Critical decisions in making placements

Placement occurs after the child is removed from home by court order, entrustment, or non-custodial foster care agreement and placed in a substitute care setting. Placement is the physical setting in which the child finds himself, that is, the resultant foster care setting. A new placement setting results when the foster care setting changes (e.g. the child moves from one foster family home to another or to a group home or institution) ([Federal Child Welfare Policy Manual, Subsection 1.2B.7 #7](#)).

All children in foster care shall be placed in a licensed or approved placement ([22VAC40-201-40](#)). In the event a child has inadvertently been placed in an unapproved placement or a placement has become unapproved, neither IV-E nor CSA funding can be used to fund the placement.

Additionally, IV-E administrative costs cannot be claimed. This also includes administrative costs for children who are placed in relative foster homes where the approval process is not completed within 60 days. The regional IV-E team should be notified as soon as possible after the error is discovered so it can be determined whether or not the administrative costs are allowable. In accordance with the federal Deficit Reduction Act of 2005, the following applies for claiming administrative costs for otherwise title IV-E eligible children residing in an unlicensed or unapproved placement:

- When a child transitions from a placement that is not eligible for maintenance payments under title IV-E to a placement that is eligible for such payments, administrative costs may only be claimed retroactively from the month in which the transition occurred.

In making placement decisions to secure the most appropriate home for a child, whether an initial placement or change in placement, the service worker, in collaboration with key partners and members of the Family Partnership Meeting (FPM), shall:

- Ensure the child's health and safety is the paramount concern ([§ 16.1-281 B](#)).
- Take actions to minimize the trauma of separation, to build upon the strengths of the child and family, and to meet the child's special needs and best interests.
- Not delay or deny placement of a child in foster care on the basis of race, color, or national origin of the child or the foster and adoptive parents involved ([22 VAC 40-201-40 A](#); and Multiethnic Placement Act of 1994).
- Place the child in the least restrictive, most family-like setting that is committed to meeting the child's best interests and needs, including educational, medical and behavioral health needs ([22 VAC 40-201-40 A](#)).
- Place the child with all siblings who need placement unless joint placement is documented to be contrary to the safety or well-being of any of the siblings.
- When siblings are to be placed separately, plan frequent and regular visitation and communication between the siblings, taking into account the wishes and best interests of the child, and the safety and well-being of the siblings ([§ 63.2-900.2](#)) unless it is documented that frequent visitation or other ongoing interaction would be contrary to the safety or well-being of any of the siblings.
- Place the child in a fully approved or licensed placement, with the exception noted in ([Section 6.9](#)) in this chapter for *immediate* placements.
- Design a placement that leads to returning the child to his or her parents or prior custodians within the shortest practicable time, consistent with the child's health and safety. If returning the child home is not reasonably likely within a practical period of time, place the child with a relative or in an adoptive home ([§ 16.1-281 B](#)).
- Place the child in a timely manner and pursue all necessary actions to finalize the permanent placement of the child ([§ 16.1-281 C2](#)) as quickly as practicable ([§ 63.2-900 A](#)).
- Seek out relatives first for placement ([§ 63.2-900](#)), including relatives in other states in accordance with the Interstate Compact on the Placement of Children (ICPC) ([see Section 6.17.3](#)), when the child cannot remain safely at home and determine whether any relatives are eligible to be an approved provider ([§ 63.2-900.1 A](#)) and/or legal custodian.

- Seek out foster and adoptive parents for placement, so if reunification fails, the placement is the best available placement to provide permanency for the child ([22 VAC 40-201-40 A](#)).
- Seek out non-relatives for placement and/or adoption when the child cannot remain safely at home and relatives are not appropriate for placement or assuming custody (§ [16.1-281 B](#)).
- Consider residential placements for short term temporary placement when the child requires crisis stabilization or intensive treatment that cannot be safely or effectively provided in a family setting. Begin immediately developing and implementing a plan for returning the child home safely, to a relative's home, or to a family-like setting at the earliest appropriate time consistent with the child's needs (§ [2.2-5208 5](#)).
- Identify and design wrap around services and supports for the child, birth parents or prior custodians, and/or foster and adoptive family as appropriate to help facilitate success with the placement and achieve permanency for the child.
- Help maintain relationships, facilitate visitation, and provide continuity for the child with family, friends, school, religious, spiritual, and other cultural and community connections through placing the child:
 - In as close proximity as possible to the birth parent(s) or prior custodian's home and neighborhood to provide educational stability for the child ([22 VAC 40-201-40 A](#)).
 - With caregivers who actively support the child returning to and maintaining connections with his family.
- Take into account the appropriateness of the child's current educational setting and the distance from the new placement to the school in which the child is currently enrolled for the school age child ([Social Security Act, Title IV, § 475 \(1\) \(G\) \[42 USC 675\]](#)).

The use of an FPM and the requirements listed here provide the opportunity to enhance placement stability and support the achievement of timely permanency for the child.

When LDSS do not follow the required actions listed above, the child's health, safety, and well-being may be impacted. Depending on the impact to the child and the placement circumstances, the VDSS Commissioner may exercise the authority to intervene in LDSS placement decisions.

6.4 Keeping siblings together

The federal law, Fostering Connections to Success and Increasing Adoptions Act of 2008 ([P. L. 110-351](#)) emphasizes the preservation of the sibling bond by requiring states to make reasonable efforts to place siblings in the same placement.

Siblings shall be placed together in order to support and maintain existing ties and to minimize the degree of loss experienced by the children, unless there is a compelling reason in the children's best interest not to be placed together.

6.4.1 Assessment of sibling relationships

Sibling conflict is normal part of the sibling relationship. The service worker should assess the sibling relationship as a whole not just a point in time, when preparing for placement of siblings together.

The service worker should consider the following components in determining the placement of siblings together:

- The past, current, and potential relationship and attachment for all the siblings.
- Any safety risks associated with the siblings being placed together.
- The possible long term benefits of keeping the siblings together and potential attachment issues for the future if the siblings are not kept together.
- The potential placement for the sibling group and the foster and adoptive family's abilities and willingness to meet the needs of all the siblings to avoid future placement disruption.

6.4.2 Placing siblings together

Diligent efforts shall be made to place together all siblings who enter care at or near the same time unless there are specific safety and/or well-being issues including:

- One or more of the siblings has:
 - Therapeutic needs that require specialized placement;
 - Medical needs that require specialized placement; or
 - Demonstrated inappropriate sexual behavior that necessitates a more restrictive placement; or
- A half-sibling is placed with his or her biological parent/relative.

The reasons why siblings are not placed together due to safety and/or well-being issues shall be documented in OASIS.

6.4.3 When siblings are separated in placement

When all efforts to place siblings together are exhausted and it becomes necessary to place siblings separately, the following issues should be considered in making placement decisions:

- Close proximity of placements between siblings, including the same school, church, etc.
- Foster and adoptive parents' ability and willingness to continue the contact with all siblings.
- Therapeutic needs for siblings' continuity of relationships.
- How placement of a sibling group separately may impact permanency outcomes for the children in a sibling group.

When siblings need to be separated, efforts should be made to place as many siblings as possible together. The service worker should assess the sibling relationship and ask each child, as appropriate, to provide input into the determination of placement with other siblings.

6.4.4 Continuing efforts to place siblings together

Continuous efforts to place the siblings together shall be made unless the placement would be contrary to the safety and well-being of any of the siblings. When a sibling group is separated at any time, the service worker shall make immediate and ongoing efforts to locate or recruit a family in whose home the siblings may be reunited.

A reassessment of the placements for siblings who are not placed together shall be assessed at a minimum on a quarterly basis or at each Family Partnership or child and family team meeting. The reassessment of the split placement shall include all efforts and progress to place all the siblings in the same placement. The reassessment and efforts shall be documented in OASIS.

Children are related when they share a biological or adoptive parent regardless of legal status. When placing a newborn of a sibling group every effort should be made to identify and evaluate placement options with the sibling(s).

Termination of parental rights or adoption does not negate a newborn child's relationship with other siblings already in care or adopted. Efforts should be made to

identify siblings by reviewing current or prior case records and documenting known information regarding siblings.

6.4.5 Sibling visitation and communication

The foster care plan shall include the plan for visitation and communication between the child and parent(s) or prior custodians. If siblings are separated (e.g., sibling in foster care, sibling in biological home), the visitation and communication plan among siblings shall also be included to encourage frequent and regular visitation or communication among the siblings. This visitation and communication plan among siblings should be developed:

- **Within five (5) calendar days** of placement when siblings are in one foster home and other siblings remain in the biological home.
- **Within 15 calendar days** of placement when it is necessary to place siblings in different foster placements. Diligent and continuous efforts shall be made to keep siblings together.

The visitation plan shall be a written plan, documented in OASIS, and provided to the family. The sibling visitation plan shall also be addressed in the child(ren)'s foster care plan(s).

The visitation and communication plan shall take into account the wishes of the child, consistent with the child's developmental level. The plan shall specify the frequency of visitation and communication, identify who is responsible for ensuring the visits and communication take place, and state any restrictions or limitations to the visits or communications. The communications may include, but are not limited to, face-to-face visits, telephone calls, email correspondence, and video conferencing. The visitation plan should include weekly contact when consistent with the best interests of the child. If visits will not be weekly, the plan should state why weekly visits are not in the best interest of the child(ren). The plan should also specify ways for the child to connect with friends and other adults who are significant to the child.

6.5 Key partners in making placement decisions

To help ensure the most appropriate placement to help achieve permanency for the child, the service worker shall:

- Involve birth parents or prior custodians as an integral part of the process in determining what is in their child's best interest, whenever possible.
- Consult with the child if the child is age 12 or older, or obtain input from the child if the child is under age 12 and capable of communicating his wishes. Provide the child all relevant information about entering foster care, listen and respond to

questions, and help the child communicate and work through his or her wishes and concerns.

- Involve current and prospective caregivers, whenever feasible. By involving both the current and prospective caregiver, the service worker helps support the child's transition as well as permitting the prospective caregiver to gain valuable insight into the current functioning of the child with the current caregiver.
- Hold a FPM.
- Consult with the child's current school on the appropriateness of the child's current educational setting for the school age child. The service worker shall notify the child's current school that the child will be moving to a new placement and the necessary timeframe for making this decision. The school representative may be asked to attend the FPM or may provide this information through an alternative method. The LDSS shall take into account the educational information provided by the school and the distance of potential placements to the child's current school in the placement decision-making process.

6.6 Engaging relatives and significant adults as placement options

As part of the placement process, the LDSS shall diligently search for adult relatives and other individuals who have had significant relationships with the child to identify placement options (see [Section 2.5](#) in this chapter). Individuals not related by birth, marriage, or adoption to the child, but who have emotionally significant relationships with the child, may be willing to fulfill the functions of a family relationship for the child in foster care.

The LDSS shall make diligent efforts to notify in writing all grandparents and other adult relatives, both maternal and paternal, that the child is being removed or has been removed. The purpose of the written notice is to explain the permanency options and the concurrent planning process, as well as invite the relatives to participate in the care and placement of the child. This notice shall occur **within 30 calendar days** after removing the child from the custody of the parent(s) (see [Section 2.3](#) in this chapter). It should be done **within five (5) days** after removing the child when feasible.

The service worker should engage the child, birth parents or prior custodians, and potential relative caregivers in a collaborative decision-making process on how to achieve permanency for the child, unless their involvement is not in the best interests of the child. The service worker should encourage relatives and other significant individuals to consider serving as placement options for the child, consistent with the child's safety, best interests, and personal desires.

Placements with family members and other adults should be reconsidered throughout the child's involvement with the child welfare system. Someone who initially was not

able to serve as a placement or permanent family for the child may be able to serve in this capacity at another time.

6.7 Procedures prior to out-of-home placement

Prior to placing a child in any out-of-home placement, whether an initial placement or placement change, the service worker:

- Shall discuss placement options to achieve permanency for the child with key partners (see [Section 6.7.1](#)).
- Shall consult with the child's current school, for the school age child, and take into account in the placement decision the appropriateness of the child's current educational setting and the distance of potential placements to the child's current school (see [Section 6.5](#)).
- Should convene a FPM (see [Section 6.7.2](#)).
- Shall conduct a pre-placement visit to the home or facility (see [Section 6.7.3](#)).
- Should prepare key partners for the placement (see [Section 6.7.4](#) and [Section 6.7.5](#)).
- Shall enter into written agreements with the provider (see [Section 6.7.6](#) and [Section 6.7.7](#)).

When placing the school age child in any out-of-home placement, the LDSS shall, in writing, jointly determine with the local school division whether it is in the child's best interest to remain enrolled in the school where the child was enrolled at the time of the placement (see [Section 12.12](#)).

If an emergency situation precludes some of these activities, they should be done at the time of placement or as quickly as feasible.

6.7.1 Discussing permanency and placement options

The service worker should discuss each permanency option with the child, birth parents or prior custodians, relatives, and significant individuals. The purpose of these conversations is to keep these individuals fully informed so they can help make informed decisions.

Specifically, the service worker should candidly and fully discuss:

- The child's health and safety which are the highest priorities in all decision making.

- The primary goal to support the parents or prior custodians so the child can return home as soon as possible.
- The value of pursuing several options concurrently to determine the option that meets the child's best interests, if the child cannot return home and to ensure timely decisions given the urgent situation for the child.
- The specific strengths, needs, resources, and supports for the child and family.
- The roles, benefits, rights, and responsibilities of the child, foster and adoptive parent, relatives, and LDSS when serving as a permanent placement for the child, including the process for:
 - Becoming a foster and adoptive parent.
 - Adopting.
 - Transferring custody from LDSS to the relative.
- How reunification with the child's family and adoption into a permanent family are more permanent alternatives for the child, compared with transferring legal custody of the child to a relative.
- The advantages of adoption for the child when he or she cannot be returned home, including that adoption:
 - No longer requires the child to be totally separated from birth parents.
 - Provides the most permanent legal relationship for the child.
 - Provides permanent family connections throughout the child's life, not just until the child becomes an adult.
- The availability of a Federal adoption tax credit for eligible taxpayers based on reasonable and necessary expenses related to a legal adoption See Child and Family Services Manual, Chapter F., Adoption, [Section 2.4.4](#).
- The availability of maintenance payments and foster care services.
- The enhanced maintenance process and the manner in which payments are calculated, modified, and terminated, based on the needs of the child.
- The process for negotiating and signing a placement agreement.
- Any concerns and ways to address those concerns in becoming a foster and adoptive parent and potentially adopting or assuming custody of the child.

6.7.2 Family Partnership Meetings prior to child's removal and placement

A FPM should be held prior to the child's removal from home, prior to any subsequent placement changes, including a disruption in an adoptive placement, to engage the family, significant other adults, and community members in the decision-making process (see [Section 2.9](#) in this chapter). In addition to regular, ongoing discussion regarding permanency, a FPM should be held to discuss permanency options and concurrent planning prior to the development of a foster care plan for the foster care review and permanency planning hearings.

The service worker should schedule a FPM when the child's safety is in jeopardy, the child is at risk of emergency removal, or the child is at risk of out of home placement. The meeting should be scheduled **within 24 hours** of safety issues being identified and occur **before the 5-day** court hearing in cases after the removal.

The participants in the FPM should help determine whether:

- The agency should file for custody and facilitate placement;
- The child can remain or return home safely with services;
- The parents will voluntarily place the child with services provided and safety plan implemented; or
- There is a relative who is willing and able to provide a placement for the child should the child enter foster care.

6.7.3 Pre-placement visits

An LDSS service worker shall make a pre-placement visit to any out-of-home placement to observe the environment where the child will be living. The date of the pre-placement visit shall be entered in OASIS.

- The pre-placement visit shall precede the placement date and may be any visit to an out-of-home placement by an LDSS service worker up to 90 calendar days prior to placement.
- An exception to the pre-placement visit is an emergency situation, which shall be documented in the case narrative. In such emergency situation, a pre-placement visit may be the day of placement.
- When a child is to be placed outside of Virginia with relatives, in a foster home, in an adoptive home, residential facility or an independent living arrangement, the pre-placement visit shall be made by an authorized agency

in the receiving state in accordance with [Interstate/Intercountry Compact for the Placement of Children \(ICPC\) procedures](#).

6.7.4 Preparing key partners for placement

The service worker shall share information and help prepare the child, birth parents or prior custodians, the prospective provider (the approved or licensed provider where the child will be placed), and the child's school for the child's change in placement. These activities should include:

- Facilitating birth parents or prior custodians and the prospective provider working together to meet the child's needs.
- Discussing the placement with the birth parents or prior custodians including the specific arrangements for visits and communication between the child, siblings, and family members.
- Providing the child, according to his or her age and ability, all relevant information about the out of home placement, responding to questions and concerns PRIOR to the child's move to the placement.
- Scheduling a pre-placement visit for the child when circumstances allow.
- Providing the prospective provider all information known about the child, at initial placement and on an ongoing basis, and relevant information about the birth family in order to assure that the provider has the information necessary to maintain safety and manage the needs of the child. The service worker shall provide and review the foster care plan, including Part B, with providers as a means of meeting this requirement. The service worker should also provide information on:
 - Child and family assessments.
 - Social history.
 - Trauma history.
 - Siblings, significant adults, friends, and community connections important to the child.
 - Educational, medical, and behavioral health information.
- Notifying the school in which the school age child is currently enrolled of the placement decision and the requirement to jointly determine in writing the most appropriate educational setting based on the child's best interest as

quickly as possible (e.g., **within three (3) business days**) (See [Section 12.12](#)).

6.7.5 Preparing key partners for impact of child's traumatic stress on placement

The service worker should help key partners understand, prepare for, and address the child's traumatic stress. The service worker should use various strategies to help prepare the child's foster and adoptive parents and caregivers, including:

- Sharing information from evaluations about the child's traumatic stress.
- Giving printed materials on the impact of trauma for children in foster care from the National Child Traumatic Stress Network:
 - [Understanding Child Traumatic Stress: A Guide for Parents](#).
 - [Resources for Parents and Caregivers](#).
- Providing support for their important role during this time of crisis in the child's life.
- Referring them to the child's mental health professional and/or trauma-informed professional.

As a result of these efforts, the foster parents and caregivers should understand¹:

- The child's experiences with trauma and responses to traumatic stress to help them understand the child's behaviors, needs, and strengths.
- The lack of stability in the child's life (e.g., leaving home, changing foster homes, changing schools, losing friends, changing service workers, and/or changing therapists) and the resultant need for the child to quickly adapt to new communities and environments.
- The impact of trauma for children in foster care. Children with significant trauma histories have a strong response to losses, reinforcing their worldview that life is not predictable and relationships do not last. This worldview can lead to behaviors that further impact the child's ability to develop and maintain meaningful interpersonal relationships and to maintain stable placements. For example:

¹ Some information in this section was excerpted and adapted from the [Child Welfare Trauma Training Toolkit: Trainer's Guide](#)—1st Edition March 2008 The National Child Traumatic Stress Network. www.NCTSN.org

- The child's inability to regulate moods and behaviors may lead to behaviors that threaten stable placements, reunification, and/or adoptive placement.
- The child's lack of trust in the motivations of caregivers may lead to the child rejecting possible caring adults or, conversely, making superficial attachments.
- The child's early experiences and attachment problems may reduce his natural empathy for others, including foster and adoptive family members.
- A new foster and adoptive parent, unaware of the child's trauma history or reminders linked to strong emotional reactions, may inadvertently trigger strong reminders of trauma.
- The child, when faced with authority, may be reminded of violent experiences in the past and react by becoming aggressive. This may be the only way the child knows how to protect himself. His reaction to the current situation may be disproportionately violent and defensive as he reacts to traumatic memories of the past. This behavior may produce anger and rejection from the child's current caregivers.
- The child who is fearful of being rejected behaves in ways to elicit rejection. Such behavior can cause foster and adoptive parents to feel like "giving up" on the child, further reinforcing the child's sense of rejection and trauma they are already experiencing.
- The important role of birth parents or prior custodians, relatives, caregivers, and foster and adoptive parents. Research has demonstrated that one key factor influencing children's psychological recovery from traumatic events is the support they receive from their caregivers. Children experience their world within the context of their family relationships. Birth parents and prior custodians, relatives, and other significant persons should be the full-time and long-term supports for children. These individuals are in the child's life longer than the service worker or mental health professional.
- The traumatic stress many families experience along with the child.
 - Foster and adoptive parents have challenging and emotionally draining roles. They need to be prepared to welcome a new child into their home at any hour of the day or night, manage a wide array of emotions and behaviors, and address agency requirements and paperwork. They are expected to support and assist the birth family while at the same time attach to the child in their care. They simultaneously need to prepare the child for returning home or for the possibility of adoption.

- Relatives who care for the child face many of these same challenges, as well as several unique ones that can be overwhelming. They may not have been seeking this role at this time in their lives, but are willing to help address the need or crisis in their family. They must meet the needs of the child they love and respond to agency and court requirements, all while dealing with their own conflicting emotions about the trauma or crisis.
- The importance of staying the course and working through the vulnerable phase of forming attachment.
- The resources, supports, and/or strategies for developing coping skills and reducing trauma symptoms for the child, caregivers, and foster and adoptive parents.

The service worker shall also provide stability for the child and address the child's needs by:

- Establishing permanency for the child as quickly as possible.
- Partnering with the child, family, caregivers, foster and adoptive parents, and professionals as a team to identify the strengths and needs of the child and family in making placement decisions and in planning and providing services.
- Minimizing changes in foster care placements, schools, and communities.
 - When a change in foster care placement must occur, keeping the child in the same neighborhood, school, and community whenever in the child's best interests and feasible. This stability provides the child familiarity and consistency in relationships with teachers, neighbors, siblings, relatives, and/or friends during this stressful time.
 - When a change in school or community must occur, facilitating strategies for the child to maintain important relationships with siblings, relatives, teachers, neighbors, and friends through frequent phone calls, visits, and/or use of social media.

6.7.6 Placement agreement with Code of Ethics and Mutual Responsibilities

Prior to placing the child in a foster home or children's residential facility, a written agreement shall be signed on or before the date the child is placed in the home or facility ([§ 63.2-900 C](#)). The agreement shall be between the LDSS or the Licensed Child Placing Agency (LCPA) and the foster parent or the head of the children's residential facility. It shall remain in effect until the child leaves the placement.

This agreement provides that the LDSS or LCPA shall have access at all times to the child and to the foster home or children's residential facility. It also provides that

the foster parent(s) or the head of the facility will release the child to the LDSS or LCPA whenever the LDSS, LCPA, or Commissioner determines it is in the child's best interests (§ [63.2-902](#)). This agreement is not the vendor contract agreement between the LDSS and the LCPA that delineates the authority, roles, and responsibilities of the respective agencies.

The written agreement shall include, at a minimum, a Code of Ethics and Mutual Responsibilities for all parties named in the agreement (§ [63.2-900 A](#)). The Code of Ethics and Mutual Responsibilities is not inclusive of all ethical standards or responsibilities, but rather a minimum set of expectations provided to guide the partnership between the child placing agency and the family or the children's residential facility serving children in the Virginia foster care system. Additional expectations for the care of the child are outlined in other documents such as the foster care plan, child specific addenda, financial agreements, and/or other contractual documents.

There are two types of agreements, one for each placement type: foster homes and children's residential facilities. The two agreements are similar with slight variations depending on placement type.

These agreements are located on the [VDSS Fusion page](#) or the [VDSS public website](#). The State Board of Social Services approved the language of these agreements at its February 2009 board meeting and approved an updated version at its August 2018 board meeting.

The LDSS and LCPAs may place the agreement on their own letterhead stationery as long as the wording of the agreement is not changed. The agreement may be inserted as part of their package of placement documents. When the LDSS or LCPA needs to contract around items not set out in this agreement, other forms or documents may be used in conjunction with this agreement (e.g., a financial agreement).

6.7.6.1 Placement agreement with foster homes

Prior to placing the child in a foster home, the LDSS or LCPA that is placing the child presents the written agreement to the foster parent. It is entitled "[Foster Care Agreement: Code of Ethics and Mutual Responsibilities](#)." The foster parent(s) should be familiar with this agreement based on discussions of the agreement during pre-service training. The date of the child's placement should not be the first time the foster parent(s) see the form.

The agreement is between the agency (LDSS or LCPA) that approved and supervises the home and the foster parent. When an LDSS places a child with an LCPA, the agreement is between the LCPA and its foster home. The representative of the LCPA and the foster parent(s) sign the agreement. LDSS only signs the agreement when it approves and supervises the foster home.

The agreement shall be signed on or before the date of the child's placement by the:

- Service worker from the agency (LDSS or LCPA) that approved the home.
- Foster parent(s) of the home.
- LDSS director or LCPA executive director or designee. There may be emergency circumstances which may prevent the LDSS director from being able to sign on or before the placement date. In these circumstances, this person shall sign the placement agreement **within five (5) calendar days** of the child's placement date.

6.7.6.2 Placement agreement with children's residential facilities

Prior to placing the child in a licensed children's residential facility, the LDSS or LCPA that is placing the child (placing agency) presents the written agreement to the residential facility. It is entitled, "[Children's Residential Facilities Agreement: Code of Ethics and Mutual Responsibilities](#)."

The agreement is between the placing agency and the children's residential facility. It shall be signed on or before the date of the child's placement by the:

- Service worker from the placing agency.
- Head of the children's residential facility or designee.
- The placing agency director or designee.

When a child is placed in a children's residential facility licensed as a temporary emergency shelter, the agreement may be completed and signed **within 24 hours** of the child's arrival when a verbal agreement for placement is secured within eight hours of the child's arrival at the temporary emergency shelter ([§ 63.2-900 C](#)).

6.7.7 Financial agreement with provider

The VDSS approved template, [Financial Agreement for Local Department of Social Services Approved Providers](#), shall be signed when a child is placed with the LDSS approved provider. It requires LDSS to specify when the provider's monthly payments for the care of the child will be available. Timely payments should be made within the month following the month when services to a child were provided. Other local policies and procedures related to payment should be explained to the provider. The LDSS should notify all providers in writing if the room and board rate changes and a new agreement should be developed.

A financial agreement or contract, which documents the currently negotiated room and board rate and individual requirement items, shall be required for every child placed in a children's residential facility.

6.8 Normalcy for children in foster care

Being in foster care can be a stigmatizing experience for children. Lengthy decision-making processes around granting permission for children and youth to participate in normal activities and experiences can result in children missing out on opportunities which would be beneficial to them and further contribute to feelings of being "different" and/or being treated unfairly. Normalcy for children in foster care means that they have growing up experiences similar to their peers who are not in foster care.

LDSS shall, in accordance with The Preventing Sex Trafficking and Strengthening Families Act ([P.L.113-183](#)) and Va. Code [§63.2-904](#), implement policies and procedures to support normalcy for children in foster care. The Sex Trafficking Act directs that foster parents, group home and residential providers be empowered to make day to day decisions about the child's participation in age-appropriate extracurricular enrichment and social activities. These decisions shall be based upon a reasonable and prudent parent standard. This standard is characterized by careful and sensible parental decisions which ensure the child's health, safety and best interest, while at the same time encouraging the child's emotional and developmental growth.

A caregiver shall consider the following criteria when determining whether to permit a child to participate in an activity:

- The child's age, maturity, and developmental level to maintain the overall health and safety of the child;
- Potential risk factors and the appropriateness of the activity;
- The best interest of the child based on the caregiver's knowledge of the child;
- The importance of encouraging the child's emotional and developmental growth;
- The importance of providing the child with the most family-like living experience possible;
- The behavioral history of the child and the child's ability to safely participate in the proposed activity; and,
- The wishes of birth parents whose rights have not been terminated

The LDSS shall further ensure that caregivers receive training, initially and on-going, regarding normalcy for children in foster care. The training shall include knowledge and skills relating to the developmental stages of the cognitive, emotional, physical, and

behavioral capacities of a child. It shall provide knowledge and skills relating to applying the standard to decisions such as whether to allow the child to engage in social, extracurricular, enrichment, cultural, and social activities, including sports, field trips, and overnight activities lasting one or more days, and to decisions involving the signing of permission slips and arranging of transportation for the child to and from extracurricular, enrichment, and social activities. Caregivers should also be provided with information about the children placed in their care sufficient to ensure that they are able to make reasonable and prudent decisions.

The standard of normalcy for children in foster care does not allow caregivers to give permission for any type of activity that would be in violation of the child's court order.

The LDSS shall report on efforts to implement normalcy for each child in foster care in the child's foster care plan.

6.9 Procedures for *immediate* placement

To support children remaining with kin and in their communities, the service worker may make an immediate placement with a kinship provider whose kinship foster home is in pre-approval status. The required steps for the process of immediate kinship home placement and subsequent foster home approval are outlined in Section 1.5 of [Local Department Foster and Adoptive Home Approval Guidance Manual](#).

6.9.1 Purchasing emergency shelter services

Emergency Shelter service is the temporary housing and supervision of a child to prevent abuse, neglect, or exploitation. The service is provided in foster family homes and residential facilities approved for emergency shelter. Payments may be made for reserve space under the following conditions:

- Payment may be made until a more permanent arrangement can be made.
- Rates are negotiated by the LDSS for approved emergency foster family homes. There shall be an agreement specifying that the home is approved for emergency shelter and the rate of payment.
- Payment for the child in custody of the LDSS is from title IV-E or state pool funds, not protective services. A child removed from foster care placement because of abuse or neglect and placed in emergency shelter remains a foster care case.
- Rates are negotiated between the provider and purchaser based upon CPMT procedures for residential care.

- The locality, based on CPMT guidelines, may negotiate a fee to reserve space in an approved emergency shelter foster family home or facility and pay those fees out of state pool funds.

6.10 Procedures for placement changes

When a child is currently in a foster care placement and the LDSS is considering moving the child to a new placement, the service worker shall address the critical decisions in making placements (see [Section 6.3](#)) and key partners to involve in placement decisions (see [Section 6.5](#)). The service worker should also follow the procedures prior to making an out-of-home placement (see [Section 6.7](#)).

The service worker shall conduct a relative search when a placement change occurs or is expected to occur (§ [63.2-900.1](#)). The relative search should be conducted prior to the FPM, whenever feasible, as relatives identified through the search could be included as part of the FPM. Additionally, relatives identified through the search could be explored as potential placement options.

To accurately track the whereabouts of children in foster care, placement information for the child shall be entered into OASIS **within five (5) calendar days** of any placement change.

6.10.1 Family Partnership Meetings to preserve or change placements

A FPM should be requested before the child is moved from one placement to another. The purpose of the meeting is to determine if the current placement can be sustained safely and, if not, what placement alternatives are available. The meeting should be scheduled ideally when chronic or recurring problems in the placement are evident, but no later than when potential disruption of the foster placement is recognized, safety issues exist, or a move from the current placement is believed necessary to benefit the child. The following individuals may request the meeting: the child, birth parent, former legal guardians, adoptive parents, foster parents, or LDSS.

If the situation is urgent, the meeting should be scheduled **within 48 hours** of the request. If the meeting is to discuss a planned change in placement, it should be scheduled **within five (5) business days**.

6.10.2 Collaborate with school to ensure school stability

When making a placement change for the school age child, the LDSS shall:

- Consult with the child's current school and take into account in the placement decision the appropriateness of the child's current educational setting and the distance of potential placements to the child's current school.

- Jointly determine in writing with the appropriate school division whether it is in the child's best interest to remain enrolled in the school where the child was enrolled at the time of the placement (see [Section 12.12](#)).

6.10.3 Notification of placement changes and maintaining connections

The foster care plan shall include the plan for visitation between the child and parent(s) or prior custodians. If siblings are separated, the plan for visitation and communication with siblings shall also be included. The visitation or communication plan shall take into account the wishes of the child, consistent with the child's developmental level. The plan should also specify ways for the child to connect with friends and other adults who are significant to the child. The plan shall specify the frequency of visitation or communication, identify who is responsible for ensuring the visits or communication take place, and state any restrictions or limitations to the visits or communications. The communications may include, but are not limited to, face-to-face visits, telephone calls, email correspondence, and video conferencing.

All parents with residual parental rights or prior custodians shall be involved in determining changes in the placement of the child or in visitation arrangements. While birth parents or prior custodians are involved in the FPM and will know the placement decision and plans for maintaining connections with the child, the LDSS shall also notify all parents with residual parental rights or prior custodians in writing of any changes in placement, visitation and communication **within ten (10) calendar days** of such a change. Siblings, friends, and other significant adults shall be notified of any changes that impact their visitation and communication with the child. Plans for visitation and communication with parents or prior custodians shall be included in the child's service plan (see [Section 15.5.1](#)).

In the case of an emergency placement change, the birth parent with residual parental rights or prior custodian and all other relevant parties shall be notified immediately of the placement change. The agency shall inform the birth parent or prior custodian of why the placement change occurred and why the birth parent or prior custodian could not be involved in the decision making process. ([22VAC40-201-40](#) 1.2)

If the child is returned to his or her birth parents or prior custodians, the service worker shall immediately notify the court in which the foster care plan is filed ([§ 16.1-281 D](#)).

Within 72 hours of the child being placed, the service worker shall notify in writing the school principal and superintendent of the need to immediately enroll the child and the status of parental rights (see [Section 12.12](#)).

Maintaining significant connections for the child during times of transition is important. When placements change, the service worker should notify siblings and significant family members, friends, and adults to help support the child and to

arrange plans for visits and communication with the child during and after the transition.

6.11 Placements leading to permanency for child

Placements should be designed to help achieve permanency for the child, where the child is discharged from foster care to live with a permanent family.

Placements shall help facilitate reunification, consistent with the child's safety and best interests. Concurrent planning is a structured approach to case management which requires working towards family reunification while, at the same time, establishing and working towards an alternative permanency plan. Concurrent planning should be used for all foster care cases to ensure that if reunification cannot be achieved within the time frame permitted by law, the child will still achieve permanency promptly. While working to achieve reunification, the LDSS should work diligently to place a child in a home (preferably with a relative) that will be able to provide permanency for the child through custody transfer or adoption should the child be unable to return home. Refer to [section 7.4](#) for more information on concurrent planning.

6.11.1 Placements leading to reunification

The service worker shall make reasonable efforts to make placements that safely reconnect the child with his or her birth parent(s) or prior custodians to facilitate reunification within the shortest practicable time (§ [16.1-281 B](#)). The child's health and safety shall be the paramount concern. Reunification should always be pursued unless aggravated circumstances exist that indicate return home is not in the child's best interest (see [Section 7.6.2](#) of this chapter).

Permanency for the goal of reunification is achieved when the child is reunified with his or her family with custody transferred back to the birth parent(s) or prior custodians.

6.11.2 Placements leading to adoption

If reunification is not reasonably likely for the child within a practicable time, adoption of the child by a relative or non-relative provides the child the same legal and social status that is afforded to children born to the parent(s). In determining the best interests of the child for adoption, the service worker should consider the relevant factors that are required for the circuit court or juvenile and domestic relations district court. These factors include, but are not limited to:

- The birth parent(s)' efforts to obtain or maintain legal and physical custody of the child.
- Whether the birth parent(s) are currently willing and able to assume full custody of the child.

- Whether the birth parent(s)' efforts to assert parental rights were thwarted by other people.
- The birth parent(s)' ability to care for the child.
- The age of the child.
- The quality of any previous relationship between the birth parent(s) and the child and between the birth parent(s) and any other minor children... (§ [63.2-1205](#)).

Permanency is achieved when the final order of adoption is entered.

6.11.3 Placements leading to custody transfer to a relative

Another option for the service worker is to facilitate a successful placement with a relative with subsequent transfer of custody within the shortest practicable time. This option shall be based on the best interests of the child if reunification is not reasonably likely within a practicable time (§ [16.1-281](#)). In order for the juvenile and domestic relations district court to transfer custody of the child to a relative other than the child's prior family, the court shall enter an order only on a finding based upon a preponderance of the evidence that the relative is:

- Willing and qualified to receive and care for the child.
- Willing to have a positive, continuous relationship with the child.
- Committed to providing a permanent, suitable home for the child.
- Willing and has the ability to protect the child from abuse and neglect (§ [16-1.281 C1](#)).

Permanency is achieved when legal custody is transferred to the relatives with whom the child is placed.

6.12 Placements for children with alternative goals

Since permanency involves the child leaving the foster care system to live with a permanent family, goals other than reunification, adoption, and custody transfer to a relative do not achieve permanency for the child. Rather, the child remains in foster care.

If the service worker, in collaboration with the Family Partnership Team, determines that the child's home, an adoptive home, or placement with relatives with subsequent transfer of custody to the relative are not in the child's best interest at this time, they

may select an alternative goal and place the child in an alternative living arrangement while continuing to pursue permanency for the child.

Permanency should be pursued for all children in foster care. The service worker should continually evaluate the child's best interests and the changing circumstances of the child and extended family. As new opportunities arise that are consistent with the child's best interests, the service worker shall make diligent efforts to place the child with a permanent family and end placement in the foster care system.

6.12.1 Placement with goal of Permanent Foster Care

Youth who have a Permanent Foster Care goal shall be 16 years of age or older and be placed in a foster family home where the youth and the foster parent(s) already have a clearly established, strong relationship. Since this goal is only to be used when such a relationship already exists, there is no other placement for youth with this goal.

Permanency should be pursued through fully discussing with the permanent foster parent(s) the benefits of adoption for the youth (see [Section 6.7.1](#)).

6.12.2 Placement with goal of Independent Living

Only youth over the age of 18 shall have the goal of Independent Living. All efforts shall be made to find permanency for youth through reunification with family, adoption or placement with relatives. However, those youth that turn 18 while in foster care and have not achieved permanency, are eligible to enter the Fostering Futures Program. The foster care plan that is filed when a youth enters the Fostering Futures Program, will have a goal of Independent Living unless they remain in their permanent foster home. Efforts should continue to be made to seek permanency for youth with the goal of Independent Living. An independent living arrangement with an adult whom the youth has a significant bond is the preferred placement.

Please refer to [Section 14](#) for more information regarding allowable placements for youth over the age of 18.

6.12.3 Placement with goal of Another Planned Permanent Living Arrangement

Placements for youth with the goal of Another Planned Permanent Living Arrangement (APPLA) are group homes or residential settings. APPLA is intended to be used for those youth with chronic disabling conditions (e.g., severe neurological impairments or significant developmental delays requiring extensive assistance by and monitoring from adults) for whom living in a less restrictive setting is clearly not in the youth's best interest at the current time and shall only be used for youth age 16 and older. If such youth become able to live in a less restrictive

environment (e.g., foster family home), the goal shall be changed and permanency pursued.

6.13 Placements in relative homes

When the child cannot live safely with his or her birth parents or prior custodians, the service worker shall first explore placements with relatives and extended family members, including relatives in other states in accordance with the ICPC (see [Section 6.17.3](#)). *To support children remaining with kin and in their communities, the service worker may make an immediate placement with a kinship provider whose kinship foster home is in pre-approval status. The required steps for the process of immediate kinship home placement and subsequent foster home approval are outlined in Section 1.5 of [Local Department Foster and Adoptive Home Approval Guidance Manual](#).* The service worker should determine if the relatives are capable and committed to:

- Being a permanent connection and resource for the child.
- Housing and caring for the child as long as may be needed, understanding the need for permanency and concurrent planning.
- Protecting the child's health and safety, including protecting the child from abuse and neglect by the birth parents or other individuals, if needed.
- Establishing boundaries to address any unauthorized requests by the birth parents for access to the child, if needed.
- Working collaboratively with the local school system and LDSS to ensure the child is enrolled and attending an appropriate educational program for the child.
- Housing and caring for the child's siblings, or if this is not feasible, ensuring communication and visits with siblings.
- Maintaining connections, communication and visits with birth parents, prior custodians, and other significant adults in the child's life, consistent with the child's best interest.

The child shall not be placed with a relative if it is contrary to the child's best interests. However, decisions by relatives or an LDSS that a relative is currently not capable of serving as a relative custodian should not affect whether the relative is considered for this option in the future, or whether the relative might serve as a support to the child in another capacity.

If the decision is made to place the child with the relative, the service worker shall share all information known about the child at initial placement and on an ongoing basis, so that the relative has the information necessary to maintain the safety and manage the needs of the child.

6.14 Placements in foster and adoptive family homes

When the LDSS determines that the child cannot remain safely at home and the diligent search for relatives has not resulted in placement of the child with his or her extended family, the service worker shall consider placement with a foster and adoptive family. Foster and adoptive families often commit to support reunification with the child's family, but are also prepared to adopt if the child and family do not reunify.

While many foster and adoptive families agree to both foster and adopt children, some foster and adoptive families may choose to only foster or only adopt children. The service worker should carefully consider the preferences of foster and adoptive families, the needs of the child, and the permanency goal to ensure an appropriate match for the child and his or her situation, prior to placing the child.

6.14.1 Foster and adoptive family home approval requirements

LDSS foster and adoptive family homes shall meet provider approval requirements as discussed in the [Local Department Foster and Adoptive Family Home Approval Guidance](#).

Treatment Foster Care (TFC) homes are fully approved homes that provide services designed to address the special needs of children and families. Services to children and youth are delivered primarily by treatment foster parents who are trained, supervised, and supported by agency staff. Treatment is primarily foster family based and is planned and delivered by a treatment team.

Child-placing agencies, both private and public, shall be certified by the Division of Licensing Programs to provide Treatment Foster Care Case Management Services ([12 VAC 30-130-920](#)). LDSS that are certified to provide Treatment Foster Care Case Management Services may elect to seek Medicaid reimbursement for allowable services.

Additional information about [treatment foster care](#) can be obtained through the VDSS' Division of Licensing Programs Child Welfare Unit at (804) 662-7367 or online.

Children should be placed in TFC homes only when the specialized services available through such homes are consistent with the documented needs of the child. TFC placements should not be considered a step down in a process of reducing the intensity of placement types needed by a child. If the needs of children placed in TFC homes decrease over time, the child should remain in that home until the child is reunified or another permanency goal is achieved.

When the child is placed in a TFC home, the LDSS documents in OASIS the foster and adoptive parents' address, not the TFC agency address.

6.14.2 Foster and adoptive family homes providing services to more than one LDSS

Foster and adoptive families may be providers for more than one LDSS. The LDSS that initially approved the home shall be responsible for continued approval of a foster and adoptive family that is used by more than one LDSS. It shall also be responsible for on-going monitoring of any change in circumstances within the home that may affect the provider's ability to serve as a caregiver. Required quarterly contacts may be done by either locality upon agreement.

When another LDSS wishes to place a child with a foster and adoptive family that was initially approved by another LDSS, the service worker from the requesting LDSS shall contact the initial approving LDSS and obtain prior verbal approval from the initial LDSS for each child that the requesting LDSS wishes to place. The requesting LDSS shall agree to hold the foster and adoptive family accountable for complying with the same mandates required by the initial approving agency, such as mandatory in-service training.

The decision to place the child shall be based on considerations such as: the safety of all children in the home; the provider's ability to manage additional children; and whether or not the best interests of all children placed in the home will be met.

If the initial approving LDSS agrees to the placement, it shall notify the requesting LDSS in writing **no later than ten (10) business days** after the placement. It shall also notify all other LDSS that have children placed in the home that another child is being placed in the home. The requesting LDSS shall then notify the approving LDSS in writing when the child leaves the home or when the child's permanency goal changes.

If the initial approving LDSS does not agree to the placement, then the requesting LDSS shall not place the child in the home.

6.14.3 Purchasing home studies and placement services

In-state home studies for the dual approval of a foster and adoptive home may be purchased from licensed child-placing agencies. In the case of a family only wanting to adopt, the LDSS may access VDSS contracts with private child-placing agencies to complete the adoption home study. These studies may be funded by title IV-E (if on behalf of a title IV-E child) or CSA.

Home studies that the LDSS performs at the request of another state or that the LDSS pays for which are conducted with a family in another country are 100% funded by title IV-E ([Social Security Act, Title IV, § 471 \(a\) \(26\)](#) and [§ 474 \(a\) \(3\) \(E\) \[42 USC 671\]](#)). (See LASER Manual for budget line.)

Placement services, including study and approval of foster homes, may be purchased from licensed child-placing agencies for a specific child. These costs are title IV-E or CSA allowable depending on the child's eligibility status for title IV-E.

6.15 Placement in independent living arrangements for youth under the age of 18

Independent living arrangement means that a youth, ages 16 and older, is living independently under a supervised arrangement. A youth in an independent living arrangement is not supervised 24 hours a day by an adult. The youth is provided with opportunities for increased responsibility such as; paying bills, assuming leases, and working with a landlord. Examples include living in one's own apartment or living in a college dorm.

The decision to place a youth in an independent living arrangement, especially since it does not include adult supervision, shall be based on an assessment of the availability of other more permanent living options for the youth such as placement with family members or other caring adults. If a permanent placement with family or other concerned adults is not possible, an independent living arrangement that includes access to adult support networks (e.g., living close to family, previous caregivers, etc.) may be considered. An assessment of the youth's capacity and willingness to manage his daily life in a safe, mature manner should also occur to ensure the youth is capable of managing in such an arrangement.

6.15.1 Factors to assess in determining youth's readiness

A youth, age 16 and older, may live in an independent living arrangement provided the youth has demonstrated maturity and the skills and ability to live without parental supervision and this type of placement is in his or her best interest. The following factors should be used to assess a youth's readiness for placement in an independent living arrangement and the type of arrangement best suited to meet the youth's needs:

- Age: The youth shall be at least 16 years old.
- Assessment: The youth should have recently completed a Life Skills Assessment (see [Section 5.9.2](#) and [Section 13.5](#)) with results which indicate that the youth is prepared to live independently.
- Education: The youth shall be enrolled and participating in an educational and/or vocational program.
- Employment: The youth should be employed at least part-time unless the youth is a full-time student in college or an apprenticeship or trade program.

- Use of services: The youth is taking full advantage of services and programs offered to help him make the transition to self-sufficiency and interdependence.
- Emotional readiness: The youth demonstrates a high level of maturity and emotional stability. The youth is not a threat to himself or the community. The youth is not involved in high-risk behaviors (i.e., delinquent or criminal activities).
- Motivation: The youth played a significant role in designing his foster care plan addressing his independent living needs. He has identified personal goals and has taken action toward reaching the goals. The youth is following the Foster Care Service Plan, including the transition plan, and cooperating with the LDSS. The youth demonstrates appropriate behavior and takes on progressively more responsibility. The youth wants to be in a setting less supervised and less structured than his current foster care placement.
- Willingness to learn: The youth is willing to learn independent living skills and accepts help from the service worker and others who offer support and guidance.
- Please refer to [section 14](#) for additional information regarding independent living arrangements for young adults age 18-21.

6.15.2 Approving the Independent Living Arrangement

The worker shall make an on-site visit to the independent living arrangement before approval can be given for each arrangement. The arrangement should be re-approved annually. Housing approved by colleges and other educational or vocational providers is exempt from this requirement.

6.15.3 Agreement for placement in Independent Living Arrangement

An agreement between the LDSS and the youth shall be mutually developed and signed in duplicate. One copy of the agreement is given to the youth. The other is kept in the child's foster care paper case record. It shall be compatible with the youth's service plan.

The agreement shall include, but is not limited to the following:

- Purpose of the Independent Living Arrangement, with time frames for achieving the transition goals identified.
- A list and description of the LDSS' activities to support achievement of the identified purpose of the independent living arrangement. Activities provided

- by the LDSS can include counseling, transportation, payment of particular special needs, etc.
- A list and description of youth's activities to attain achievement of the identified purpose of the independent living arrangement. Activities the youth shall include are school, employment, therapy, etc.
 - The method, frequency, and amount of financial payment as prescribed by policy governing rates for independent living arrangements (see [Section 6.15.4](#)).
 - The condition and frequency of supervision.
 - The youth's understanding that the physical arrangements shall be approved by the LDSS.
 - The youth's responsibility to inform the LDSS **within 72 hours** of any major changes in his situation, such as housing, school, or employment changes.
 - The right of either the service worker or the youth to request a conference with the worker's supervisor or LDSS director when terms of the agreement are not met by either party.

6.15.4 Paying for Independent Living Arrangements

- The standard statewide payment for independent living (IL) arrangements is the maximum amount of the IL stipend (see [Section 18.1.3](#) for maximum amount).
- Payment cannot be made from title IV-E, but is made from state pool funds.
- Payments may be made directly to the youth and may be made more often than once a month, provided the maximum is not exceeded. The method of payment shall be documented in the agreement with the youth.
- Payments are intended to assist the youth in covering the costs of rent, utilities, household equipment, food, clothing, personal care items, insurance, recreation, and transportation.

6.16 Placements in residential programs

Virginia will implement the requirements of Family First in July 2021. For residential settings allowable for title IV-E funding, See Section 6B (QRTP and licensed family

based residential), Section 3 (placements for pregnant or parenting youth), and Section 12 (placements for victims or at risk of sex trafficking).

6.16.1 Definition and objectives of residential placement

Residential placement means temporary placement of the child in a licensed publicly or privately owned residential program that provides 24-hour supervised care in a group. Residential care includes: psychiatric hospitals, residential facilities, group homes, crisis stabilization units, emergency shelters, or assessment centers. This does not include detention facilities, forestry camps, training schools or any other facility operated primarily for the detention of children or youth who are determined to be delinquent. Acute child psychiatric hospitals provide residential care but are considered a temporary situation and should not be considered a long-term placement (see [Section 6.16.8](#)) unless the child is admitted to a residential treatment program at the facility.

Residential placement offers care and treatment for a child who requires more restrictive, time-limited, and intensive interventions as part of the continuous focus on stabilizing the child and family, returning the child home, or placing the child with another permanent family.

Placement in residential care shall be consistent with the documented needs of the child and shall be determined to be the most appropriate placement to meet those needs at the current time. Family-centered and community-based services, practices, and supports should be provided for the child to maintain permanent connections with his or her family, with relationships important to the child, and with the community. Maintaining these connections helps to prepare the child to more smoothly return home or transition to a permanent home at the earliest appropriate time, consistent with the child's needs.

Characteristics of residential programs that have been correlated with long-term positive outcomes for children include:

- High levels of family involvement.
- A family-like environment.
- Supervision and support from caring adults.
- Individualized treatment plans.
- Academic support.
- A skill-focused curriculum.
- A focus on building self-esteem.

- Positive peer influences.
- Minimally stressful environment.
- Enforcement of a strict code of discipline.
- Presence of community networks.
- Service coordination.
- Comprehensive discharge planning².

6.16.2 Pre-placement planning and placement in residential care

For children who are at risk of entering, or who are placed in, a residential program, the service worker shall ensure all of the following activities are conducted:

- Identify children who can be appropriately and effectively served in their homes, relatives' homes, family-like settings, and communities.
- Identify the strengths and needs of the child and family through conducting and/or reviewing comprehensive assessments including, but not limited to, information gathered through the Virginia Child and Adolescent Needs and Strengths Assessment (CANS).
- Identify specific services and supports necessary to meet the needs of the child and family, building upon their strengths. Assess and document the appropriateness of community based services and less restrictive alternatives (e.g., child's own home, relatives, extended family, regular foster home, or treatment foster home).
- Refer the child and family to the Family Assessment and Planning Team (FAPT) and work collaboratively with FAPT, in accordance with Community Policy and Management Team (CPMT) procedures for:
 - Providing information and supporting documents about the child and family.
 - Participating in FAPT meetings.
 - Coordinating efforts with the provider of intensive care coordination services through the Community Services Board. The purpose of intensive care coordination services are to safely and effectively maintain, transition,

² Child Welfare League of America, [Position Statement on Residential Services](#)

or return the child home or to a relative's home, family-like setting, or community at the earliest appropriate time that addresses the child's needs.

- Developing and beginning to implement a plan for returning the child home, to a relative's home, or to a family-like setting at the earliest appropriate time consistent with the child's needs. The plan shall include public or private community-based services to provide the on-going support the child and family will need during the transition to community-based care. This collaborative planning should involve the child, family, service worker, and Intensive Care Coordinator and other members from the FPM.
- Implementing a plan for regular monitoring and utilization management of the services and residential placement for the child, consistent with CSA guidelines and CPMT policies. The purpose is to determine whether the services and placement continue to provide the most appropriate and effective services for the child and family ([CSA User Guide](#) 12.0).
- See information on intensive care coordination located in the [CSA User Guide](#) 11.0.
- Document these processes in OASIS.

6.16.3 Residential facility requirements

Children in foster care shall only be placed in residential facilities and group homes that meet the following criteria:

- Licensed by VDSS, the Virginia Department of Behavioral Health and Developmental Services (VDBHDS), or the licensing authority in the state where the facility is located. To verify that a children's residential facility is currently licensed in Virginia:
 - See [VDSS Fusion page](#) or contact the Child Welfare Unit of the Division of Licensing Programs at (804) 662-7053.
 - See [VDBHDS website](#) or contact the Office of Licensing at (804) 786-1747.
- Listed in the CSA service fee directory unless the licensed facility offers room, board and services at no charge to the LDSS.
- Not among the facilities licensed by VDSS under the Minimum Standards for Licensed Child Caring Institutions that statutorily cannot receive public funds (§ [63.2-1737](#)). To obtain a current listing of licensed child caring institutions

(CCIs), contact the Child Welfare Unit of the Division of Licensing Programs at (804) 662-7053.

- Has a written agreement with the LDSS prior to placement ([§ 63.2-900](#)).

6.16.4 Facilities with provisional licensure status

When a group home or residential facility is granted a provisional license due to its failure to fully satisfy all state licensing standards, then children placed in the facility are not eligible for title IV-E foster care maintenance payments. The group home or residential facility is eligible for Federal financial participation when it comes into full compliance with the state's licensing standards ([Social Security Act, Title IV, § 471 \(a\) \(10\) \[42 USC 671\]](#) and the Federal Child Welfare Policy Manual, Questions and Answers on the Final Rule 65 FR 4020, dated 1/25/00).

LDSS shall not place children in a group home or residential facility using CSA state pool funds when its licensure status is lowered to provisional as a result of multiple health and safety or human rights violations. The LDSS shall assess all children it placed in the facility prior to the licensure status being lowered to determine whether it is in the best interests of each child to be removed from the facility and placed in a fully licensed facility ([§2.2-5211.1](#)). No additional children shall be placed in the provisionally licensed facility until the violations and deficiencies related to health and safety or human rights that caused the designation as provisional are completely remedied and full licensure status is restored.

6.16.5 Requirements for placing child in out-of-state residential facility

Prior to placing a child under the age of 18 in an out-of-state residential facility, the service worker shall obtain approval from the Virginia Interstate Compact on the Placement of Children (ICPC) Office (see [Section 6.17.3](#) about placing a child outside of Virginia).

The following documentation shall be submitted to the Virginia ICPC Office to obtain approval for these placements:

- Completed and signed 100A by either the LDSS or parent(s) as applicable. For parental placements, the ICPC 100A shall reflect the parent(s) as the sending entity having both the planning and financial responsibility for the child, and shall be signed by the parent(s).
- Copy of child's acceptance letter into the facility.
- Documentation of the child's current behaviors and needs. For placements being made by the LDSS:

- Documentation of the specific reasons that the LDSS is pursuing placement of the child into an out-of-state residential facility rather than placing the child residentially within the State of Virginia (to include the facilities that were considered in Virginia and reasons the child is not being placed in-state).
- Confirmation that FAPT staffing has been held and CSA funding has been approved for the out-of-state residential facility.
- Court order showing compliance with Article VI of the ICPC if the child is an adjudicated delinquent.
- Copy of the court order that confirms the child is in the legal custody of a LDSS, if applicable.
- Copy of the child's recent psychiatric evaluation, psychological evaluation, or therapists' report, if available.

6.16.6 Services during residential placement

6.16.6.1 Roles and responsibilities of LDSS

While children are placed in a residential facility:

- Service workers shall work collaboratively with the FAPT and the provider of intensive care coordination services through the Community Services Board to implement a plan for transitioning the child to his or her home, relative's home, family-like setting, or community at the earliest appropriate time that addresses his or her identified needs. The plan should identify public or private community-based services to support the youth and family during transition to community-based care, building on the strengths of the youth and family.
- Service workers shall conduct a meaningful face-to-face visit with the child in residential care at least monthly. The visit shall occur in the residential facility more than 50 percent of the time. The purpose includes, but is not limited to:
 - Ensuring appropriate care is being given.
 - Ensuring the implementation and continued suitability of the treatment plan.
 - Keeping all parties informed of any and all actions and/or progress in the case.

Children placed in emergency temporary care facilities shall be visited at least once a month and more often if needed. These contacts shall be documented in OASIS on the contact screen.

- Service workers shall continue contact with and services to the parents while the child is in residential care. The LDSS and the facility shall encourage and assist with, where possible, visits between the child and parents. The parents shall be kept informed of their child's progress and needs while in placement.
- Service workers shall assess all children they placed in a facility using CSA funds when the facility's licensure status is lowered to provisional as a result of multiple health and safety or human rights violations. The service worker shall assess the best interests of the children and make recommendations to the FAPT. The CPMT shall make the final determination as to whether the children should be removed from the facility and placed in fully licensed facilities ([§ 2.2-5211.2](#)).
- Arrange for or provide services to transition the child from the facility back to the community.
- Ensure that local purchase of service procedures is followed.

6.16.6.2 Roles and responsibilities of residential facilities based on licensing standards

- Comply with the "Children's Residential Facilities Agreement: Code of Ethics and Mutual Responsibilities" (see [Section 6.7.6.2](#)).
- Prepare a plan for the child **within 30 days** of child's placement in the residential facility. This plan shall provide goals and objectives for meeting the needs of the child. This plan should include transition services that will help the child to return to parent/community within a specified time as defined in the service plan.
- Notify the LDSS of the child's progress and behaviors, including any serious incident, while the child is in residential care through regular reports.
- Coordinate treatment services for the child.

6.16.6.3 Returning child to family and community

In order to ensure the successful return of the child to the home/community, the service plan should include treatment objectives, timelines, and outcomes.

Supportive services shall be identified and provided to the child and family when the child returns to the community.

Service workers should work collaboratively with FAPT and the provider of intensive care coordination services through the Community Services Boards. The purpose of intensive care coordination services is to safely and effectively transition or return the child home or to a relative's home, family-like setting, or community at the earliest appropriate time that addresses the child's needs.

6.16.7 Paying for care in a residential facility

- The cost of maintenance for a child placed in a residential facility is paid from SSI, title IV-E, Medicaid (called room and board), or state pool funds for non-title IV-E children.
- Title IV-E cannot be used to pay the cost of maintenance of a child in a public facility licensed for more than 25 children. State pool funds shall be used.
- Services provided in a residential facility will be paid from Medicaid or state pool funds. Residential services that can be purchased include services provided to every resident and specialized services provided to meet a child's individual needs.
- Rates for maintenance and services shall be the rate negotiated between the provider and purchaser. The purchaser shall negotiate a rate that specifies the amount to be paid for maintenance. The purchaser shall also require providers to use invoices that reflect information from the residential financial agreement and clearly delineate line items using language from the federal definition of maintenance. Ambiguous language that does not clearly communicate that a charge is allowable based on the federal definition of maintenance, shall not be paid for by title IV-E funds even if the child for whom the charges are being made is title IV-E eligible.
- The facility shall be listed in the [CSA Service Fee Directory](#). The facility will list the maximum rate it will charge in the Directory. Lower rates may be negotiated.

6.16.7.1 Requirements for Medicaid funding

Please refer to Magellan's Independent Assessment, Certification, and Coordination Team information found [here](#).

6.16.7.2 Absence from a residential facility

- Title IV-E will pay for temporary absences up to 14 days. A full month's title IV-E foster care maintenance payment should be paid to the

licensed provider, if the brief absence does not exceed 14 days and the child's placement continues with the same provider. However, if the absence exceeds 14 days or the child does not return to the same provider, the payment shall be prorated based on the actual number of days the child was in each placement. Examples can be found in [section 18.1.4](#).

6.16.7.3 Paying for incidentals in residential care

- If the room and board rate negotiated with residential facilities or group homes does not include maintenance costs, such as clothing, allowance, and known personal incidentals, the amount for these items should be paid monthly to the facility on behalf of the child according to the established rates for clothing (see [Section 18.1.3](#)) and pre-established, contracted reasonable rates.
- For other personal incidentals expenses, the LDSS may negotiate, authorize and reimburse the facility according to "as charged" bills. When this option is selected, the LDSS shall pre-authorize the personal care items and predetermine the funding sources for these items. The facility shall provide receipts verifying the purchases. Title IV-E funds shall only be used for allowable IV-E costs.

6.16.8 Psychiatric hospitalization of children in foster care

When children in care are in crisis and determined to be a danger to themselves or others, they may be assessed for admittance to a psychiatric hospital. Due to the short length of stay (typically less than seven days), discharge planning is required to begin immediately upon placement in an acute psychiatric facility. Service workers should be diligently working towards returning the child safely to their prior placement or towards securing an appropriately supportive new longer-term placement for the child.

Children who require hospitalization may present with more significant emotional and behavioral needs than their counterparts, which can impact the availability of appropriate placements. Additionally, the most appropriate placement may have a waiting list or other factors that influence when a child may be placed, such as ICPC procedures for out of state placements. A short-term intermediate placement may need to be identified in order for the child to be discharged from the hospital. Acute psychiatric facilities are not equipped to maintain children after their discharge date. Holding children in the hospital, who no longer require hospitalization, has a significant impact on the availability of care for other children who require hospitalization.

Following the admission of the child to an acute psychiatric hospital, service workers should immediately begin collaborating with the child's family, treatment team,

FAPT, MCO case manager, and current or prior placement providers to identify a discharge setting. This collaboration may be best achieved through a FPM. The service worker can also contact their regional consultant to discuss the case and determine if all options are being explored.

6.17 Placements across jurisdictions

6.17.1 Placing child in another political jurisdiction

When a child is to be placed in a home in another political jurisdiction within the state and the LDSS in that community has not approved that home, the LDSS holding custody shall:

- Notify the LDSS in the locality where the home is located that the home is being considered for the child's placement.
- Conduct a study and approve the home or request that the LDSS in the receiving locality study and approve the home.
- Request that the LDSS in the receiving locality supervise the child or notify them that the LDSS holding custody will supervise.
- Notify and collaborate with the school in which the child is enrolled at the time of placement to determine the child's best interest for school placement (see [Section 12.12](#)).
- Arrange for transportation and payment of reasonable travel costs for the child to remain in the same school if in the child's best interest (see [Section 12.12](#)), or ensure the child is immediately enrolled in the school of residence for the new placement **within 72 hours** of placement (see [Section 12.12](#) for school enrollment requirements).

If more than one LDSS is placing a child in the same home in another political jurisdiction within the state, and the LDSS in the jurisdiction has not approved that home, each LDSS that places a child in the home shall follow the procedures above.

6.17.2 Transferring custody of child to another LDSS

If LDSS is considering transferring custody of a child to another jurisdiction because the parent(s) or guardians have moved to that jurisdiction or because an employee of the LDSS with custody wants to become the foster/adoptive parent of the child, a determination shall be made that it is in the best interests of the child to transfer custody. The LDSS holding custody shall consult with the LDSS in the other jurisdiction prior to petitioning the court to transfer custody. LDSS may petition the court to transfer commitment of a child to the custody of another LDSS where the child, his parent(s) or guardians, or relatives reside when it is in the best interests of

the child to transfer custody. The LDSS in the other community does not have to accept custody until given reasonable notice and opportunity to be heard by the court.

6.17.3 Placing child outside Virginia

Before a child in foster care is placed outside of Virginia in another state, the service worker shall obtain approval from the Virginia ICPC Office. The purpose of the Interstate Compact on the Placement of Children (ICPC) is to ensure that children placed out-of-state are placed in approved settings and receive continuing services and supervision necessary to ensure that their placements are appropriate and safe ([§ 63.2-1000 et.seq.](#)).

For specific ICPC guidance and procedures, see [Interstate/Intercountry Placement of Children \(ICPC\)](#) on VDSS website.

The ICPC request for the proposed placement shall always be submitted to the Virginia ICPC office prior to making an out-of-state placement. The LDSS shall submit the following information to the Virginia ICPC office:

- [Social Worker Statement Regarding Proposed Placement Resource Form](#). This form will assist workers in determining whether a proposed placement may be appropriate before completing the entire ICPC packet.
- The completed and signed [ICPC-100A form](#), which is the formal contract between the sending agency and the receiving state. For a sibling group, five (5) copies of the 100A are required for each child.
- The complete ICPC referral packet. Reference the [ICPC Referral Checklists](#) available on the ICPC website.
- The [ICPC-100B form](#), submitted in a timely manner, is used to either reflect the date of the child's placement with the out-of-state resource, thereby initiating supervision of the placement in the receiving state (Section II of the 100B), or to close the ICPC case (Section III of the 100B).
- For the IV-E eligible child, licensing requirements must be met by the receiving state to continue title IV-E eligibility.

6.17.4 Receiving a child into Virginia (ICPC cases)

Before a child in foster care can be placed in Virginia from another state, the sending state shall make a request for services through the Virginia ICPC office. The purpose of utilizing ICPC is to ensure that children placed in Virginia are placed in approved settings, receiving continuing services and supervision necessary to ensure their placements are appropriate and safe.

Virginia does not restrict local agencies' abilities to contract with private entities to conduct home studies and other related services.

Caseworkers and other child welfare authorities in the receiving state will act on reports of child abuse and neglect involving children placed from out of state in the same manner that reports of child abuse or neglect are acted upon when children in Virginia are involved.

6.17.4.1 Receiving an ICPC case

When a LDSS receives a request from the ICPC office for a home study for a potential placement for a child from out of state, the service worker should accomplish the following:

- Review all packet information received from the Virginia ICPC office.
- Request (by fax, phone or email) any additional information from the sending state, if needed, from the child's service worker.
 - Send copies of any new documents to the Virginia ICPC office
- Communicate with the child's service worker to discuss any issues related to the provision of services and support in Virginia (i.e. school tuition requirements, eligibility for medical assistance, post adoption services) for the child and family.
- Engage the family in the home study process. The service worker has 60 days from the date of the request from the sending state to complete the home study for the purpose of assessing the safety and suitability of placing the child in the home.
- The service worker shall use the guidelines provided for approving a home and the format of the mutual family assessment to complete the study. (See the [Local Department Foster and Adoptive home Approval Guidance](#)).
- The contents of the study shall address the extent to which the placement in the home would meet the needs of the child.
- Include a clear recommendation approving or denying the family home study and placement for the child. If the study is denied, the child cannot be placed.
- Forward 3 copies with a cover letter of the home study with recommendations and supporting documentation to the Virginia ICPC office.

6.17.4.2 When the placement is approved

Children placed in Virginia with a placement resource shall be supervised and provided services in the same manner in which foster care services are provided in all cases.

Supervision of the placement begins after the placement has been approved by the ICPC office and the sending state of the child notifies the ICPC office that the child has been placed with the approved placement resource.

The first face to face contact with the child should occur as soon as possible but no later than 30 days from the service worker's notification that the child is placed in Virginia.

Face to face contacts with the child and the child's placement resource shall occur with the same frequency and in the same manner that face to face contacts occur with foster care children in Virginia (see [Section 17.8](#)). At a minimum these contacts shall occur monthly as required by federal law and should be well planned and focused on issues pertinent to case planning and service delivery to ensure the safety, permanency and well-being of the child. Contacts should occur at the child's residence as often as possible and be made by the service worker assigned to supervise the placement as much as possible.

The service worker during visits should assist the family in staying focused on the achievement of the child's case plan goals established by the sending state and to assist the child and family in achieving those goals.

The sending state bears ultimate financial responsibility for meeting the needs of the child and supporting the child's placement. The service worker should assist the child and the child's placement resource in accessing services and supports that are available and can be provided by Virginia, such as health care, mental health services, public assistance, educational services, etc.

6.17.4.3 Providing a written report

At least once every 90 days the service worker shall prepare a written report with regard to the child's placement and forward 3 copies to the ICPC office. At a minimum the report should include:

- Dates and locations of face to face contacts with the child
- A summary of the child's current situation, including a statement regarding the on-going safety and well-being of the child in placement, include a description of any safety concerns

- A summary of the child's current school performance (include copies of IEP documents, educational evaluations, report cards, or other school records if available).
- A summary of the child's current health/medical/mental health status, including dates of any medical, dental, appointments and the identity of the health care provider seen (include copies of evaluations, reports or other pertinent records).
- A description of any unmet needs and any recommendations for meeting identifiable needs
- Where applicable, the service worker's recommendation regarding any of the following:
 - Continuation of current placement
 - Return of custody to parent and termination of sending state's jurisdiction
 - Finalization of adoption
 - Granting custody to the existing caretaker

6B

PLACEMENTS SPECIFIC TO FAMILY FIRST REQUIREMENTS

TABLE OF CONTENTS

6B.1 Introduction

6B.2 Framework

6B.2.1 Legal authority

6B.2.1.1 Qualified residential treatment programs

6B.2.1.2 Placement in a family-based residential treatment facility for substance use disorder

6B.2.1.3 Other Family First specific placement requirements

6B.3 Qualified Residential Treatment Programs (QRTPs)

6B.3.1 Assessment

6B.3.1.1 Qualified Individual

6B.3.1.2 Family and permanency team meetings

6B.3.2 Court requirements

6B.3.2.1 Materials to be submitted to court

6B.3.2.2 Foster care plan requirements

6B.3.2.3 Court ordered findings

6B.3.2.4 Requirements for subsequent foster care hearings

6B.3.3 Commissioner approval for extended placement

6B.4 *Out of State Residential Placements*

6B.5 *Family Based Residential Treatment Facility for Substance Use Disorder*

6B.5.1 *Eligibility of the child*

6B.5.2 *Eligibility of the facility*

6B.5.3 *Foster care plan requirements*

6B

PLACEMENTS SPECIFIC TO FAMILY FIRST REQUIREMENTS

6B.1 Introduction

The Family First Prevention Services Act (Family First) was enacted by Congress on February 9, 2018 as part of the larger Bipartisan Budget Act (BBA), and represents the most significant re-write of title IV of the Social Security Act since 1981. Family First enables states to use federal funds under parts B and E of title IV of the Social Security Act to provide enhanced support to children and families and prevent foster care placements by providing the following: i) mental health and treatment for a substance use disorder, (ii) prevention and treatment services, (iii) in-home parent skill-based programs, and (iv) kinship navigator services. Additionally, Family First provides the tools and resources necessary to allow Virginia's social services system to focus on prevention in order to keep children safely with their families and not enter foster care so that they have a better chance of growing-up in the least restrictive setting.

While Family First focused mostly on prevention efforts, there were several key impacts to foster care programs specifically in regards to payment for congregate care placements for children in foster care. Family First emphasizes that children in foster care should be placed in the least restrictive, most family-like setting, such as a foster home. In Virginia beginning July 1, 2021, when a child in foster care needs to be placed in a setting outside their own home, the child's placement must be in placement settings outlined in Family First in order to be eligible for title IV-E funding. These settings include:

- *Qualified residential treatment programs (QRTP)*
- *Placements for youth who are victims or at risk of sex trafficking (as outlined in Section 12.5.1.2)*

- *Placements specializing in providing prenatal, post-partum, or parenting supports for youth (as outlined in Section 3.9.4)*
- *Residential family-based treatment facility for substance use disorders and,*
- *Supervised independent living settings for youth ages 18 and up (as outlined in Section 14.4.4.3)*

If a congregate care placement does not meet these requirements, other funding streams need to be explored. For the first 14 days of congregate care placements, IV-E can be used, regardless of whether the facility meets the requirements above, as long as the child is IV-E eligible and the facility meets the title IV-E federal safety requirements for an approved placement, as outlined in Section 1.6.2 of title IV-E guidance. Supporting children's placement stability is critical and LDSS should not use the 14 day provision as a measure to temporarily place children in placements that are not appropriate for them.

As of July 1, due to requirements established by the federal government, Medicaid funding must be used for congregate care placements that are Medicaid eligible. The Medicaid rate for psychiatric residential treatment facilities (PRTF) covers room and board and daily supervision and no IV-E funding can be used for these placements, regardless of whether the placement is designated as a QRTP. The Medicaid rate for therapeutic group homes covers daily supervision and thus IV-E may cover the room and board for that placement, if the child is eligible, and if that placement was designated as a QRTP. Regardless of the funding source or what placement costs IV-E will cover, if the child is placed in a QRTP, the requirements in Section 6B.3 must be followed.

For children who were placed in congregate settings prior to July 1, 2021, their placements are exempt from the Family First requirements and IV-E funding may still be used under the prior title IV-E requirements. These placements must still use Medicaid funding as described above. This exemption only applies to the requirements of Family First, not Medicaid funding. If the child is placed in a different congregate care placement on or after July 1, 2021, the new Family First requirements apply.

6B.2 Framework

When out-of-home placements are necessary to meet the best interests of the child, local departments of social services (LDSS) must meet federal and state legal requirements and should use sound practice principles to achieve desired outcomes and to guide decision-making in pursuing permanency for the child.

6B.2.1 Legal authority

The legal framework and specific requirements for placing children in placements specific to Family First requirements are delineated in federal and state law. Key citations are provided below:

6B.2.1.1 Qualified residential treatment programs

- **Assessment requirements**
 - [42 USC § 675a\(c\)\(1\)](#)
 - [§ 63.2-100](#)
- **Family and permanency team involvement**
 - [42 USC § 675a\(c\)\(1\)\(B\)](#)
 - [§§ 63.2-906.1 and 63.2-100](#)
- **Case plan requirements**
 - [42 USC § 675a\(c\)\(1\)\(B\)\(iii\)](#)
 - [§ 63.2-906.1](#)
- **Assessment deadlines**
 - [42 USC § 672 \(k\)\(3\)](#)
 - [§ 63.2-100](#)
- **Facility requirements**
 - [42 USC § 672 \(k\)](#)
 - [§ 63.2-100](#)
- **Court approval of the placement within 60 days**
 - [42 USC § 675a\(c\)\(2\)](#)
 - [§ 16.1-281 \(E\)\(1\)](#)
- **Ongoing court approval**
 - [42 USC § 675\(c\)\(4\)](#)

- [§ 16.1-281 \(E\)\(2\)](#)
- **Approval of continued long-term placement by Commissioner**
 - [42 USC § 675a\(c\)\(5\)](#)
 - [§ 63.2-906.1](#)

6B.2.1.2 Placement in a family-based residential treatment facility for substance use disorder

- **Recommendation in case plan before placement**
 - [42 USC 672 \(j\)\(1\)\(A\)](#)
- **Requirements for provision of services through trauma-informed framework**
 - [42 USC 672 \(j\)\(1\)\(B\) & \(C\)](#)
- **Length of stay less than 12 months and eligibility requirements**
 - [42 USC 672 \(j\)\(1\)](#)

6B.2.1.3 Other Family First specific placement requirements

- **Types of congregate care settings allowed for title IV-E funding**
 - [42 USC 672 \(k\)\(2\)](#)

6B.3 Qualified Residential Treatment Programs (QRTPs)

A Qualified Residential Treatment Program (QRTP) is a facility that:

- *Provides 24-hour residential placement services for children in foster care;*
- *Utilizes a trauma-informed treatment model that meets the needs of children with severe emotional and/or behavioral disorders;*
- *Employs nursing and other clinical staff who provide care on site and are available 24 hours a day, 7 days a week;*
- *Engages the child's family members, including efforts to maintain connections between the child and their siblings and other family members, documents those efforts, and maintains contact information for any known relatives or fictive kin of the child;*

- *Facilitates family participation in the child's treatment program before and after discharge, whenever it is appropriate and in the best interest of the child;*
- *Provides discharge planning and family-based aftercare support for at least six months post-discharge;*
- *Is licensed and accredited; and*
- *Requires that any child placed in the program receive an assessment within 30 days of such placement by a qualified individual (as outlined in Section 6B.3.1).*

6B.3.1 Assessment

*When a child is placed in a QRTP, they must have an assessment completed by a qualified individual (Section 6B.3.1.1) **within 30 days** of the placement. If the assessment is not completed within the 30 days, then IV-E funding cannot be used for the entirety of the QRTP placement, including the first 14 days.*

If the assessment determines that placement in the QRTP is not appropriate, IV-E funding can continue for up to 30 days after the assessment for a transitional period to move the child to another placement.

The assessment must be done in conjunction with the family and permanency team procedures outlined in Section 6B.3.1.2.

When a child is eligible for Medicaid funding for their residential placement, they must also be referred to IACCT (Independent Assessment, Certification, and Coordination Team) for an assessment to obtain Medicaid funding for their placement (Section 6.16.7.1). The IACCT assessor is a licensed mental health practitioner, not associated with the LDSS or the placement, who will complete a CANS and submit a recommendation based on the residential facility designations recognized by Medicaid (psychiatric residential treatment facilities, therapeutic group homes, and community based services).

6B.3.1.1 Qualified Individual

The qualified individual completing the assessment must be a trained professional or licensed clinician who is not an employee of the local department or affiliated with any placement setting in which the child has been placed. A VDSS employee will fill the role of the qualified assessor; their contact information is available on FUSION.

The qualified individual will assess the strengths and needs of the child within 30 days of the start of each placement using an age-appropriate, evidence-based, validated, functional assessment tool. In order to avoid duplication of

services, the qualified assessor will review the IACCT assessment including the CANS completed by the IACCT assessor for all placements subject to IACCT or will complete a new CANS on the child for placements not subject to IACCT or if the IACCT assessment is not available. The qualified individual will:

- Determine whether or not the needs of the child can be met with family members or through placement in a foster family home;
- Determine which setting would provide the most effective and appropriate level of care for the child in the least restrictive environment that is consistent with their goals, if their needs cannot be met with a family placement; and
- Develop a list of child-specific short and long-term mental and behavioral health goals.

The QRTP Assessment will be completed utilizing feedback and input from the family and permanency team meeting (See Section 6B.3.1.2). If the assessment recommends a placement setting different than the recommendation from the family and permanency team meeting, the QRTP assessment will detail the reasons why the assessment differs from the family's recommendation.

The referral for assessment must be made **within 21 days of the LDSS decision to place or seek placement in a QRTP**. The LDSS must submit the following to the state qualified assessor:

- Referral for QRTP Assessment,
- IACCT Assessment (if Medicaid eligible),
- CANS completed by IACCT assessor (if Medicaid eligible),
- FPM Court Reporting Form – QRTP Version,
- Individual and Family Services Plan (IFSP) from FAPT, and
- FAPT notes.

The state qualified assessor must complete the assessment within 30 days of the placement. **If the LDSS does not submit the required paperwork in its entirety or complete the required steps within 21 days of the placement, the placement may be determined IV-E ineligible due to the assessor's inability to complete the assessment within 30 days of placement.**

6B.3.1.2 Family and permanency team meetings

The assessment must be completed in conjunction with the family and permanency team. The family and permanency team is a team that consists of all appropriate family, relatives, and fictive kin of the child, and service providers and other community supports as appropriate (e.g. teachers, medical or mental health providers who have treated the child, or clergy). In the case of a child who is 12 years of age or older, the family and permanency team must include members that are selected by the child.

As Family Partnership Meetings (FPM) are required prior to placement changes, the family and permanency team requirements have been combined with the FPM procedures to streamline the process. The family and permanency team meeting must be documented using the FPM Court Reporting Form – QRTP Version.

6B.3.2 Court requirements

*All QRTP placements must be approved by the court **within 60 days** of the child's placement. If the placement is not approved by the court within 60 days, IV-E funding can only be used for the first 60 days of placement. The court hearing must be held after the completion of the assessment as the court considers the assessment when making the placement determination.*

6B.3.2.1 Materials to be submitted to court

***Within 30 days** of the child's placement in a QRTP, the service worker must file the necessary QRTP paperwork to the court. The child's QRTP court review can be completed as a separate hearing or in conjunction with an existing hearing. Required materials for court approval of QRTP placement are as follows:*

Separate Hearing	Existing Court Hearing
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<p><i>If the service worker will need to request a stand alone hearing for the QRTP placement review as there is no court hearing scheduled within 60 days of placement, the service worker will file:</i></p> <ul style="list-style-type: none"> • <i>a Petition for Foster Care Placement Hearing,</i> • <i>a Foster Care Plan Transmittal Form,</i> • <i>a foster care plan,</i> • <i>the QRTP assessment, and</i> • <i>the FPM Court Reporting Form - QRTP version.</i> 	<p><i>If the child has a foster care hearing (i.e. Dispositional, Foster Care Review, or Permanency Planning) scheduled within 60 days of the child’s placement, the service worker will file:</i></p> <ul style="list-style-type: none"> • <i>the petition and Foster Care Plan Transmittal Form required for the type of foster care hearing scheduled,</i> • <i>a Petition for Foster Care Placement Hearing</i> • <i>a foster care plan (and foster care plan review if required),</i> • <i>the QRTP assessment, and</i> • <i>the FPM Court Reporting Form - QRTP version</i>
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6B.3.2.2 Foster care plan requirements

The plan submitted for QRTP placement review must include:

- *The diligent efforts to identify and include all the individuals identified in Section 6B.3.1.2 (including the opportunity for the youth 12 years of age and older to select two members of the team) on the child’s family and permanency team;*
- *Contact information for all the members of the family and permanency team, as well as contact information for other family members and fictive kin who are not part of the family and permanency team;*
- *Documentation that the family and permanency team meetings were held at a time and location that was convenient for the family, including meetings relating to the QRTP assessment;*
- *If the goal is reunification, that the parents and/or the prior custodian from whom the child was removed had opportunity to provide input on the members of the family and permanency team;*

- *That the assessment was done in conjunction with the family and permanency team;*
- *The placement preferences of the family and permanency team, relative to the assessment, recognizing that children should be placed with their siblings unless there is a finding by the court that such placement is contrary to their best interest; and*
- *Whether the placement preferences of the family and permanency team and the child differ from the placement setting recommended by the QRTP assessment and the reasons why the preferences of the team and of the child were not recommended.*

This information is included in the FPM Court Reporting Form – QRTP version, described in Section 6B.3.1.2. The FPM Court Reporting Form must be included as a supplement to the child's foster care plan when filing with the court to ensure that all of these requirements have been met.

6B.3.2.3 Court ordered findings

The court will consider both the assessment report and the foster care plan and order the following findings documented on the Foster Care Placement Order (for a stand alone hearing) or on the QRTP Placement Supplemental Sheet (for a hearing held in conjunction with a foster care hearing) in order to approve the QRTP placement:

- *That the needs of the child cannot be met through placement in a foster home;*
- *That placement in the QRTP will provide the most effective and appropriate level of care for the child in the least restrictive environment and is consistent with the short-term and long-term goals established for the child in the foster care or permanency plan; and*
- *That the court approves the placement of the child in a QRTP.*

If the court disapproves the placement, the service worker must place the child in another placement within 30 days. During this transition period, IV-E funding can continue to be used for up to 30 days after the court determination.

The service worker must provide a copy of the Foster Care Placement Order (attached to the child's case plan), as well as all subsequent placement orders, to the child's title IV-E worker.

6B.3.2.4 Requirements for subsequent foster care hearings

After the court's initial approval of the QRTP placement, the court must review the placement at every subsequent foster care hearing. The service worker must present evidence at the hearing that demonstrates the following:

- *The ongoing assessment of the child's strengths and needs continues to support the QRTP placement as the most effective and appropriate level of care that is consistent with the child's short-term and long-term goals and that the child's needs cannot be met in a foster home;*
- *The child's specific treatment and service needs that the QRTP will address and the length of time the child is expected to need such treatment and services; and*
- *The LDSS efforts to prepare the child to return home or to be placed with a fit and willing relative, legal guardian, or adoptive parent, or in a foster home.*

This evidence must be documented in the child's foster care plan. The court will review the evidence and make a decision to approve or disapprove the continued QRTP placement. This decision will be documented on the QRTP Placement Supplemental Sheet that accompanies the foster care hearing order. If the court disapproves the placement, the service worker must place the child in another placement within 30 days.

6B.3.3 Commissioner approval for extended placement

The service worker must request approval from the Commissioner for the child's continued placement in a QRTP, using the QRTP Extended Placement Approval Form for the following events:

- *The child has been placed in a QRTP for 12 consecutive months;*
- *The child has been placed in a QRTP for 18 nonconsecutive months; or*
- *The child is under the age of 13 and has been placed in a QRTP for six consecutive or nonconsecutive months.*

The service worker must submit to their regional practice consultant the QRTP Extended Placement Approval Form 45 days prior to the event for state review and approval. The service worker must document the Commissioner's approval in the child welfare information system once approval has been granted and provide a copy of the approval form to the child's IV-E worker. The worker will either receive approval to continue the placement in QRTP or will not receive approval for

continued placement and instead will receive a 30 day approval for a transition period to move the child from the QRTP to a more appropriate placement.

6B.4 Out of State Residential Placements

The service worker must still follow the same ICPC process outlined in Section 6.16.5 and 6.17.3 for placing children in out-of-state residential facilities. For placement in out-of-state QRTP placements, the worker must request, in addition to the facility's license, the documentation of the facility's designation of QRTP. This designation may be included in the license or it may be separate document. The license and designation will need to be provided to IV-E, CSA, and included as part of the ICPC packet. The worker must follow the same QRTP process outlined in Section 6B.3 for all out-of-state placements in QRTPs, including the assessment, court review, and Commissioner review processes.

6B.5 Family Based Residential Treatment Facility for Substance Use Disorder

Family First also allows title IV-E funding for placements where children can be placed with a parent in certain licensed residential family-based treatment facilities for substance use disorder for up to 12 months. These placements are not based on the child's need for congregate care but are based on supporting a child's access to and placement with a parent who needs residential treatment for a substance use disorder. These placements must meet the criteria outlined in this section in order to qualify for title IV-E funding.

6B.5.1 Eligibility of the child

The child must meet the following conditions to be eligible for foster care maintenance payments while placed in a residential family-based treatment facility for substance use disorder:

- *The child is in the custody of the LDSS; and*
- *The child is placed in a licensed residential family-based treatment facility for substance use disorder with their parent.*

In order for the child to receive title IV-E foster maintenance payments, the child must meet all of the title IV-E foster care eligibility requirements, except the AFDC eligibility requirements. Some children, who would otherwise be eligible for funding only through CSA, may have their maintenance costs paid with title IV-E funds while in this placement.

6B.5.2 Eligibility of the facility

While the facility must be licensed, there is no requirement that it meet the title IV-E licensing and background check requirements for a child care institution. The treatment facility must have the following elements:

- *Provide, as part of the treatment for substance use disorders, the services of
 - *Parenting skills training;*
 - *Parent education; and*
 - *Individual and family counseling.**
- *Provide those services under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address the consequences of trauma and facilitate healing.*

Facilities that have been determined by VDSS to meet these criteria will be entered into the child welfare information system as a resource. The service worker must contact the regional consultant when considering placement in a facility that is not identified in the child welfare information system as a residential family-based treatment facility for substance use disorder prior to placement.

6B.5.3 Foster care plan requirements

Before a child can be placed in a residential family-based treatment facility for substance use disorder with their parent, their foster care plan must specify the recommendation for the placement. This recommendation can be included on either the foster care plan or the foster care plan review. The foster care plan must then be approved prior to the child's placement by either a court hearing or an administrative panel review, if there is no court hearing scheduled within the needed timeframe.

As a FPM is required prior to a placement change, the service worker may elect to hold the administrative plan review in conjunction with the FPM as long as all the requirements for an administrative panel review have been met.

7

SELECTING PERMANENCY GOALS

TABLE OF CONTENTS

7.1	Introduction	2
7.2	Framework	3
7.2.1	Practice principles	3
7.2.2	Legal citations.....	4
7.2.3	Outcomes	5
7.3	Permanency goals.....	5
7.3.1	Return To Parent(s) or Prior Custodian(s).....	6
7.3.2	Adoption	6
7.3.3	Transfer of custody to a relative	7
7.4	Concurrent planning	7
7.4.1	Six processes that support concurrent planning.....	8
7.4.2	Three practices essential for concurrent planning	9
7.5	Shared decision making	10
7.5.1	Using Family Partnership Meetings prior to change of placement	11
7.5.2	Using Family Partnership Meetings prior to changes in goal.....	12
7.6	Factors to consider when choosing a permanency goal	13
7.6.1	Best interest of the child	13
7.6.2	Determining when Return Home is not in child's best interest	14
7.6.3	Determining when Adoption is not in the child's best interest.....	16

7

SELECTING PERMANENCY GOALS

7.1 Introduction

Permanency planning is a systematic process of taking prompt, decisive, goal-directed action to maintain children safely in their own homes or place them permanently with another family. It involves establishing enduring family relationships that provide lifelong commitment, continuity of care, a sense of belonging, and a recognized legal and social status.

Permanency planning begins with the first contact with the child and family and continues with a sense of urgency until the child leaves foster care to a permanent family. The child's health and safety shall be the paramount concern throughout the process ([§ 16.1-281 B](#)).

Decision making in permanency planning is a cooperative, system-wide effort among child welfare staff, the child or youth, birth parents or prior custodians, families, relatives, other significant individuals, judges, attorneys, and providers. Based on this collaborative effort, the local department of social services (LDSS) shall determine the permanency goal and begin providing services for the child and family as quickly as possible when the child enters foster care.

Permanency is achieved when the child leaves the foster care system to live with a permanent family. Selecting a specific permanency goal clarifies for everyone involved in the child's life the type of permanent home being sought for the child. Regardless of the permanency goal selected, every child also needs and deserves lifelong connections with people who are significant to the child. They can provide a safety net in difficult times, join in celebrations during joyous occasions, and offer regular and ongoing support.

Three permanency goals seek permanent families for the child and enable the child to leave the foster care system. Return Home shall be the primary goal for all children in foster care. Adoption and Placement with Custody Transfer to Relatives shall also be considered as concurrent permanency goals or shall be selected when reunification is ruled out. Adoption by a relative or non-relative is preferable to a transfer of custody as adoption affords a greater sense of belonging and permanency for the child. The selection of these two goals shall be based on the best interests and unique circumstances of the child.

7.2 Framework

LDSS shall meet federal and state legal requirements, and should use sound practice principles to achieve desired outcomes and to guide decision making on selecting permanency goals for children in foster care.

7.2.1 Practice principles

Four fundamental principles in Virginia's Children's Services System Practice Model provide the philosophical basis and guide practice for decision making in selecting permanency goals.

First, we believe that all children and communities deserve to be safe.

- Safety comes first. Every child has the right to live in a safe home, attend a safe school, and live in a safe community. Ensuring safety requires a collaborative effort among family, agency staff, and the community.

Second, we believe in family, child, and youth-driven practice.

- Children and families will be treated with dignity and respect. The voices of children, youth, and parents are heard, valued, and considered in the decision making regarding safety, permanency, and well-being, as well as in service and educational planning and in placement decisions.
- Family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.
- We engage families in a deliberate manner. Through collaboration with families, we develop and implement creative, individual solutions that build on their strengths to meet their needs. Engagement is the primary door through which we help youth and families make positive changes.

Third, we believe that children do best when raised in families.

- Children should be raised by their families whenever possible.

- Keeping children and families together and preventing entry into any type of out-of-home placement is the best possible use of resources.
- When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home. We value the resources within extended family networks and are committed to seeking them out.
- When placement outside the extended family is necessary, we encourage healthy social development by supporting placements that promote family, sibling, and community connections.
- Placements in non-family settings should be temporary, should focus on individual children's needs, and should prepare them for return to family and community life.

Fourth, we believe that all children and youth need and deserve a permanent family.

- Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care, or guardianship. Placement stability is not permanency.
- Planning for children is focused on the goal of preserving their family, reunifying their family, or achieving permanency with another family.

7.2.2 Legal citations

The legal framework and specific requirements for selecting permanency goals are delineated in federal and state law. See the law for complete language by clicking on the citation.

- **Provide child welfare services to prevent separating children from families, restore them with families, place in adoptive homes, and assure adequate care**
 - [§ 63.2-319](#)
- **Permissible goals in foster care plan**
 - [§ 63.2-906](#)
- **Child's health and safety paramount concern; plan to return child to birth parents or prior custodians**
 - [§ 16.1-281](#)

- **When reasonable efforts are not required to reunite child with birth parents**
 - [§ 16.1-281](#)
 - [§ 16.1-283](#)
- **If cannot return child to prior family, plan to place child with relative with subsequent transfer of custody or in adoptive home, or explain why permanent foster care is the plan**
 - [§ 16.1-281](#)
- **Petition to achieve the permanency goal**
 - [§ 16.1-282.1](#)

7.2.3 Outcomes

Selecting and pursuing permanency goals for children in foster care are essential to achieving one of the permanency outcomes required in the federal Child and Family Services Review. The outcome and specific measures are listed below:

Outcome 1: Children have permanency and stability in their living situation.

- More children leave foster care and achieve permanency.
- More children are reunified with their family.
- More children experience sustained adoptions.
- More children live with relatives who have legal custody.
- Children achieve permanency with increased timeliness.
- Children achieve permanency with shorter lengths of stay in foster care.
- Fewer children re-enter foster care.

7.3 Permanency goals

All efforts shall be made to pursue one of three permanency goals for every child in foster care:

- Return Home.
- Adoption by a relative or non-relative.

- Transfer of custody to a relative

The goal of reunifying the child with birth parents or prior custodians is, in most cases, the best plan for a child. If the service worker concludes that it is not reasonably likely that the child can be returned to his or her prior family within a practicable time, the service worker shall explore all opportunities for placing the child permanently in an adoptive home or with relatives. The service worker selects the goal of Adoption by a relative or non-relative or Placement and Custody Transfer to a Relative based on the best interests of the child (§ [16.1-281 B](#)). If Return Home is not the goal for the child, the LDSS must provide information to the child's parents regarding the parents' option to voluntarily terminate their parental rights, unless their parental rights have already been terminated (§ [63.2-906](#)). Service workers can use the [Supporting Your Child's Path to Permanency](#) guide to support a discussion with the child's parent around their option to voluntarily relinquish their parental rights and to discuss options for a [Post Adoption Communication and Contact Agreement \(PACCA\)](#).

While the service worker works to reunify the child with the family, the service worker should develop a concurrent permanency plan of adoption or transfer of custody to a relative at the same time (see [Section 7.4](#)). Pursuing concurrent, rather than sequential, permanency options leads to more timely permanency decisions for the child.

7.3.1 Return To Parent(s) or Prior Custodian(s)

Permanency is achieved under this goal by returning the child and transferring legal custody to the birth parents or prior custodian when it can be safely accomplished. Reunification is the planned process of safely reconnecting children to their families and their communities. The service worker shall make reasonable efforts to return the child to his parents or prior custodians within the shortest practicable time (§ [16.1-281 B](#)). This goal shall always be selected when a child comes into foster care unless aggravated circumstances exist that would indicate reunification is not in the child's best interest (§§ [16.1-281 B](#) and [16.1-283 E](#)).

7.3.2 Adoption

Permanency is achieved under this goal when the adoption of the child by a relative or non-relative has been finalized. Adoption is a planful process that provides the same legal and social status for a child afforded to children born to the parent(s). The selection of adoption shall consider "all relevant factors, including the birth parent(s)' efforts to obtain or maintain legal and physical custody of the child; whether the birth parent(s) are currently willing and able to assume full custody of the child; whether the birth parent(s)' efforts to assert parental rights were thwarted by other people; the birth parent(s)' ability to care for the child; the age of the child; the quality of any previous relationship between the birth parent(s) and the child and between the birth parent(s) and any other minor children;..." (§ [63.2-1205](#)).

7.3.3 Transfer of custody to a relative

Permanency is achieved under this goal when the child is placed with relatives and legal custody is transferred to the relatives. The selection of this goal shall be made “if the department or child welfare agency concludes that it is not reasonably likely that the child can be returned to his prior family within a practicable time, consistent with the best interests of the child, [and] in a separate section of the service plan, the department... shall (a) include a full description of the reasons for this conclusion; (b) provide information on the opportunities for placing the child with a relative or in an adoptive home; (c) design the plan to lead to the child's successful placement with a relative if a subsequent transfer of custody to the relative is planned, or in an adoptive home within the shortest practicable time.” (§ 16.1-281). *The selection of custody transfer to a relative can include fictive kin for the purpose of establishing eligibility for the Kinship Guardianship Assistance Program (Section 10.11).*

7.4 Concurrent planning

Concurrent planning is a practice that facilitates permanency planning for children in foster care. The definition of concurrent planning is a structured approach to case management which requires working towards family reunification while, at the same time, establishing and working towards another permanency plan (placement with relatives or adoption by a relative or another family). It involves a mix of meaningful family engagement, targeted case work, and legal strategies aimed at achieving timely permanency, while at the same time establishing and actively working a concurrent permanency plan in case the primary goal cannot be accomplished in a timely manner. It is not a fast track to adoption, but to permanency. As of **July 2015**, concurrent planning should be used for all foster care cases to ensure that if reunification cannot be achieved within the time frame permitted by law, the child will still achieve permanency promptly.

In very rare circumstances where a concurrent plan does not seem appropriate, the Director or Director designee should approve the exception, and the service worker should notify the regional Foster Care Consultant by email that a concurrent plan will not be developed. Notification should include a discussion of why a concurrent plan is not in the best interests of the child. The Director or designee should be copied on the email.

In most cases, the concurrent plan will be placement with a relative with subsequent transfer of custody or adoption. The Adoption and Safe Families Act (ASFA) allows the LDSS to engage in concurrent planning while making reasonable efforts to reunite the family. Concurrent planning replaces sequential planning in foster care by simultaneously exploring and placing with possible relative options and/or identifying an approved family that can serve as both a foster and adoptive family to a child.

The desired outcomes from concurrent planning are decreased length of stay in foster care, fewer placement moves, and fewer children in long-term foster care. These

outcomes help maintain continuity of care for children and, thus, healthier attachments to caretakers.

ASFA requires that once an agency files a petition to terminate parental rights (TPR), it begins the process of recruiting, identifying, and approving an adoptive home for the child. LDSS service workers should not wait until the TPR order is final to begin adoption recruitment. The intent of concurrent planning is to reduce delays in finding permanent homes for children. Service workers do not have to eliminate one goal before working toward another for a child.

The goal of concurrent permanency planning is to assure that children are in safe, permanent homes as quickly as is consistent with their health, safety, and well-being while recognizing the urgency caused by the child's sense of time.

7.4.1 Six processes that support concurrent planning

- **Determine paternity early.** Not only do birth parents have a right to receive reunification services, but limited resources should not be wasted on providing services to someone who is not the birth parent.
- **Early permanency assessment.** The [Permanency Planning Indicator](#) may be used with the parents during the initial weeks of foster care. Documentation from other individuals and sources may be included. The Permanency Planning Indicator identifies family strengths that indicate strong potential for reunification as well as indicators of weak potential for reunification. The assessment is done once, as early in the process as possible, to determine if the child needs placement into a foster and adoptive family.

There are five weakness indicators on the assessment that indicate a poor prognosis for reunification. They are extreme conditions: catastrophic prior abuse, dangerous life style, significant CPS history, and inherent deficits from severe mental illness. The potential for reunification assessed through completion of the Permanency Planning Indicator helps to determine the appropriate placement for the child and helps the service worker to be realistic with the parents. A poor indicator of reunification does not justify reducing the level of reunification services provided to the family.

- **Early relative search and permanency assessment.** A thorough identification of extended family members is completed with the parents and other sources. Relatives are assessed for their appropriateness to provide a temporary and a permanent home to the child. Interstate referrals are initiated as quickly as possible.
- **Service plan content.** The service plan indicates what the permanency planning goal is for the child and the concurrent goal. The plan delineates the

objectives and services for both plans. Strength and weakness information from the Permanency Planning Indicator can be incorporated into the plan.

- **Match foster and adoptive families with children from families with a poor prognosis for reunification.** All families approved as foster parents in the state of Virginia meet the requirements to be both foster and adoptive families. When a child with a poor prognosis for return home does not have a potential placement with a relative as the concurrent plan, the child is placed with a family who can be available to meet the child's needs for as long as necessary either through adoption or foster care. There may be a planned placement from a temporary foster home into a foster and adoptive family. Ideally, children have only one placement while in foster care. It is essential that relatives be considered early on in the process and approved as foster parents allowing a child in foster care to be placed with them upon entering foster care. *Section 1.5 of [Local Department Foster and Adoptive Home Approval Guidance Manual](#) outlines procedures for using waivers to approve kinship foster homes for immediate placement of children in foster care.*
- **Explore voluntary relinquishment.** Parents need to understand all of their options in regard to permanency planning, including making a voluntary plan for adoption of their child, if they are going to be truly empowered to choose the future that is best for their child and themselves. This option is discussed when the choices of permanency planning goals are introduced to the parents.

7.4.2 Three practices essential for concurrent planning

- **Establish and maintain firm timelines.** The case plan details the timelines for service delivery and achievement of outcomes. Parents need to be regularly reminded of the timelines.
- **Use full disclosure.** Parents have a right to know what foster care and permanency planning is about as they ultimately decide the outcome of the case through their behaviors and choices. Full disclosure is the respectful discussion with parents so that they will have clear information about the following:
 - Reunification standards and expectations.
 - Parent's rights and responsibilities.
 - Importance of staying connected to their child.
 - How foster care, by its very nature, has the potential to cause harm to their child.
 - How a permanent placement is so vital to their child's well-being.

- Factors in the family's history that may make reunification more difficult.
- Consequences of not reunifying and the steps the service worker is taking to provide an alternative permanency safety net for the child through identification and implementation of a concurrent plan.
- **Explore permanency with caregivers.** In addition to full disclosure to parents about concurrent planning, equal candor shall be used with all other parties involved, including the child, the court, the foster parents, CASA, attorneys, and relatives.

7.5 Shared decision making

In order to achieve timely permanence, effective planning for children is required. Effective planning requires the ability and willingness to make decisions based on the greatest amount of pertinent information and with the input of a team of individuals committed to the best interest of the child. Youth age 12 and older shall be included in the development of their foster care plan and shall be given the opportunity to choose up to two (2) members to be part of their case planning team (§ 16.1-281).

Benefits of shared decision making in selecting permanency goals and permanency planning for the child include:

- **Consideration of all facts and viewpoints.** It is often difficult to decide if a home is, or ever can be, adequate for a particular child; and if not, to decide what other living arrangement is most suitable. Shared decision making lessens the possibility of bias and error. All factors should be weighed carefully and the plan chosen that has the best chance of success for the child under the circumstances.
- **Shared responsibility.** The serious consequences of selecting a permanency goal and other permanency planning decisions mandate that no one person make these decisions alone. Responsibility is best shared with the child, family, and other partners who have knowledge and insight to ensure the best decisions are made. Family Partnership Meetings (FPM) should be used to develop the foster care plan and concurrent plan, prior to placement changes, prior to changes in goals, and may be used for other permanency planning decisions. Collaboration with other knowledgeable people provides the best opportunity that the best permanency plan will be made. The use of shared decision making provides sound recommendations to the court and shares the significant responsibility for consequences of fateful decisions.
- **Families as experts.** Family Engagement principles are based on the fact that families have the most information about themselves and that information is critical for decision making. Parents need to be fully informed of their rights and responsibilities and of the consequences of their behavior. Extended family and

kin can be a resource for support to the parents and child, as well as a potential permanent resource. With their knowledge of the situation and involvement in the decision-making and planning process, these roles can be maximized. The communities in which families live also provide many of the resources and support that family's need. The families' link to their community is a critical piece in decision making. Community members should be seen as key partners in planning for children.

- **Professional collaboration.** LDSS and other agencies involved with the child and family also have key information and supportive services that need to be coordinated in decision making and planning. All of these partners should be involved in sharing information for the purpose of well-informed decisions and planning for the child with a focus on safety and permanence. Other key partners in the shared decision-making process in permanency planning are the courts and the Judge. Judges, attorneys, and Guardians ad Litem all need complete information in order to conduct their various roles and to make well-informed decisions. It is important to include the attorneys and Guardians ad Litem in the agency reviews and to solicit their perspectives on the case. When going before the court, the service worker shall ensure that the all court reports include complete, concise, and relevant information so that the judge can make well-informed decisions.

7.5.1 Using Family Partnership Meetings prior to change of placement

A FPM should be held prior to the child's change of placement in order to make an informed decision regarding the appropriateness of the placement change. In the situation where a placement appears to be disrupting, the meeting can help determine if the placement can be preserved or if a change in placement is necessary. In the situation of concurrent planning, it may be that a relative has been identified after the child has already been placed in a foster home. If permanency with the relative has been identified as the concurrent goal for the child, it may be in the child's best interests to be placed with the relative immediately. This would allow for LDSS to actively pursue the concurrent goal such that permanency may be achieved as early as possible. The use of a FPM allows the team to collaborate in decision making and allows the team to weigh the pros and cons related to the child changing placement. When considering any placement change the team should consider: progress or lack of progress made toward reunification and likelihood of the child returning home, trauma, timing of the move (taking into account things like the school calendar), services for the child, the child's age and ability to understand the move, the child's wishes, etc. *Section 1.5 of [Local Department Foster and Adoptive Home Approval Guidance Manual](#) outlines procedures for using waivers to approve kinship foster homes for immediate placement of children in foster care.*

7.5.2 Using Family Partnership Meetings prior to changes in goal

A FPM should be held prior to developing a foster care plan for the foster care review hearing and any permanency planning hearings to address concurrent planning and the possibility of changing the permanency foster care goal for the child. This team approach ensures collaboration with the family on this key decision to ensure safety, a permanent family, and lifelong connections for the child.

A FPM to consider the change of foster care goal may result in one of the following recommendations:

- **Reunification**

The team recognizes the progress that the parent/former guardians have made in their ability to protect the child and meet the child's needs. The risk level is reduced such that the team is comfortable with recommending to the court that the goal of return home be continued or custody be transferred to the parent/former guardian. The team outlines the services and supports that the family will continue to access to ensure sustained progress.

- **Custody transfer to relative**

The team determines that the plan for reunification has not been successful, efforts to revise the plan have been made, and the team determines that the progress by parents has not been sufficient to reduce risk. The child may or may not already be living with a relative that is able to take custody. The team may determine that recommending that custody be transferred to the relative is appropriate at this time. The team outlines the services and supports that the family will continue to access to ensure permanency. The next section addresses factors to consider when choosing a permanency goal.

- **Adoption by relatives or non-relatives**

The team determines that the plan for reunification has not been successful, efforts to revise the plan have been made, and the team determines that the progress by parents has not been sufficient to reduce risk. The team may determine that the goal of adoption and termination of parental rights is in the child's best interest. The team outlines services and supports necessary to achieve the goal of adoption. The next section addresses factors to consider when choosing a permanency goal.

7.6 Factors to consider when choosing a permanency goal

When determining the best permanency goal for a child, the services worker shall consider:

- The child's best interests.
- The child's long-term needs, including the need for an enduring and nurturing family relationship that is safe, stable, and provides continuity of care.
- The child's bond to individuals in existing relationships.
- The child's over-all need for safety, permanency, and well-being.

7.6.1 Best interest of the child

The child's best interest includes physical safety (e.g., food, shelter, health, and clothing) and emotional well-being. Best interest decisions are made throughout the life of the case by courts, service workers, and others with the authority to require and implement change. Best interest considerations are made from the time a child first becomes known to LDSS and throughout the child's involvement with the child welfare system.

Best interest decisions related to selecting the permanency goal include consideration of a wide and comprehensive range of issues. These decisions should only be made with constant, open communication with the child, family, and other interested individuals. Important factors to be considered include, but are not limited to, the following:

- **Safety of the child.** The health, safety, and/or protection needs of the child including the capacity of the caretakers to provide a safe home and adequate food, clothing, and medical care. The existence of domestic abuse in the home, in the past or currently, and how that abuse affects the child emotionally and impacts the child's safety.
- **Stability for the child.** The duration, stability, and adequacy of the child's current living arrangements and the desirability of maintaining continuity.
- **A permanent family.** A permanent, long-term stable family meets the unique needs of the child for stability and continuity of relationships with parents, siblings, other relatives, other significant adults, the child's community, cultural traditions, and religious or spiritual commitments.
- **Commitment to care for the child.** A commitment to building upon the child's strengths and meeting his or her needs, including educational, medical, and behavioral health needs. The motivation of the parties involved in caring for the child and their capacities to give the child unconditional love,

- affection and guidance. Commitments to provide the child the care, treatment, and guidance that will assist the child develop over time into a self-sufficient adult.
- **Existing relationships.** Knowledge of the child's bonds to the adults in his life is critical to goal selection and placement. Whenever possible, the goal for a child should reflect a plan to achieve permanency with adults to whom the child has a strong attachment. The child's bonds should be assessed by professionals qualified to do so or, whenever possible, the child's preference should be sought and should drive the goal selection process.
 - **Community and family connections.** Maintaining the child's sense of continuity and safety includes respecting and reinforcing connections with his or her family and community. The child's need to maintain connections with his or her siblings, school, church, social groups, and other individuals important to the child may all impact the child's adjustment to and comfort in another family.
 - **Parents' wishes.** A child's parents may decide that they no longer want to work toward reuniting with the child. The parents may want to have the child placed with a relative on a permanent basis. The parents may wish to relinquish their parental rights and sign relinquishment papers. They may wish to enter into a Post-Adoption Contact and Communication Agreement (PACCA).
 - **Child's wishes.** In making this determination, the service worker should consider whether the child is of an age and level of maturity to express a reasonable preference and understand consequences of choices.
 - **Child's sense of time.** Children have a different sense of time from adults. What seems like a short family disruption or a brief separation to adults may be a very painful and intolerably long period for children. In general, younger children are less able to tolerate periods of separation than older children. Timely moves to a permanent home are critical in reducing the damage of separation for the especially young child in foster care.

7.6.2 Determining when Return Home is not in child's best interest

Through the shared decision-making process, the service worker and supervisor may determine that the permanency goal of Return Home is not in the child's best interests. When this is the case, one or more of the following conditions shall be documented:

- The child has been abandoned by the parent(s) and their identity cannot be determined. After three months no one has come forward to identify or claim a relationship to the child ([§ 16.1-283 D](#)).

- The parent(s) have disappeared or failed to maintain continuous contact with the child after foster care placement for a period of six months or more ([§ 16.1-283 C1](#)).
- Living with the parent(s) would be dangerous and detrimental to the child's health and welfare ([§ 16.2-283 B](#)).
- The parent(s) would be dangerous and detrimental to the child's health and welfare ([§ 16.1-283 C](#)).
- Conditions in the family situation, including parent/child or sibling relationships, are harmful to the child ([§ 16.1-283 B](#)).
- The parent has been convicted of a serious crime such as:
 - Murder, voluntary manslaughter, a felony attempt, conspiracy, or solicitation to commit such an offense against: (i) a child of the parent, (ii) a child with whom the parent resided at the time of the offense, or (iii) the other parent of the child.
 - Felony assault or bodily wounding resulting in serious bodily injury or felony sexual assault of: (i) a child of the parent or (ii) a child with whom the parent resided at the time of the offense. Serious bodily injury means bodily injury resulting in substantial risk of death, extreme physical pain, protracted or obvious disfigurement, or protracted loss or impairment of a bodily member, organ, or faculty.
 - Crime where a parent has subjected any child to aggravated circumstances. Aggravated circumstances mean torture, chronic or severe abuse, or chronic or severe sexual abuse where the victim is: (i) a child of the parent or a child with whom the parent resided at the time such conduct occurred and included the failure to protect a child from such conduct where that conduct or failure to protect (i) demonstrates depraved indifference to human life, or (ii) resulted in the death of a child or serious bodily injury to a child. Chronic abuse or chronic sexual abuse means recurring acts of physical abuse that place the child's health, safety or well-being at risk. Severe abuse and severe sexual abuse may include an act or omission that occurred only once but meets the definition of "aggravated circumstances" ([§§ 16.1-281 B](#) and [16.1-283 E](#)).

The LDSS having custody is not required to make reasonable efforts to reunite the child with a parent convicted of a serious crime against such child or any other child who resided with such parent at the time of such offense ([§ 16.1-283 E](#)).

- A sibling of the child has had parental rights involuntarily terminated ([§ 16.1-283 E and F](#)).

- The parent(s) has requested to be relieved permanently of responsibility for the child (§ [16.1-277.02](#)).
- One or both of the parents have died and the surviving parent or family members are unable or unwilling to take responsibility for the child (§ [16.1-283 C](#)).

7.6.3 Determining when Adoption is not in the child's best interest

When the child cannot be returned home, the service worker shall fully explore adoption by relatives and non-relatives. This process should include discussing the advantages of adoption with the child, family members, and other partners in the decision-making process. The service worker shall explain that adoption:

- May not require the child to be totally separated from birth parents.
- May allow the child choices such as keeping his or her birth name.
- Provides the most permanent legal relationship for the child.
- Provides permanent family connections throughout the child's life, not just until the child becomes an adult.
- May include a Post-Adoption Contact and Communication Agreement (PACCA) (see [Section 9.11](#)).
- May allow a Federal adoption tax credit for eligible taxpayers based on reasonable and necessary expenses related to a legal adoption (see Adoption Assistance, [Section 2.4.4](#), Chapter F. Adoption,).
- May include Adoption Assistance payments if applicable.

The service worker should explore any concerns the child, family members, or other caring adults may have with adoption and explore ways to resolve those concerns. The purpose of these conversations is to allow these individuals to make informed decisions about adopting the child, with input from the child and family. It is important to respect the right of relatives to choose whether adoption or transfer of custody best meets the unique circumstances of their family and the needs of the child.

After these thorough discussions, the service worker and supervisor may determine that adoption as a permanency option is not appropriate when:

- The family decides that terminating parental rights and adoption is not in the child's best interests;

- The child, age 14 years and over, does not consent to adoption and the circuit court finds that it is not in the child's best interest to be adopted ([§ 63.2-1202.3](#)); or
- The FPM determines that adoption by a non-relative is not in the best interests of the child.

8

ACHIEVING PERMANENCY GOAL RETURN HOME

TABLE OF CONTENTS

8.1	Introduction	2
8.2	Framework	3
8.2.1	Practice principles	3
8.2.2	Legal citations.....	4
8.2.3	Outcomes	4
8.3	Focus of services for reunification.....	5
8.4	Assessing for Return Home	6
8.5	LDSS efforts to support reunification	8
8.6	Reunification services and service planning	10
8.6.1	Preparing the parents for reunification	11
8.6.2	Preparing the child for returning home	12
8.6.3	Preparing the youth for returning home	13
8.6.4	Preparing the caregiver/foster parent for reunification	13
8.6.5	Beginning visits and trial home visits	14
8.6.6	Contacts and visits following reunification	16
8.6.7	Exploring post-custody transfer supports	18
8.7	Achieving permanency with goal of Return Home	18

8

ACHIEVING PERMANENCY GOAL RETURN HOME

8.1 Introduction

Return Home shall be the primary goal for all children in foster care. Permanency is achieved under this goal by returning the child and transferring legal custody to the birth parent(s) (regardless of the circumstances at the time of removal) or prior custodians when it can be safely accomplished. Reunification is the planned process of safely reconnecting children to their families and their communities. The service worker shall make reasonable efforts to return the child to his parents or prior custodians within the shortest practicable time (§ [16.1-281 B](#)).

While the service worker works to reunify the child with the family, the service worker should develop a concurrent permanency plan of adoption or transfer of custody to a relative at the same time. Pursuing concurrent, rather than sequential, permanency options leads to more timely permanency decisions for the child.

Any and all necessary services are provided to implement this goal until:

- The family has stabilized, the child is returned home, and the court case is dismissed; or
- The worker has documented that the conditions that necessitated the original removal have not been corrected although sufficient time and services have been provided, and another permanency goal is approved.

Exceptions to return/reunification as the initial permanency goal are:

- Voluntary relinquishment of parental rights by all parents (natural, legal, putative, and alleged);
- A petition for termination of parental rights has been filed on the parent(s); or
- The court has found that reasonable efforts to reunite are not required.

8.2 Framework

LDSS shall meet federal and state legal requirements and should use sound practice principles to achieve desired outcomes and to guide decision making in achieving the permanency goal of return home for the child.

8.2.1 Practice principles

Four fundamental principles in Virginia's Children's Services System Practice Model provide the philosophical basis and guide practice for decision making in selecting permanency goals.

First, we believe that all children and communities deserve to be safe.

- Safety comes first. Every child has the right to live in a safe home, attend a safe school, and live in a safe community. Ensuring safety requires a collaborative effort among family, agency staff, and the community
- Participation of parents, children, extended family, and community stakeholders is a necessary component in assuring safety.

Second, we believe in family, child, and youth-driven practice.

- Children and families will be treated with dignity and respect. The voices of children, youth, and parents are heard, valued, and considered in the decision making regarding safety, permanency, and well-being, as well as in service and educational planning and in placement decisions.
- Each individual's right to self-determination will be respected within the limits of established community standards and laws.
- Family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.
- We engage families in a deliberate manner. Through collaboration with families, we develop and implement creative, individual solutions that build on their strengths to meet their needs. Engagement is the primary door through which we help youth and families make positive changes.

Third, we believe that children do best when raised in families.

- Children should be reared by their families whenever possible.
- Keeping children and families together and preventing entry into any type of out of home placement is the best possible use of resources.

- Children are best served when we provide their families with the supports necessary to raise them safely. Services to preserve the family unit and prevent family disruption are family-focused, child-centered, and community-based.
- People can and do make positive changes. The past does not necessarily limit their potential.

Fourth, we believe that all children and youth need and deserve a permanent family.

- Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care or guardianship. Placement stability is not permanency.

8.2.2 Legal citations

The legal framework and specific requirements for achieving the permanency goal of Return Home are delineated in federal and state law. See the law for the complete language by clicking on the citation.

- **Provide child welfare services to return children to their families**
 - § [63.2-319](#)
- **Permissible goals in foster care plan**
 - § [63.2-906](#)
- **Child's health and safety paramount concern; plan to return child to birth parents or prior custodians**
 - [The Adoption and Safe Families Act of 1997](#); Public Law 105-89
 - § [16.1-281](#)
- **Petition to achieve the permanency goal**
 - § [16.1-282.1](#)

8.2.3 Outcomes

LDSS shall strive to achieve the following permanency outcomes required in the federal Child and Family Services Review:

Outcome 1: Children have permanency and stability in their living situation.

- More children leave foster care and achieve permanency.

- More children are reunified with their family.
- Children achieve permanency with increased timeliness.
- Children achieve permanency with shorter lengths of stay in foster care.
- Fewer children re-enter foster care.

8.3 Focus of services for reunification

All services are intended to support the family's ability to safely and in a timely fashion have their child returned home and resume legal custody of the child. Service workers shall:

- Provide services immediately and based on a comprehensive child and family assessment with the child and family to alleviate the conditions that brought the child into foster care.
- Provide services to both parents, regardless of the circumstances at the time of removal.
- Monitor implementation of the services outlined in the foster care plan, modifying or changing the plan as needed. Discuss the services with the family regularly to ensure understanding, cooperation, and progress. The discussion will also provide an ongoing and continuing evaluation of the child's and family's needs and capabilities throughout service provision. When risk to the child is relevant, assess risk on an ongoing basis.
- Facilitate involvement of family members through Family Partnership Meetings (FPM) when needed, through regular and frequent visitation with the child, and shared decision making on behalf of the child.
- Arrange visitation with the family immediately upon the child's entry into care unless disallowed by court order. The initial visit should occur **within five (5) days** of placement and subsequent visits should be as often as possible in order to build and maintain the parent-child relationship. In some cases, visitation may serve to build a relationship if one parent had little or no involvement with the child prior to the removal. Visitation should occur at least weekly.
- Develop a visitation or communication plan between siblings **within five (5) days** of placement if they are placed separately. The visitation or communication plan should address who is responsible for ensuring the visitation or communication occurs and limitations on the visit or communication. Visits or communications should include face-to-face visits, telephone calls, email correspondence, and any other form of communication available to the children. The visitation plan should include twice monthly contact at a minimum.

- Maintain contact between the child and the parent(s) or prior custodians who are incarcerated or in a treatment program, unless the court has restricted contact.
- Obtain a court order approving any restrictions or termination of visitation.
- Provide services to meet the needs of the child in fully approved and, when required, licensed settings until the child is returned home.
- Involve private service providers in meetings, progress reviews, case planning, FPMs and other meetings to determine the child's and family's progress and ongoing need for services.
- Maintain regular contact with private service providers to determine the appropriateness of services delivered by the provider.
- During trial home visits and upon initial return home prior to transfer of legal custody to the parents, provide appropriate support services for the child and family to prevent the child from returning to care.

8.4 Assessing for Return Home

The assessment process is a crucial element in permanency planning. When deciding whether to recommend to a court that children in placement should be returned home to their parents' care, the LDSS should convene a FPM (see [Section 2.9](#) of this chapter) where team members consider whether:

- The parents have made reasonable progress in correcting the conditions that led to the removal of their children from the home.
- The parents have achieved the outcomes of the foster care plan in such a manner that the conditions determined essential to the child's safety and well-being have been met.
- The family is ready to be reunified.

A FPM should be scheduled when the risk level is reduced and parental progress and ability to protect and provide safety for the child is recognized. The team determines if the child can safely return to his or her own family and a reunification meeting should be held before overnight visits begin. Meetings shall be scheduled at a time and place where parents and other partners can attend.

The comprehensive child and family assessment process (see [Section 5](#) of this chapter) and discussion of reunification should address the following issues:

- What safety issues were identified upon the child's entry into foster care and what changes have been made in the home to decrease ongoing risks to the child's safety? Have any new risks to the child's safety been identified after

removal and how have those risks been addressed? (The LDSS may use a safety assessment tool to assist in determining the safety risks in returning the child home.)

- How has the problem that led to the maltreatment been addressed and resolved?
- How have the parents/prior custodians completed the tasks required of them in their service plan? Were the tasks relevant to the family's problems and risk/safety concerns?
- What are the characteristics, needs, and behaviors of the children returning home? Have the children dealt with feelings about separation and if so, how? How have the parents demonstrated their understanding of and willingness/ability to address their children's ongoing needs?
- Do the parents have their own support system? Will they realistically use this support system, especially in times of crisis? Who does the support system consist of? What role are those individuals willing to assume in order to provide a safety net for the family?
- In what manner will the children be returned home? If the family has more than one child in care, will they all be returned home at the same time or will they be returned in gradual stages to allow for an adjustment period of both children and parents?
- What does the family need before the children return home and does the family need assistance obtaining these services?
- Has visitation between the child and family been successful and increased in length and frequency, with reduced supervision?
- Have arrangements been made to see that the child and family are adequately monitored and supported, both during and after the child is returned home, until the court returns legal custody to the family or prior custodian and the case is closed?
- Is there a service plan/aftercare plan that addresses the health, safety, and well-being of the child and family? Do all parties have a copy of the plan, including the court? Does the worker need to request the court order continue supervision once the child is returned home?
- Have criminal background checks been completed on the primary caretakers and all other adults in the home prior to beginning visitation and prior to returning the child home? How do the results of the background check affect the decision about reunification?

If the individuals involved in the FPM have addressed their perception of the family's readiness for reunification, the role other partners will play in aftercare services and monitoring, and the consensus is that return home can safely be achieved, a target date will be set. Any additional expectations will be discussed and documented as part of the aftercare plan as needed.

An additional tool that can assist with the assessment process is the Structured Decision Making (SDM)[®] Family Reunification Review available in the child welfare information system. This tool is designed for cases that entered foster care with abuse/neglect involvement. The tool should be used prior to each court decision point in the foster care case and can be done in conjunction with the FPM process described above.

8.5 LDSS efforts to support reunification

For cases with the goal of reunification, the service worker shall have face-to-face contact with the birth parents or prior custodians at a minimum of once every two months and at every critical decision-making point throughout the case (§ [63.2-906](#)).

When a child has been in foster care for 12 months and reunification remains the goal, the service worker must consult with their regional practice consultant regarding case planning. This may be done by sending an email and including a brief case summary including the efforts to achieve reunification ([2020 Virginia Acts of Assembly Chapter 934](#)).

Reasonable efforts to support reunification by the LDSS include:

- Diligent efforts to locate and involve relatives, both maternal and paternal, and other significant individuals in supporting the goal of reunification were made and are documented.
- Services included in the case plan and provided to the child and family reflect a comprehensive assessment of all needs of the child and family. This includes the household of both parents, regardless of the circumstances at the time of removal.
- Services included in the case plan shall be clearly connected to the child and family's needs in order to improve the conditions in the parent's home to facilitate the child's safe return to his own home or if not possible, will facilitate the permanent placement of the child;
- Clear indication exists that the LDSS actively and repeatedly sought input from the child, family, other relatives, and significant individuals in making decisions.
- Clear written documentation exists of how services have been utilized and affected the parents' behavior or skills.

- Actions to facilitate frequent visitation, implement other kinds of contact between the child and parents, siblings, other relatives, and individuals significant to the child occurred and are documented.
- As a result of an ongoing assessment process, additional services needed to make return home possible are documented and were provided.

Reasonable progress on the part of the parents may include:

- Increased capacity to parent and to assure the child's health and safety as demonstrated by regular parent-child visits that meet the goals of the visit, appropriate involvement in assuming more parental responsibilities (e.g., doctor appointments, parent-teacher conferences, group therapy, involvement in recreational activities, better financial management).
- Demonstrated ability to care for themselves so that they can meet the needs of the child. This may include working with the foster parent as a partner in modeling appropriate parenting skills.
- Demonstrated improvement in parental choices, decisions, and relationships, which lead to a safer and healthier environment for their children.
- Participation in recommended services and demonstration of change, such as improved parenting and participation in counseling sessions.
- Acceptance of responsibility for maltreatment of the child and demonstration of empathy for the impact of the effects of the maltreatment on the child.
- Establishment of an ongoing support network consisting of other family members, neighborhood or community, church, etc.

A lack of reasonable progress on the part of the parents to correct conditions that led to the removal of the child and other good reasons to consider alternatives to return home may include:

- An ongoing pattern as a perpetrator or a victim of domestic violence and refusal to participate actively in treatment services, or initiation of new relationships in which there is violence.
- Continued residence with someone dangerous to the child and refusal to separate after having been advised of the dangers.
- Failure to remedy with assistance housing or housekeeping standards that are a threat to health or safety or to seek economic resources when lack of resources is a major barrier.

- Continuing to miss visits with children, coming late for visits, or while visiting, appearing uninterested or openly rejecting the child or being abusive or continually upsetting children during visitation by verbal abuse, eliciting guilt, or by making unrealistic promises.
- Restricted ability to parent due to a behavioral, mental, or developmental disability that impedes the individual's ability to serve as the primary caretaker for the child.
- Failure to make efforts, or inability to demonstrate the skills necessary, to ensure the health and safety of the child.
- A lifestyle centering on drugs/alcohol and an addictive pattern that clearly prevents the ability to adequately parent.
- A previous birth to a subsequent substance-exposed infant or having other children who have been in foster care for 12 months or more and attempts to reunite have been unsuccessful (by themselves, these are NOT an indication of inability to be reunified with another child).
- Continuing to miss appointments, canceling appointments, or failure to be involved in treatment.
- Failure to fulfill the tasks outlined in the service plan, cooperate with the provision of the service plan, or meet conditions established by the court.

8.6 Reunification services and service planning

When the court approves the goal to return the child home, the foster care plan will focus on safe reunification. The foster care plan should:

- Be developed with the participation of the parent, the child whenever possible even if under the age of 12, other relatives, and other individuals identified by the family as significant to their or the child's support system, if appropriate. Youth age 12 and older shall be part of the team and be provided with the opportunity to choose up to two (2) members to be part of the team who are neither a foster parent of nor a case/service worker of the youth to be part of the team (§ 16.1-281).
- Specifically address child, family, and support system strengths and how these strengths will be used to correct the conditions that led to the removal of the child.
- Specifically address problems/needs or barriers to reunification and how these barriers might be addressed using previously identified strengths.

- Develop clear expectations of each party of the intended result of the service or activity.
- Include concrete and comprehensive services and activities that shall be in place immediately prior to and following the actual return home of the child.
- Ensure accountability on the part of the LDSS, the parents, and placement providers by documenting the responsibilities of and the services to be provided to each of the parties.

Services designed and documented in the foster care plan shall address:

- The child's health, safety, and well-being needs that were identified during the assessment process.
- The family's strengths and needs in relation to meeting the child's needs and in terms of additional services and support required by the parent to safely maintain the child at home.
- A description of what actions the family/custodian, other members of the family, and the parents/custodians social support network, service worker, temporary caregiver, and others will take to meet the needs of the child to achieve the goal of Return Home and maintain safety and stability for the child once returned home:
 - Identification of those persons the parent and child can call on for support following the return home of the child.
 - Identification of supportive services that will be provided and by whom, after the child is returned home (such as child care).
 - A description of how the child's medical and educational needs will be met after the child is returned home.
 - Identification of any additional interventions and services that will be provided to the family, the caregiver, and the child in order to meet the child's needs and achieve and maintain permanency.

A copy of the concurrent permanency plan should also be provided to the parent.

8.6.1 Preparing the parents for reunification

Workers should make sure parents consistently understand their role in achieving reunification and remind them that their attendance and participation in all FPMs, staffings, and case planning meetings is critical.

The services and the way they will be delivered should be determined as a result of the ongoing assessment process and FPMs. Parents should be encouraged and supported to discuss their concerns and questions regarding the child's return home. The focus of services should include, but is not limited to:

- Discussion of all visits between the child and parents, focusing on observations of parent/child interactions by the service worker or others who may have been present for the visit. Parents' concerns, questions, and perceptions about the visit and their interaction with their child should be discussed.
- Using trial home visits with clearly identified goals and in-home monitoring and services to help the parent(s) provide safe, daily care of the child (see [Section 8.6.5](#)).
- Discussion with the parents about the date and timing of the child's return. This should include ongoing discussion of planning for the child's daily routines, education, health care, etc., as well as how the parent(s) plans to deal with conflicts, the child's feelings about returning home, and any other areas of concern.
- The need for specific aftercare services to support gains made by the child and parents.
- Specific role of other individuals and groups designated as part of the family's social support system.

8.6.2 Preparing the child for returning home

Although a great deal of emphasis is placed on activities with the parent when the service worker is preparing to reunify the family, this is also an important time for the child. The service worker should spend time with the child to determine his position on reunification. If reunification is in the best interest of the child, the service worker will begin to prepare him for return home by:

- Informing the child of the targeted date for reunification while being aware of the child's ability to understand what this means.
- Explaining to the child that his parents are working to have him return by the target date, but that sometimes things happen that may change that date.

All adults involved with the child should be having clear, age appropriate discussions with the child about the plans for return home and what the child can expect. These discussions should assist the child with identifying those people whom he can call for help, where he will be attending school, and other important facts. The child should be given the opportunity to work through feelings of separation from, and the

loss of, the foster parent/relative caregiver, school, and neighborhood friends, teachers, and significant others.

8.6.3 Preparing the youth for returning home

Youth should be collaborators in the reunification process with their family and the service worker. Working toward reunification with a youth requires that the youth become an active participant in the process of reunification. The decision to reunify a youth with his family should be made on a case by case basis through comprehensive assessments involving the youth and the family. Youth should have a voice in the development of the case plan to facilitate reunification since often youth will have knowledge to assist the service worker in identifying needed appropriate and effective services for the family.

Depending on individual family dynamics the youth or the family may express concern about reunification. The service worker should facilitate discussion and provide appropriate forums such as family therapy, FPMs or the youth's service planning meeting to allow the youth and family to explore and process these feelings.

The service worker shall engage the youth, members of the youth's family, other professionals involved with the youth or family, supportive adults (identified by the youth) and extended family to identify preventive services and supports that the family may need to prepare for the discharge of the youth from foster care. These supports should be identified for the specific youth and family. The services may include peer support groups, family mediation programs, tutoring and other academic supports, vocational training, community mental health programs and connections to community programs that will assist the youth in the acquirement of independent living skills for successful adult living. Often the youth will want to maintain connections made while in foster care with friends, foster parents or activities in which the youth participated. The team should be creative in identifying and developing methods of communication that will allow the youth to maintain those connections which are in his best interest.

Families will need support and encouragement to sustain reunification efforts with the youth. The youth will also need support, encouragement, and follow-up after they have become reunified with their families. These pre and post reunification services are a critical element for supporting the permanency outcome of reunification for the youth.

8.6.4 Preparing the caregiver/foster parent for reunification

Service workers should spend some time with the caregiver/foster parent to discuss their feelings of separation and loss and help them successfully prepare themselves and the child for reunification. Some caregivers may want to stay in touch with the child after he returns home. Contact with the caregiver after return home is a

consideration that requires supervisory consultation. Some children may find this confusing while others may benefit from continued contact.

The caregiver should make a list of the child's daily activities and routines and other relevant information for the birth parents to smooth the child's transition home.

8.6.5 Beginning visits and trial home visits

Trial home visits are to be with the prior custodian(s) from whom the child was removed or birth parents. The child may be placed on a trial home visit with either birth parent, regardless of the circumstances at the time of removal. It is used as a final step in the preparation of return of custody to that parent or custodian. A trial home visit should not exceed six (6) months. If there is a documented reason for an extension beyond six (6) months for the trial home visit, this extension shall be approved by the court.

Preparations for overnight visits and ultimately reunification shall include the following service worker activities:

- Safety.
 - **Background Checks.** Prior to beginning overnight visitation with parents or previous custodians in preparation of a trial home visit, a background check should be completed on the primary caretakers to whom the child is being returned and on all other adults residing in the home in which the child is to be returned. Background checks shall be completed before the trial home visit begins ([§ 63.2-901.1](#)). The components of the background check include:
 - A written statement of affirmation disclosing whether or not the individual has a criminal conviction or is the subject of any pending criminal charges within or outside of the Commonwealth and whether or not the individual has been the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth.
 - A national fingerprint criminal history record obtained through the Central Criminal Records Exchange to the Federal Bureau of Investigation and a search of the Sex Offender registry (which is included in the national criminal background check).
 - A search of the child abuse and neglect registry maintained by any other state pursuant to the [Adam Walsh Child Protection and Safety Act of 2006](#), (Pub. L.109-248), in which a prospective parent or other adult in the home has resided in the preceding five years.

For more information on conducting background checks, see the [Office of Background Investigation](#) (OBI) page on Fusion. If significant time has passed between the search and the child's return home, a second search should be conducted close to the date of return home to ensure the receipt of accurate information on the adults in the home. It should be noted that the letter received regarding the background check on another adult in the home will say either "approved" or "not approved". This is due to the way OBI runs the check when the adult is not the birth parent and OBI's determination is reflective of whether this adult could be approved as a foster parent, and should not be solely used to make the decision about a trial home visit. The agency should use the information to make an informed decision regarding the child's return home.

The results of the criminal background check do not prohibit the agency from reunifying the child with the parent. The standards set in [§ 63.2-901.1](#), Code of Virginia, are specific to approving a foster parent. However, the agency shall notify the court of the results of the complete background checks and include the findings in the criminal background checks when assessing the home for safety.

- **Safety Assessment.** A safety assessment shall be completed before the return home of the child, when the child was removed due to abuse and/or neglect. Documentation on all assessments shall be included in the case record or OASIS including the initial child protective service risk assessment. The initial risk assessment provides a baseline for evaluating progress or lack of progress. The specific risk issues identified in the initial assessment will be reevaluated throughout the case. Documentation regarding these issues will be addressed in the assessment that is completed prior to beginning visits or trial placement.
- A new safety assessment shall be completed prior to the child returning home based on current home situations. The service worker will, unless otherwise documented, communicate monthly with individuals who provide services and support to the parents and child in order to obtain information and observations about the ongoing safety of the child. Such professionals and individuals may include social service providers, school or child care personnel, health care providers, and any other collateral contacts the service worker deems appropriate. Before beginning visits or conducting a trial home visit, the service worker will explain to the parent the need for continued communication with all parties. Contact information will be included in the case record as documentation regarding the continued safety of the child in the home.
- **Education.** During the trial home visit, the service worker will meet with the child's current teacher and obtain a school report. The teacher should be informed that reunification is imminent and be encouraged to

report any observations or concerns about the child to the service worker. If the child will be attending a new school after reunification, arrangements will be made for the transfer of education records. The service worker should follow the Best Interest Determination Process and ensure that the child has school stability and there is no gap in schooling. The service worker and the parent will meet with the child's new teacher. If the child is pre-school age, the service worker will assist the parent in enrolling the child in a program such as early education or child care.

- **Health.** The service worker will discuss with the parents how the child's health care needs will be met after the child is returned home, and identification of a health care provider to serve the child after return home will be discussed. Other resources that the family can use to assist in meeting health care needs such as the Department of Health, FAMIS, or the Department of Medical Assistance, will also be discussed. Discussion about health needs and issues will be documented in OASIS and the foster care plan.

8.6.5.1 When a child receives SSI and is on a home visit

When the LDSS is the representative payee for the child's SSI or SSA benefits and the child is on a home visit, the LDSS may assist the parent in providing for the child in the home. The supervisor may authorize a check to be sent to the parents on behalf of the child to pay for the child's care. The transaction shall be documented and include a recommendation from the service worker, approval by the supervisor, authorization from a 3rd party (LDSS director or finance staff with designated authority) and a notation in the payment record of the payment amount.

8.6.6 Contacts and visits following reunification

The service worker should communicate **at least monthly** with those professionals and individuals who provide services and support to the parent and child in order to obtain information and observations about the ongoing safety and well-being of the child. Such professionals may include social service providers, school or child care personnel, health care providers, and any other collateral contacts the service worker deems appropriate.

During all contacts following reunification, the service worker should see the child outside the presence of the parent as well as with the parent.

- **First-month contact.** Following the return home of a child who has been in substitute care, an initial face-to-face contact with the child and parent should be made via a visit in the home by the assigned service worker **within 24 to 72 hours** after the child returns home. The timing of the visit will be based upon the safety assessment completed when the child is returned home.

- **Ongoing contact.** Frequency of contacts subsequent to the first month of reunification should be determined by the worker's ongoing assessment of the child's safety and the family's need for ongoing monitoring, support, and service provision. Frequency of contacts and intervention should be determined by the family, service worker, supervisor, child, and other involved individuals (e.g., in-home counselor, mentor, relatives).

During the trial home visit and while the child is in the custody of the LDSS, worker visits must occur as often as needed to support the family and no less than monthly. Additionally, at least one visit per month must occur in the home with all of the household members. These contacts must be recorded in OASIS. Unannounced visits should also be considered.

- **Assessing progress and planning for termination of custody.** Frequently, the child's return home increases the family's stress level by placing additional financial demands on the family while they adjust to being together again. The family membership may have changed since the child's removal and family members may have to renegotiate their new roles in their newly formed family system. Just as parents may express ambivalence about caring for a child while the child is in placement, parental ambivalence may also be demonstrated after the child is home.

During the post-reunification period, support of the family should continue if the reunification is to succeed. The service worker's emphasis becomes helping the family assume responsibility for the care of the child. The LDSS should provide services after return home to monitor the safety of the child, to enhance the family's ability to function in a healthy way, and to provide a smooth transition to reunification. The child's safety and health take precedence over any other variables, such as the need for permanency or the child's sense of time.

Planning for the termination of services is an integral part of all service planning. From the earliest contact, the LDSS will focus on when services to the children and families will end. Before closing a case, the LDSS will conduct a review of the child's safety that includes:

- A child safety assessment to include all members of the household and all adults who frequent the home.
- Interviews with relatives, friends, or other persons who provide support network for the family.
- Review all medical, school, clinical, and social service reports.
- Interview and observe the child alone out of the presence of the caregiver.

- Update a final foster care plan that outlines how the health, safety, and other outside support of the children will be ensured and what aftercare services are needed.
- The filing of a motion for termination of the LDSS' custody.

8.6.7 Exploring post-custody transfer supports

When assessing the readiness of the family to have custody of their child returned to them, it is important to consider whether reunification can be achieved with supports outside of the foster care system. Rather than extending trial home visits, LDSS should explore whether the child's custody can be safely transferred to their family with prevention services, including court ordered prevention services, in place. Children for whom reunification has been achieved, may be eligible for prevention services through multiple funding streams, such as CSA and PSSF. The safety and health of the child must always be paramount, but LDSS can address needs through services other than foster care in order to achieve permanency in a timely manner. As stated in [Section 8.6.5](#), a trial home visit must not exceed six months, unless explicitly approved by the court. For more information on Prevention Services, see Prevention Guidance.

8.7 Achieving permanency with goal of Return Home

The goal of reunification is achieved when legal custody is returned to parent(s) or prior custodians, or in a non-custodial foster care placement, when the child is returned to the parent(s) or guardians and the court terminates involvement with the family.

9

ACHIEVING PERMANENCY GOAL ADOPTION

TABLE OF CONTENTS

9.1	Introduction	3
9.2	Framework	3
9.2.1	Practice principles	4
9.2.2	Outcomes	4
9.3	Focus of services	5
9.4	Terminating parental rights (TPR)	5
9.4.1	All individuals whose rights shall be terminated	5
9.4.2	How parental rights are terminated	7
9.4.3	Voluntary methods of termination	7
9.4.4	Involuntary termination of parental rights	10
9.5	Preparing the child for adoption.....	17
9.5.1	Helping children and youth adjust to loss	17
9.5.2	Questions to use to assess children on the permanency continuum.....	18
9.5.3	Lifebooks	18
9.6	Involving youth when the goal is adoption.....	22
9.7	Pre-Adoption services	23
9.8	The Adoption Resource Exchange of Virginia (AREVA)	24
9.8.1	LDSS registration process	25
9.8.2	LCPA process for registration with AREVA	27
9.8.3	Deferment in AREVA.....	28
9.8.4	Process for registering families with AREVA.....	30
9.8.5	Notification to AREVA of change of status of the child	31

9.9	Adoptive home identification and preparation	31
9.9.1	Continuation of foster care services	32
9.10	Finalizing the adoption	33
9.11	Post-Adoption Contact and Communication Agreement (PACCA)	33
9.12	Adoption disruption	33
9.13	Achieving permanency with goal of Adoption	35

9

ACHIEVING PERMANENCY GOAL ADOPTION

9.1 Introduction

Permanency is achieved under this goal when the adoption of the child by a relative or non-relative has been finalized. Adoption is a planful process that provides the same legal and social status for a child afforded to children born to the parent(s).

The Adoption and Safe Families Act of 1997 requires that an LDSS petition for termination of parental rights (TPR) of a child if the child has been in care of the agency for 15 of the last 22 months and there has been no progress towards reunification with the removal parent. An LDSS would not petition for termination of parental rights under the following circumstances:

- The LDSS documents and provides compelling reasons why it is not in the best interest of the child to terminate parental rights;
- The child resides with relatives and after a Family Partnership Meeting or discussion with the child, relatives, and, if indicated, the parents, TPR would negatively impact the child's sense of connection to family or potentially result in the relative being unable to provide care for the child; or
- Services have not been provided to the parent to return the child home safely.

9.2 Framework

LDSS shall meet federal and state legal requirements, and should use sound practice principles to achieve desired outcomes and to guide decision making in achieving permanency.

9.2.1 Practice principles

Two fundamental principles in Virginia's Children's Services System Practice Model provide the philosophical basis and guide practice for decision making in achieving the permanency goal of adoption.

First, we believe in family, child, and youth-driven practice.

- Children and families have the right to have a say in what happens to them and will be treated with dignity and respect. The voices of children, youth and parents are heard, valued, and considered in the decision-making regarding safety, permanency, well-being as well as in service and educational planning and in placement decisions.
- We recognize that family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.
- Children have a right to connections with their biological family and other caring adults with whom they have developed emotional ties.
- We engage families in a deliberate manner. Through collaboration with families, we develop and implement creative, individual solutions that build on their strengths to meet their needs. Engagement is the primary door through which we help youth and families make positive changes.

Second, we believe that all children and youth need and deserve a permanent family.

- Lifelong family connections are crucial for children and adults. It is our responsibility to promote and preserve kinship, sibling and community connections for each child. We value past, present, and future relationships that consider the child's hopes and wishes.
- Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care, or guardianship. Placement stability is not permanency.

9.2.2 Outcomes

LDSS shall strive to achieve the following permanency outcomes required in the federal Child and Family Services Review:

Outcome 1: Children have permanency and stability in their living situation.

- More children leave foster care and achieve permanency.

- More children experience sustained adoptions.
- Children achieve adoptions with increased timeliness.
- Children achieve permanency with shorter lengths of stay in foster care.
- Fewer children re-enter foster care.

9.3 Focus of services

If the goal of adoption is being selected, Return Home shall have been explored fully and ruled out consistent with the child's best interest. However, when a concurrent permanency plan of reunification and adoption exists, the focus of services is to work toward reunification while at the same time, working toward achieving the goal of adoption, if the child cannot return home. Services shall be provided to the child, the birth parent(s), the foster parents, and the adoptive parents. The Foster Care Service Plan identifies the services that shall be provided. Refer to [Section 15](#) of this chapter for information on the Foster Care Service Plan.

9.4 Terminating parental rights (TPR)

When adoption is the best plan for a child in foster care, securing legal authority to place the child for adoption is the initial objective toward achieving the goal.

The Code of Virginia (§§ [16.1-252](#), [16.1-277.01](#), [16.1-277.02](#), [16.1-278.2](#), [16.1-278.3](#), and [16.1-283](#)) requires courts to consider persons with a legitimate interest for custody of the child when evaluating removal, entrustment, relief of custody, and termination of parental rights.

A child can be placed for adoption once parental rights are terminated and the LDSS has been granted the authority to place for adoption. The termination process begins with knowing whose rights shall be terminated and how they are terminated. These two points are outlined below.

9.4.1 All individuals whose rights shall be terminated

- The **mother**;
- The **birth father**, meaning any man who is:
 - The **genetic father**, the man with the genetic relationship to a child that indicates the child is an offspring of the man.
 - The **acknowledged father**, the man with a relationship with a child established by:

- A voluntary written statement between the man and the mother of the child made under oath agreeing to the paternity and confirming that prior to signing the acknowledgement, that the parties were provided with a written and oral description of the rights and responsibilities of acknowledging paternity and the consequences arising from the signed acknowledgement. The acknowledgement may be rescinded by either party within 60 days from the date it was signed, after which time the acknowledgement shall have the same legal effect as a judgment ([§ 20-49.1](#)).
- The **adjudicated father**, the man with a judgment or order from a court establishing paternity of a child ([§ 20-49.8](#)).
- The **presumed father**, the man who:
 - Is married to the mother and the child is born during the marriage; ([§ 63.2-1202 D1](#)); or
 - Was married to the mother and the child was born within 300 days from the date of their separation as evident by a written agreement, or decree of separation, or within 300 days after the marriage was terminated by death, annulment, declaration of invalidity, or divorce; ([§ 63.2-1202 D2](#)); or
 - Before the birth of the child, he and the mother of the child, married each other in apparent compliance with the law, even if the attempted marriage is, or could be declared invalid, and a child was born within 300 days of their separation, as evidenced by a written agreement, or decree of separation, or within 300 days after the marriage was terminated by death, annulment, declaration of invalidity, or divorce. ([§ 63.2-1202 D3](#));

and/or

- The **Registered Putative Father**, the man that has completed a registration for The Virginia Birth Father Registry and mailed the registration to the Virginia Department of Social Services and the registration has been entered into the Virginia Birth Father Registry [Section 8](#), Chapter F., Adoption, Child and Family Services Manual.

The LDSS shall make diligent efforts to identify and locate the mother and father of a child. Critical medical and genetic information should be gathered on each parent and on each parent's nuclear family to be maintained for the child's benefit.

9.4.2 How parental rights are terminated

Parental rights can be terminated either voluntarily or involuntarily.

9.4.3 Voluntary methods of termination

Parents may voluntarily terminate their rights either by signing a permanent entrustment agreement or by petitioning the court to be relieved of their rights (§§ [63.2-900](#), [63.2-903](#), and [16.1-278.3](#)).

9.4.3.1 Permanent Entrustment Agreement

A Permanent Entrustment Agreement is a binding agreement between the parent(s) and the agency. This Agreement provides a method for the parent(s) to voluntarily relinquish parental rights and give the agency authority to place for adoption (see the [Permanent Entrustment Agreement Form](#)).

- **When Permanent Entrustment Agreement is used**

The following are instances when the signing of the permanent entrustment agreement is the only action required for the child to be legally free for adoption:

- When all parents are willing to relinquish their rights to the child.
 - When the unmarried mother is willing to permanently entrust and the putative father will sign an affidavit denying paternity, acknowledging paternity, or neither denying nor acknowledging paternity. The affidavit shall include a statement that he waives all rights to further notice.
 - When the unmarried mother is willing to permanently entrust and sign an affidavit that the identity of the father is not reasonably ascertainable. This affidavit should include a statement regarding the reason why the father's identity cannot be ascertained. If there is any question regarding the validity of the mother's affidavit, the agency shall petition the court to terminate parental rights.
 - When the unmarried mother permanently entrusts and the father can be informed of the mother's entrustment by certified or registered letter. The father's name shall appear on the return receipt. He has **21 days after receipt** of the letter to object to the mother's entrustment.
- A copy of the original letter and the signed receipt shall be retained in the child's record.

- If the letter cannot be delivered to the father, it is necessary to petition the court for termination of his rights ([§ 16.1-277.01](#)).
- **Counseling services prior to and following a Permanent Entrustment**
- Birth parent(s) completing permanent entrustments for the purpose of adoption shall be provided the opportunity for counseling, which should address issues related to, but not limited to:
 - Long-term impact of the decision to place the child for adoption on birth parent(s) and child.
 - Helping birth parent(s) with the finality of the plan for adoption and immediate plans for their own lives.
 - Receiving from birth parent(s), or informing them of, newly learned medical or genetic information that is important for the adopted child and family or for the birth parent(s) and their present children.
 - Providing the birth parent(s) with non-identifying information on the potential adoptive family such as age, physical characteristics, interests, cultural heritage, faith-based practices, etc.
- **Petition for approval of Entrustment Agreement(s)**
- The LDSS files petitions requesting court approval of permanent entrustment agreement(s). The court order shall contain a statement that continuation in the home would be contrary to the welfare of the child or that removal was in the best interest of the child or that there is no less drastic alternative than removal of the child from the home ([§§ 16.1-278.3](#) and [16.1-277.01](#)).
- **When the Entrustment Agreement is signed**
- The Permanent Entrustment Agreement may be signed any time after the child's birth. A separate form shall be used for each parent who entrusts and for each child to be entrusted.

- **How the Entrustment Agreement is revoked**

- The agreement can be revoked any time up to the signing of the adoptive home placement agreement, unless the Permanent Entrustment Agreement has been approved by the court and all parental rights have been terminated.
- The Entrustment Agreement may be revoked by either parent until:
 - The child has reached the age of ten (10) days.
 - Seven (7) days have elapsed from the date of execution.
- When the Agreement is revoked, custody of the child shall be returned to the birth parent. In the event that the custody of the child is controversial, custody will need to be determined by court action.
- Upon proof of fraud or duress, a Permanent Entrustment Agreement may be declared invalid and the rights and obligations of the parent(s) restored by court order if the final order of adoption has not been entered and the court has not approved the Permanent Entrustment Agreement and issued a final order terminating parental rights.
- The Entrustment Agreement may be revoked by either birth parent if at the time of revocation the child has not been placed in the physical custody of the adoptive parents.

- **Court Orders and Permanent Entrustment**

- When a child enters care through a Permanent Entrustment Agreement, there shall be a subsequent court order obtained within 180 days (6 months) of the entrustment. The order shall contain a statement that continuation in the home would be contrary to the welfare of the child or that removal was in the best interest of the child or that there is no less drastic alternative than removal of the child from the home.

- **Appeal of court order**

- Once the agency has petitioned the court to approve a Permanent Entrustment Agreement and the court has held a hearing and issued a final order terminating parental rights, the parent cannot revoke the agreement. The parent(s) may appeal the order ([§ 16.1-296](#)).

9.4.3.2 Parental Petition for Relief of Care and Custody

Parent(s) file a joint petition with the juvenile and domestic relations district court, requesting termination of parental rights. When appropriate, the LDSS should join in the filing of the petition.

9.4.4 Involuntary termination of parental rights

If it is not possible to achieve termination of parental rights voluntarily, then the LDSS shall petition the court for TPR (§§ [16.1-283](#) and [16.1-278.3](#)). These procedures define how parental rights are terminated involuntarily.

Federal law states that when a child has been in the care of the agency for 15 of the last 22 months and there has been no progress toward reunification with the parent from whom the child was removed, then a petition for termination of parental rights shall be filed unless it can be documented that it is not in the child's best interest to do so. The child may experience multiple exits from and entries into foster care during the 22 months; a new foster care episode does not start a new 22 month period. The federal government calculates the cumulative amount of time that the child has been in the agency's care, excluding any trial home visits and runaway episodes, during the last 22 months to establish the 15 months of care. At the end of the 15th cumulative month that the child is in the agency's care, the agency shall file a petition with the court to terminate parental rights if no progress has been made toward reunification, unless the agency has documented that termination of rights is not in the child's best interest.

The LDSS need not have identified an available family to adopt a child prior to termination being sought or the court's entering a termination order (§ [16.1-283 A](#)). The LDSS should, in fact, not wait to terminate rights until an adoptive home is located. The LDSS should diligently recruit such a home as soon as the LDSS believes that reunification is unlikely and that relatives have been ruled out unless the child is already placed with a family that is appropriate for adoption. [Refer to section 7.4 Concurrent Planning.](#)

9.4.4.1 Grounds for termination of parental rights

Use of the following grounds shall be based on findings by the court that termination of parental rights is in the best interests of the child. The legal standard for making these findings is clear and convincing evidence.

The parental rights of a child placed in foster care as a result of court commitment, an Entrustment Agreement, or other voluntary relinquishment by the parent or parents, may be terminated based on the following grounds:

- **Failure to maintain contact.** The parent or parents have, without good cause, failed to maintain continuing contact with and to provide or

substantially plan for the future of the child for a period of six (6) months after the child's placement in foster care. Lack of contact continues even with the reasonable and appropriate efforts of social, medical, mental health, or other rehabilitative agencies to communicate with the parent or parents and to strengthen the parent-child relationship. Proof that the parent or parents have failed without good cause to communicate on a continuing and planned basis with the child for a period of six (6) months shall constitute prima facie evidence of this condition ([§ 16.1-283 C](#)).

- **Failure to make progress.** Parent or parents, without good cause, have been unwilling or unable, within a reasonable period not to exceed twelve months from the date the child was placed in foster care, to remedy substantially the conditions which led to or required continuation of the child's foster care placement. Lack of progress exists even with the reasonable and appropriate efforts of social, medical, mental health, or other rehabilitative agencies to such end.
- The foster care plan filed with the court or any other plan jointly designed and agreed to by the parent or parents and a public or private social, medical, mental health, or other rehabilitative agency shall constitute prima facie evidence of this condition. The court shall take into consideration the prior efforts of such agencies to rehabilitate the parent or parents prior to the placement of the child in foster care ([§ 16.1-283 C](#)).
- **Abandonment.** The child was abandoned and the identity or the whereabouts of the parent or parents cannot be determined after a diligent search; and the child's parent or parents, guardian or relatives have not come forward to identify such child and claim a relationship to the child within three (3) months following the issuance of an order by the court placing the child in foster care ([§ 16.1-283 D](#)).
- **Convictions for certain crimes.**
 - The parent has been convicted of an offense under the laws of this Commonwealth or a substantially similar law of any other state, or any foreign jurisdiction which constitutes murder or voluntary manslaughter, or a felony attempt, conspiracy or solicitation to commit any such offense, if the victim of the offense was a child of the parent, a child with whom the parent resided at the time such offense occurred, or the other parent of the child; or
 - The parent has been convicted of an offense under the laws of this Commonwealth, any other state, or any foreign jurisdiction which constitutes felony assault resulting in serious bodily injury or felony

bodily wounding resulting in serious bodily injury or felony sexual assault, if the victim of the offense was a child of the parent or a child with whom the parent resided at the time of such offense or the other parent of the child. "Serious bodily injury" means bodily injury which involves substantial risk of death, extreme physical pain, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member, organ, or mental faculty ([§ 16.1-283 E](#)).

- **Aggravated circumstances.** A parent has subjected any child to aggravated circumstances. Aggravated circumstances means torture, chronic or severe abuse, or chronic or severe sexual abuse where the victim is:
 - A child of the parent or a child with whom the parent resided at the time such conduct occurred and includes the failure to protect a child from such conduct where that conduct or failure to protect;
 - Demonstrates depraved indifference to human life; or
 - Resulted in the death of a child or serious bodily injury to child.
 - Chronic abuse or chronic sexual abuse means recurring acts of physical abuse that place the child's health, safety or well-being at risk. Severe abuse and severe sexual abuse may include an act or omission that occurred only once but meets the definition of "aggravated circumstances" ([§§ 16.1-281 B](#) and [16.1-283 E](#)). ([§ 16.1-283 B and E](#)).

Federal law requires that a petition for termination of parental rights shall be filed within 60 days of a judicial determination that reasonable efforts to reunify the child and parent are not required when conviction of certain crimes and aggravated circumstances are the grounds for termination.

- **Termination of Residual Rights to another child** ([§ 16.1-283 E and F](#))
- **The residual parental rights of a sibling** of the foster child have previously been involuntarily terminated
- **Unlikelihood that conditions can be corrected** ([§ 16.1-283 B2](#)). For children who have been found by the court to be abused and neglected and in foster care, the following grounds may be used:
 - The neglect and abuse suffered by the child presents a serious and substantial threat to his or her life, health, or development.

- It is not reasonably likely that the conditions which resulted in neglect or abuse can be substantially corrected or eliminated so as to allow the child's safe return to his parent or parents within a reasonable period of time. In making this determination, the court shall take into consideration the efforts made to rehabilitate the parent or parents by any public or private social, medical, mental health, or other rehabilitative agencies prior to the child's initial placement in foster care as well as efforts after placement.
- Evidence of this is as follows:
 - The parent or parents are suffering from a mental or emotional illness or mental deficiency of such severity that there is no reasonable expectation that such parent will be able to undertake responsibility for the care needed by the child in accordance with his age and stage of development;
 - The parent or parents have habitually abused or are addicted to intoxicating liquors, narcotics, or other dangerous drugs to the extent that proper parental ability has been seriously impaired and the parent, without good cause, has not responded to or followed through with recommended and available treatment which could have improved the capacity for adequate parental functioning; or
 - The parent or parents, without good cause, have not responded to or followed through with appropriate, available, and reasonable rehabilitative efforts on the part of social, medical, mental health, or other rehabilitative agencies designed to reduce, eliminate, or prevent the neglect or abuse of the child.

9.4.4.2 Procedures to follow for court termination

The worker should consult with the LDSS' attorney to determine whether there are grounds for termination of parental rights and to prepare for a TPR hearing. The LDSS may hire an additional attorney for the child if the Guardian ad Litem needs assistance when the petition of the LDSS is contested, the court's decision is appealed, or a separate petition is filed, any of which appear contrary to the child's best interest. State pool funds may be used to pay the attorney's fee. Court related costs, such as assistance of expert witnesses, may **not** be purchased as a foster care service.

The LDSS shall assess whether TPR is in the best interests of the child prior to the permanency planning hearing and then file a petition and foster care plan with the court with the goal of adoption **30 days prior** to the permanency planning hearing.

The service plan documents that TPR is in the child's best interest. The foster care plan changing the goal to adoption and the petition for TPR shall, whenever possible, be submitted to the court and considered by the court at the same hearing ([§ 16.1-283 A](#)). *If the petition for TPR is not filed at the same time as the foster care plan changing the goal to adoption, the LDSS must file the petition within 30 days of the hearing to ensure that federal requirements are met.*

The petition shall specifically request that parental rights of the parents be terminated and that the LDSS be given the authority to place and consent to adoption of the child.

If a matter involving the child's custody has previously gone to a circuit court that court has jurisdiction and the petition shall be filed there. The court will set a hearing date.

9.4.4.3 Notifying interested persons of the TPR court hearing

It is the LDSS' responsibility to submit the foster care plan **30 days prior** to the hearing in order to allow the court sufficient time for giving legal notice ([§ 16.1-283](#)).

- **Who gives notice.** The court where the hearing will be held is responsible for giving legal notice.
- **Who receives notice.**
 - Parents.
 - Child if 12 years of age or older.
 - Guardian or legal custodian.
 - Parents' attorney.
 - Guardian ad Litem (GAL).
 - Court Appointed Special Advocate (CASA).
 - Current foster parents.
 - Other necessary parties.
- **Notifying putative fathers** ([§ 63.2-1249](#)). Any petitioner who files a petition for the termination of parental rights or for an adoption proceeding shall request a search of The Virginia Birth Father Registry

for any putative father. However, there are situations where the putative father may not need notification (see [Section 9.4.4.5](#))

- Additional information regarding how to search the Virginia Birth Registry can be found in [Virginia Birth Father Guidance](#).

9.4.4.4 How notice is given for TPR hearing

- Delivered in person by sheriffs, their deputies, and police officers in counties or cities, or by any other suitable person designated by court;
- Certified mail with addressee only signing the return receipt; or
- Order of publication. Orders of publication shall state the purpose of the petition to be heard and where and when the hearing is to be held. Such orders shall be published for four successive weeks, in such newspaper as the court may prescribe. They require the defendant to appear to protect his interests on or before the date stated in the order.

9.4.4.5 When notice is not required for TPR

Notice is not required if a parent:

- Has signed a permanent Entrustment Agreement;
- Has signed an affidavit waiving all rights to notice; or
- Is represented by counsel and counsel receives notice.

Situations when the putative father may or may not need notification:

- If his identity and location are known, the LDSS should contact him about signing a permanent Entrustment Agreement or an affidavit waiving all rights to notice. If he is unwilling to sign an agreement or affidavit, the court will notify him of the hearing.
- If the father's identity is known, but his current whereabouts are unknown, the LDSS shall attempt to contact him at his last known address by registered certified letter. This shall be done before petitioning the court for termination of his rights. To satisfy the "diligent efforts" requirement of the law, the LDSS shall attempt to locate the father through all sources such as relatives, former employers, Social Security, etc. If he cannot be found or if his address cannot be ascertained, the court requires an order of publication ([§ 16.1-264 A](#)).

- If the father's identity is not known or not reasonably ascertainable, the LDSS shall secure an affidavit from the mother to this effect. This affidavit shall be presented to the court. If the court certifies the identity of the father is unknown, notice is not required. When the LDSS has any question regarding the validity of the mother's affidavit, the matter should be brought to the court's attention (§ [16.1-263 E](#)).
- If the mother knows the father's identity but she refuses to reveal it, the court certifies on the record that the father's identity is not reasonably ascertainable. The court may appoint a Guardian ad Litem to protect the rights of the unknown father.

9.4.4.6 Transportation of prisoners for testimony in child welfare cases

If a parent is incarcerated, the court may authorize the Department of Corrections to have the prisoner transported to provide necessary testimony in hearings related to child welfare. The testimony of prisoners can also be acquired using electronic video and audio communication systems or telephonic communication systems in lieu of a personal appearance if authorized by the court.

9.4.4.7 Order to Terminate Parental Rights

After the hearing, the court will send the LDSS a copy of the commitment order. The order shall specify termination of all parental rights with the LDSS' authority to place and consent to adoption. If not specified, the LDSS shall ask the court to clarify, in writing, the intent of the order. If a parent denies paternity or if the identity of a parent is unknown, the court order shall still specify termination of all parental rights. There is an exception. If a parent's rights have already been terminated by permanent Entrustment Agreement, then the order need not specify termination of that parent's rights (§§ [16.1-278.3](#) and [16.1-283](#)).

9.4.4.8 Appeals

Appeals shall be made to a juvenile court **within ten (10) days** of the entry of the order. The circuit court should schedule the appeal within 90 days from the day that it was filed (§ [16.1-296](#)). A child shall not be placed in an adoptive home until the appeal has been settled.

9.4.4.9 Status of child after TPR has been achieved

The child remains in custody of the LDSS and in foster care until the final order of adoption.

The court shall continue annual foster care review hearings for children whose parental rights have been terminated until a final order of adoption is entered.

Administrative Panel Reviews shall continue, alternating with the court's foster care review hearings every six (6) months. The foster care plan shall be reviewed at each six-month hearing or review.

9.5 Preparing the child for adoption

Adoption services for children should ensure that adoption is the best plan for them and that they are prepared for adoption. Adults in the life of a child or youth can help them review, process and understand their previous life experiences to clarify what happened to them in the past and integrate those experiences so that they will have a greater self understanding. Foster/Adoptive parents, children's therapists, and workers can help children in answering important questions about their lives-both to assess their readiness for and to prepare them for staying permanently in their family.

9.5.1 Helping children and youth adjust to loss

Integration is a way of helping children and youth cope with the painful realities of the separation from their birth families that often impact their future behaviors and can create extraordinary stress between their birth families and their foster/adoptive families. The five step integration process was first described by adoption pioneer K. Donley (1988)¹ as an effort to clarify the child's permission to be in foster care, to live with new parents, to be loved by them and to be loved back.

- Create an accurate reconstruction of the child's entire placement history. Creating a lifebook, lifemap or ecomap with a child helps a child/youth to see and understand his or her own history.
- Identify the important attachment figures in the child's life. These attachment figures might be parents, siblings, former foster parents, or other family members.
- Gain the cooperation of the most significant of the attachment figures. Even if the birth family is not happy about a child's permanency goal of adoption, there is likely to be one important person who will be willing to work with foster/adoptive parents or the agency to make a child's transition to adoption easier.
- Clarify the permission message. It is important for children to hear and feel from people important to them that it is all right to love another family. The important person in a child's life who is available to give the child that message should be sought out to do so.

¹ ADAPTED FROM:

Rycus, J.S., & Hughes, R.C. (1998). *Field guide to child welfare: Placement and permanence* (Vol. 4, pp. 757-759). Washington, DC: CWLA Press; Columbus, OH: Institute for Human Services.

- Communicating it to the child. Whether the permission to “love your family” comes during a birth family visit or a telephone call, it is important that children hear from that person that it is not their fault they are in foster care and that it is all right to love another family. This “permission” will go a long way to helping a child relax and transfer his/her attachment to the new family.²

9.5.2 Questions to use to assess children on the permanency continuum

The following questions may be used to help workers develop a sense of what the child is feeling and what he understands about adoption. These questions are a sample of how a child can be assisted in verbalizing their thoughts about adoption.

- Who am I? (question related to identity)
- What happened to me? (question related to loss)
- Where am I going? (question related to attachment)
- How will I get there? (question related to relationships)
- When will I know I belong? (question related to claiming and safety)

9.5.3 Lifebooks

Children in out-of-home placements often lose their connection with their life history. For younger children in particular, memories may dissipate with time and the recall of grandparents, aunts, family friends, pets, and other connections may fade. Community connections with a pastor, teacher, or neighbor may also be forgotten when the child is moved from his or her community. Stuffed animals, trinkets from carnivals, school awards, Valentine cards, and other such typical childhood mementoes seldom accompany a child into foster care.

For many people, family picture albums, scrapbooks, family movies and videos, birthday cards, yearbooks, trophies, and other types of mementoes are significant items that document history and experiences of life. Through these items, we maintain a connectedness with our experiences, identity, accomplishments, and history.

Children in foster care can and should have a similar opportunity to stay connected with their identity. Lifebooks help document children and youths’ personal histories as they go through the foster care and adoption process. They also serve as a way for workers and foster/adoptive parents to connect with and understand the child’s history and experiences. The process of developing the lifebook communicates to the child that the adults in the child’s world are interested in his or her history,

experiences, culture, and family. It can serve as a tool to build new connections with the foster parent and the caseworker.

9.5.3.1 What is a LifeBook?

A lifebook is a therapeutic process which helps the child to discover his or her history and identity in simple, age appropriate terms to better enable the child to accept his/her permanency outcome throughout the child's life. The lifebook is usually developed in the form of a scrapbook, with pictures, drawings, and children's narratives of their experiences and their feelings about these experiences. Although the use of lifebooks originated within adoption, they are best practice for all children in out of home care.

A lifebook is organized as a blank book with writing prompts and spaces for pictures and messages, and allows foster parents, therapists, workers, birth parents, adoptive parents and children a place to record information.

Lifebooks should be available to children whenever they feel a need to document their lives or have a desire to look back at their past. A lifebook is private because it contains details relating to a child's birth family and the reasons for placement, a lifebook should only be shared with others after consultation with the child.

Even if children are reluctant to participate in the creation of a lifebook, the case worker, the foster, adoptive parents should never stop collecting memories. Eventually, a child or youth will want to know about his/her history.

Lifebooks are an important part of the adoption experience and can include information about preparing for the adoption and all the steps that lead up to the child joining their forever family. When the child is adopted, the lifebook goes with him to the adoptive family.

9.5.3.2 How do I create a lifebook?

Lifebooks may be created by the caseworker with the help of the foster and adoptive family, and with the help of the child whenever possible. Either way, caseworkers will have to help gather information for a lifebook. Previous foster parents or relatives are often eager to help and can assume most of the responsibility for gathering contents and compiling the scrapbook. There are many sources of valuable information:

- Biological parents and other relatives often have pictures of the child. Families are often willing to provide pictures, if the purpose is explained, and if they are assured that the pictures will always be in the child's possession. If they have only original prints, photo shops can make copies, and the originals can then be returned to the family members.

- Family members can contribute pictures of themselves. This should include parents, siblings, extended family, family friends, and others who have been important to the child. Children should be asked who they remember or who is important to them and those individuals should be contacted to obtain pictures or stories from these individuals about the child.
- The worker can approach previous foster parents or caregivers; they may have many pictures of the child in their own family albums. They can provide negatives or extra photos, or copies can be made from prints or slides. Workers may find photos documenting a child's first tooth, first steps, birthday parties, and other family events. Photos of previous foster families should also be obtained.
- The worker, and when possible with the foster parents, can return with the child to previous schools, neighborhoods, and communities, and together they can photograph people and places familiar to the child. The worker can also obtain class pictures from the school, and school pictures from the school photographer.
- The worker can call the hospital where the child was born; inquire whether infant photos were taken, and contact the photography department to obtain the negative or a reprint. Footprints and other documentation may also be available. The hospital building can be photographed also.
- The worker can ask relatives and previous caregivers for examples of the child's drawings and artwork.
- The worker can encourage current caregivers to document what appear to be unimportant daily events. These current events will one day be the child's history, and this documentation will be of particular importance if the child leaves his or her home.

9.5.3.3 What is the child's role in creating the lifebook?

A child's lifebook is exactly that- a book about the child's life and adults can only provide support and assistance. Children of all ages should play an active role in creating their lifebook. Infants can share their hand and foot prints, a toddler can chose the color scheme, teens can add personal stories, poetry, artwork or personal journal entries. Children and youth should pick out their own lifebook format, colors, etc. Children may have very different ideas about what they see as important in their lives and their perceptions and wishes shall be honored. Workers and foster parents should introduce ideas the child has not considered but should not force these ideas on the child.

Children should also be allowed to compile their lifebook in whatever fashion they choose. The format and layout should be in line with the child's perceptions and preferences.

It is important for foster parents and /or service workers to make a copy of the foster or adopted child's lifebook. A much loved lifebook will be toted around by little ones and may get messy or destroyed. A child may feel a lot of anger and resentment about what has happened to them and rip up his lifebook or a child may lose it during a move from foster home to foster home or to a new adoptive home. The worker and family should plan to preserve a copy of the lifebook through copying or storing a digital version on a disk or flash drive.

9.5.3.4 Additional lifebook resources

- The [Iowa Foster Care and Adoptive Parents Association](#) (IFAPA) provides free lifebook pages that you can download from their website.
- [Adoption Lifebooks](#) Resources, articles, newsletters, plus the Lifebook shoppe (books, workbooks, and special e-reports)
- [Day of Birth](#) Learn what day of the week you were born and interesting facts about the special day.
- [Behind the Name](#) This site provides in depth information about your name.
- [Birthday Weather](#) This site allows you to find the weather for an historical date in whatever city/country you want to locate. Free
- [Age Progression](#). This is a unique source that offers realistic age regression services for families and their children who have no baby photos. May also be able to recreate what parents may have looked like.
- [Child Welfare Gateway](#) Multiple resources and tips for creating lifebooks, sample lifebooks.
- [FosterClub](#) This site provides lifebook downloadable pages specific to teens.
- [Google Maps](#) Very helpful tool for showing where children were born and where they live now.

9.6 Involving youth when the goal is adoption

When the goal of adoption is in the best interest of the youth for a lifelong permanent connection, then the service worker shall provide services that assist the youth to consider the goal of adoption. When the youth comprehends the benefits of adoption and is involved in the recruitment of a permanent family, he may potentially agree at a later date to the termination of parental rights. For the youth and service worker, exploring the permanency option of adoption is a process and not a one-time event. The service worker should provide services that sensitively address the strong feelings that may underlie a statement by a youth that he does not want to be adopted.

Participation of youth in planning their own adoption is critical. Permanent, nurturing family connections are as critical for youth in foster care as they are for younger children. Youth need to be actively involved in identifying past and present connections who can be explored as potential adoptive resources.

During the normal interaction with youth, the service worker should include a focus on who might the youth like to go home with, who do they spend time with on the weekend and holidays, who do they trust, who would they like to visit, who do they wish to be in contact with such as former foster parents, neighbors, parents of close friends, members of their extended family, teacher, coaches, group home staff, etc. The service worker may use the information in the [Permanency Pact](#) to assist the youth in identifying the many supports he will need and how having a permanent family through adoption may provide these needs.

The service worker should take steps to involve the caring, committed adults identified by the youth in meetings aimed at planning for the youth's future and the identifying of a potential adoptive family.

The service worker may want to make arrangements for youth to talk to young adults who were adopted as youth or provide an opportunity for the youth to meet adoptive parents who have previously adopted a youth. The youth should be given the opportunity to have an open dialogue directed by the youth to assist in dispelling any of the concerns the youth has surrounding adoption.

Often youth feel that agreeing to adoption is a betrayal to the parents and family. The service worker should continue to maintain connections with the birth family and when appropriate facilitate discussion between the birth family and youth to address these issues in an informal or therapeutic setting in which the parent may give permission to the youth to maintain his birth family connection and move forward with another permanent family connection.

Adoption does not mean the complete replacement of the birth family by the adoptive family. Youth who wish to maintain family connections should be supported in their desire to remain safely in contact with key members of their birth family including parents, grandparents, siblings and other significant members of the extended family.

The service worker should engage the youth, his parents, and foster parents or prospective adoptive parents in a discussion about ongoing contacts with members of the youth's birth family when considering adoption. Youth and parents need help understanding that although a termination of parental rights will end the legal rights of the birth parents, a TPR does not need to terminate their emotional relationship or prevent the youth from visiting or contacting his birth parents (refer to [Section 9.11](#) on PACCA).

In certain cases, the best permanency resource for the youth who has been freed for adoption may be a member of the child's birth family, including a parent from whom the child was freed. Sometimes, a parent's situation has changed significantly since the time of the termination proceeding and the bond between the youth and his birth family continues. The assessment of whether this is an appropriate resource is a social work decision in collaboration with the LDSS attorney and the youth's GAL.

Youth 18 years and older should be informed by their service worker that they can consent to their own adoption and that there is no need for legal proceedings to terminate their parents' parental rights (see Adult Adoption, [Section 6.5](#), Chapter F. Child and Family Services Manual).

No youth should age out of foster care without a life-long connection that is as legally secure as possible to an adult committed to functioning in a parental capacity and the service worker shall plan and offer services to support this belief.

9.7 Pre-Adoption services

When the goal of adoption has been selected and TPR has been granted, consultation between foster care and adoption staff should occur. The purpose of this consultation is to determine the roles and responsibilities of all involved service workers in carrying out the activities that will result in a finalized adoption for the child. The activities described in this section should be discussed by all service workers involved and a plan for how each service will be provided and by whom, should be developed. The foster care plan developed for the child whose permanency goal has been changed to adoption shall include the steps to finalize an adoptive placement in a timely manner. This shall include adding the child to AREVA or obtaining a deferment if appropriate (see [Section 9.8.3](#)).

9.8 The Adoption Resource Exchange of Virginia (AREVA)

The Adoption Resource Exchange of Virginia (AREVA) is a registry and photo listing of children and families waiting for adoption. AREVA is one of the tools provided by the Virginia Department of Social Services (VDSS) to connect families with children who are available for adoption within the Commonwealth of Virginia.

AREVA can also help LDSS reach the federal goal of permanency within 24 months, in accordance with [Social Security Act, title IV, § 471 \(42 USC § 671\)](#) and the requirement of § [16.1-283 F](#) to file reports to the court on progress towards adoption.

LDSS should register the foster care child in AREVA within 60 days of termination of parental rights (TPR). Photo-listing the child may be deferred if TPR is being appealed, or if the child is in a pre-adoptive placement and the signing of the adoptive placement agreement is pending in the next six (6) months. The AREVA Coordinator will follow up with the LDSS every three (3) to six (6) months while the child is on deferment to update the status of the child as necessary.

The purpose of AREVA is to increase the opportunity for children waiting to be adopted by providing services to child-placing agencies having custody of these children ([22VAC40-201-150](#)).

The services provided by AREVA include, but are not limited to:

- Maintaining a registry of children awaiting adoption and approved families waiting to adopt;
- Uploading information on waiting children with TPR (no pending appeal) onto the [AdoptUSKids](#) website, and uploading information on waiting families into the [AdoptUSKids](#) website;
- Featuring eligible children on [Virginia's Adoption](#) website through a cooperative agreement with the Children's Bureau, Administration for Children & Families and the Department of Health & Human Services as well as other approved websites;
- Providing on-going targeted and child-specific recruitment for waiting children;
- Providing consultation and technical assistance to agencies in finding adoptive families for waiting children; and,
- Monitoring compliance with legal requirements for adoption and registering children and families.

For questions regarding the AREVA registration process, LDSS should consult the AREVA Coordinator. Regional Adoption and Family Recruitment Consultants will address questions regarding general recruitment.

9.8.1 LDSS registration process

For a child in foster care with the goal of adoption and whose parental rights have been terminated, the service worker should register the child with AREVA within 60 days of the court entering the termination of parental rights order.

To register a child in AREVA, the service worker shall:

- **Complete all AREVA Child Registration screens in OASIS.** This includes completing the Child Information, Disabilities, Family Information, Agency Information, and Deferment tabs on the AREVA Child Registration screen in the OASIS foster care case.
 - Child Information delivers a brief overview of name, birth date, race, siblings and provides a place to record locality comments.
 - Disabilities allows the worker to identify all documented risk factors; physical, emotional, behavioral, and learning disabilities, and provides an overall assessed level of disability by checking the appropriate boxes.
 - Family Information allows the worker to identify the child's preference for family composition, the child's language(s), religious preferences, and recruitment efforts to place without subsidy. The worker also enters the required strength-based narrative of 240 to 400 words that reflects the child's personality that will be used on the AdoptUsKids and Virginia's Adoption websites. The worker uses this tab to enter confidential information about the child and a sibling group introductory narrative for other service workers.
 - When developing the narrative, the worker should consider using "Lasting Impressions: A Guide for Photo-listing Children", which is a publication that provides tips and worksheets for how to write strength-based narratives for the photo-listings. Copies can be obtained directly through AdoptUsKids or from the Adoption and Family Recruitment Consultant or AREVA Coordinator in the Adoption Unit at VDSS.
 - The worker may include some of the following information within the narrative.
 - What makes the child laugh?

- What does the child do when with friends?
- What is the child is most proud of? What accomplishments does the child have?
- What type of activities is the child involved in outside the home (school, clubs, sports, etc.)
- What is the child's favorite or least favorite class?
- What is the child's favorite chore (both in and out of the house)?
- What is the child's favorite thing to do outside? Inside?
- What is the child's favorite or least favorite food?
- What is the child's favorite holiday? Why?
- Who helps the child the most?
- What does the child want families to know about them?
- What are the child's thoughts on the future (career, education, place to live, etc.)?
- Agency Information contains information on the worker and the agency submitting the registration. After the worker completes an AREVA registration for the first time, this information is stored in the system and will populate automatically to subsequent registrations based on the user sign on at the time. The worker must complete the agency information in its entirety for it to populate.
- Deferment is used by the worker to request a postponement from photo-listing the youth in AdoptUsKids and to provide information concerning the deferment request. This screen includes, but is not limited to, the name and address of prospective family, the status of the home study, and the date of the adoptive home placement agreement. Refer to [Section 9.8.3](#) for additional information on deferment.
- **Transfer the information to AREVA.** After completing the AREVA Child Registration OASIS screens, the worker transfers the information to the AREVA Coordinator by selecting the "Transfer to AREVA" button on the AREVA/ Registration screen.
- **Submit documents to AREVA Coordinator.** Within **five (5) working days** of submitting the AREVA registration, the worker mails or sends electronically

- copies of court orders (TPR) and/or permanent entrustment agreements to the [AREVA Coordinator](#).
- **Submit photo of child to the AREVA Coordinator.** Within **five (5) working days** of submitting the AREVA registration, the worker mails or emails a 5X7 or larger color photograph of the child to AREVA Coordinator. If it is necessary to have the picture returned, the service worker should contact the AREVA Coordinator prior to mailing.
 - The picture should be an age appropriate representation of the child.
 - A clear shot of the child's face is vital, and where possible, siblings should be photographed together. The child should not wear clothing with identifying and background information.
 - A professional photograph is preferred. Paper printouts from a digital camera and photocopied reproductions should be avoided due to difficulty in scanning these media. School pictures may be submitted to AREVA, if no other photograph is available.
 - The AREVA Coordinator shall request updated information on each child annually, as well as a recent picture. The AREVA Coordinator will send the old narrative from [AdoptUsKids](#) to the service worker who shall make necessary changes and updates. Updates should be returned to the AREVA Coordinator **within five (5) working days**. This process will continue as long as the child remains on the website.
 - Any information sent to the AREVA Coordinator should include the child's name, OASIS case or client number, along with the current service worker's name, agency, direct telephone number, and email address.
 - The worker should complete a Change of Status form in AREVA when there is a change in information on the case (i.e.-worker, status, placement, etc.)

The AREVA Coordinator will acknowledge receipt of all registration forms by entering the registration received date in Recruitment tab of the AREVA Child Registration screen in OASIS. The AREVA Coordinator may contact the LDSS via email or phone to request additional information. The AREVA Coordinator will not approve the listing without the required documentation and photos.

9.8.2 LCPA process for registration with AREVA

Licensed child placing agencies that do not have access to OASIS should register children in their care and custody with AREVA by electronically submitting the completed and signed AREVA Child Registration form, supporting documents, and

child's photo to the AREVA Coordinator within 60 days of termination of parental rights.

- The AREVA Child Registration form is located under the forms section of VDSS public website at <http://www.dss.virginia.gov/family/ap/index.cgi>.
- Supporting documents are court orders (TPR) and/or permanent entrustment agreements.
- Photo requirements are the same as the LDSS, refer to [Section 9.8.1](#) for details.

For agencies who are not able to scan and email documents, remit the completed and signed form, supporting documents and the child's photo to the AREVA Coordinator at:

Virginia Department of Social Services
c/o AREVA Coordinator
Division of Family Services, 11th Floor
801 E. Main Street
Richmond, VA 23219

Photo-listing deferment requirements for LCPAs are the same as for the LDSS and are found in [Section 9.8.3](#).

The AREVA Coordinator will acknowledge receipt of all registration forms via email. The AREVA Coordinator may contact the agency via email or phone to request additional information.

9.8.3 Deferment in AREVA

Deferment only relates to the AREVA photo-listing service. Regardless of deferment status, the LDSS and LCPAs are required to follow the steps detailed in [Sections 9.8.1](#) (for LDSS) or [9.8.2](#) (for LCPA). LDSS and LCPAs requesting deferments for their children shall submit all documentation to the AREVA Coordinator.

Service workers may receive permission to defer photo-listing of a child for 60 or 90 days when:

- The child's TPR order is being appealed by one or both of the parents;
- The child is in a pre-adoptive placement and the signing of the adoptive placement agreement is pending;

- An out of state family has been identified and the LDSS is working with the Interstate Compact On the Placement of Children (ICPC) Unit to meet all of the requirements for placement across state lines; or
- A child is placed in a residential treatment facility **and**:
 - There is an identified family who has expressed interest in adopting the child, the family, **and**
 - The child has had a previous relationship with the family (either relative or non-relative), **and**
 - The identified family is actively participating in the child's treatment plan.

The service worker should call the AREVA Coordinator to discuss other circumstances that may warrant a deferment.

To obtain a deferment:

- The LDSS shall complete the AREVA child's registration screen in OASIS including the section on the reason for deferment. All sections of this screen shall be completed. The complete names of the prospective adopting parents along with their complete mailing address shall be included.
- If deferment is requested after the initial transfer in AREVA, the service worker shall complete the Change of Status form in AREVA.
- The LCPA completes the LCPA AREVA Child Registration form. Section E of the LCPA AREVA Child Registration form addresses the request to defer from the photo listing services. Refer to [Section 9.8.2](#) for more information concerning the LCPA process for AREVA Registration.

Deferments may be extended at the discretion of the AREVA Coordinator for an additional 30 or 60 days upon written request of a LDSS or LCPA supervisor. Additional time may be granted only under extenuating circumstances **and the total deferment cannot exceed six (6) months**. For example, a case involving an interstate placement where completion of the adoptive home study has been delayed in the other state is beyond control of the LDSS/ LCPA.

When requesting extended time, the agency shall:

- Specify the reason for the extension.
- Provide a time period for the needed extension.

- Make the request on the change-of-status form and ensure it is signed by the supervisor. Requests will be considered by the AREVA Coordinator on a case-by-case basis.

Placement into a residential facility, group home, etc. does not qualify for continuation of a deferment status.

For each child on deferment, the AREVA Coordinator shall follow up with the LDSS or LCPA every three (3) to six (6) months to obtain an update on the child's status.

A child on deferment status shall be featured on the website the month following expiration of the deferment period, unless an adoptive home placement agreement has been signed or upon the request of the LDSS supervisor as defined above.

9.8.4 Process for registering families with AREVA

Families that are interested in adopting children with special needs and have an approved home study may register with AREVA. The family will work with the LDSS or LCPA who completed their home study to register in AREVA. After registration is complete, the family will appear on [AdoptUsKids](#).

To register a family in AREVA, the service worker should:

- **Submit the AREVA Family Registration form to the AREVA Coordinator.** LDSS shall complete the AREVA family registration screen in OASIS and transfer the information to the AREVA Coordinator by selecting the "Transfer to AREVA" button on the AREVA/ Registration screen.
- LCPAs that do not have access to the OASIS system should fill out and submit the completed and signed AREVA Family Registration form ([032-02-0025-03-eng](#)) to the AREVA Coordinator by mail or email. This form is located under the Forms on the [VDSS public website](#).
- **Submit photo of family to AREVA Coordinator.** Mail to AREVA Coordinator a 5 X 7 or larger, color picture of the family, including all persons that comprise the family. If it is necessary to have the picture returned, contact the AREVA Coordinator prior to mailing.

The picture should be a clear representation of the family. A professional photograph is preferred. Paper printouts from a digital camera and photocopied reproductions should be avoided due to difficulty in scanning these media.

The service worker should mail the picture, printed copy of the last page of the AREVA family registration form with the original signatures; a narrative that

describes the family, a copy of the completed home study, and the family's email address to the AREVA Coordinator.

The AREVA Coordinator will acknowledge receipt of all registration forms via mail or email. The AREVA Coordinator may contact the LDSS via email or phone to request additional information.

Information and photos on families registered with AREVA will be uploaded onto the [AdoptUsKids](#) website under "Family Registration."

Annual updates will be done on all families registered with both AREVA and [AdoptUsKids](#).

9.8.5 Notification to AREVA of change of status of the child

When there is a change in the status of a child and family, notice shall be provided to the AREVA Coordinator. For the child, possible changes in status and how to report them are listed.

- The AREVA change of status form in OASIS is used to provide updated information on the child; change in primary worker, new contact information, new email address, telephone number, etc.
- The AREVA change of status form in OASIS is also used to indicate that a case needs to be closed in AREVA, specifying the reason for the withdrawal. If the case is to be closed, the worker should be certain to complete the text boxes at the bottom of the appropriate OASIS screen. Service workers should send the change of status form prior to closing the foster care case.

9.9 Adoptive home identification and preparation

Services related to the placement of the child are of paramount importance. Placement for the child will be based on the needs and attachments of each child and on the strengths and needs of the prospective family. When adoption is the plan for the child, the agency should develop a child specific written strategy for recruitment of an adoptive home, unless a family has already been clearly identified.

LDSS service workers should not wait until the TPR order is final to begin adoption recruitment. The intent of concurrent planning is to place children in prospective permanent homes as early as possible, to prevent delays in finalizing permanency. Service workers do not have to eliminate one goal before working toward another for a child. As part of concurrent planning, workers should:

- Explore adoptive home recruitment, including whether the child's current placement will be able to meet the child's long term needs and is willing to adopt;

- Determine paternity early to ensure that paternal relatives are explored early in the case;
- Ensure that the Addendum: Mutual Family Assessment – Addition of Child Specific or Matching Information for Adoption is completed on the adoptive applicants; and
- Gather all documents needed for the full disclosure process ([See Adoption Section 3.4.3.1](#)), including requesting birth and medical records.

The Multiethnic Placement Act of 1994 (MEPA) as amended by the Interethnic Adoption Provisions of 1996 (IEP) shall be followed in all adoptive placements. Placement considerations on the basis of race, color or national origin are prohibited, except in individual situations where it can be proven that the consideration is in the best interest of the child.

An agency shall make reasonable efforts to place siblings together whenever possible in the same adoptive placement, unless it is contrary to the safety or well-being of any of the siblings to do so. If siblings are separated, frequent and regular ongoing contact should be encouraged among the adoptive placements.

See [Section 3.4](#) of Adoption Guidance for the process of selecting, preparing, and placing in an adoptive home.

9.9.1 Continuation of foster care services

Foster care services continue after adoptive placement until the final order of adoption. Foster care services to be continued include:

- Medicaid
- Therapeutic services as needed by a child based on the child's special needs may continue if negotiated and agreed upon through the adoption assistance agreement
- Yearly foster care review hearings alternating with administrative panel reviews or court reviews, every six months until entry of the final order of adoption

For the child who is in the custody of the LDSS, adoption assistance payments and/or services begin the first day of the month following the month the adoption assistance agreement is signed by all parties. A final order of adoption is not necessary to begin making payments or reimbursing expenses. Payments shall only be made from one funding source. Once the funding is switched to adoption assistance, the only maintenance expenses the child is eligible for is basic and enhanced maintenance. The child is no longer eligible for a clothing allowance or

daycare expenses. Additionally, special services payments and non-recurring payments shall be paid out of adoption assistance and the child is no longer eligible for state pool funds.

9.10 Finalizing the adoption

Following the placement of the child in the adoptive home and the signing of the Adoptive Home Placement Agreement form, the family and the agency move to finalize the adoption. (See Finalizing the Adoption, [Section 3](#), Chapter F, Child and Family Services Manual).

9.11 Post-Adoption Contact and Communication Agreement (PACCA)

The PACCA is a voluntary, legally enforceable, written agreement between the birth parent(s) and the adoptive parent(s) for contact and communication after the legal adoption of a child that has specific requirements included in the agreement (§§ [63.2-1220.2](#), [63.2-1220.3](#), [63.2-1220.4](#), [16.1-277.01](#), [16.1-277.02](#), [16.1-278.3](#), and [16.1-283.1](#)).

The PACCA is intended to support open adoptions in Virginia, especially for older children in foster care who have significant emotional attachments to their birth parents. Open adoption is a permanency practice that facilitates communication between the birth parent and the adoptive parent throughout the lifetime of the child.

Service workers should implement PACCA using the Virginia Children's Services System Practice Model to guide practice.

From the time the agency files a petition for a permanency planning hearing until the adoption is finalized, the agency shall notify pre-adoptive families of the option to enter into a PACCA and notify the child (if age 14 years or older) of their right to consent to the PACCA, whenever a pre-adoptive family has been identified (§ [16.1-283.1](#)). Additionally, agency may notify the birth parents of the option to enter into a PACCA when appropriate.

- These notifications are not required when the parental rights of the birth parent or parents have been terminated pursuant to subsection E of § 16.1-283.

This notification shall be provided prior to the permanency planning court hearing. PACCA procedures are further outlined in [Section 3 of Adoption guidance](#).

9.12 Adoption disruption

Adoption disruption is the termination of an adoptive placement prior to the finalization of the legal adoptive process. Once the adoptive placement agreement has been

signed, the child cannot be removed from the adoptive home without the consent of the adoptive parents unless:

- By court order (§ [63.2-1207](#)).
- At the direction of the Virginia Department of Social Services Commissioner (§ [63.2-904](#)).
- For parental placements, when the entrustment agreement has not been finalized by the court and there is proof of fraud or duress after the placement of the child in an adoptive home (§ [63.2-1204](#)).
- Child abuse and neglect procedures (§ [16.1-251](#) or § [63.2-1517](#)).

Recognizing that disruptions are a possible occurrence in any adoption, families should be made aware that this could happen. Disruption is often not a topic discussed - possibly because no one wants to anticipate the failure of an adoption, or because it seems to imply that the people involved (agencies, parents, professionals) have failed a child. The topic can generate accusatory and negative comments and, as a result, many who face the prospect of disruption struggle to find solutions. A positive communication process between the family and the agency can facilitate an open and productive discussion of a pending disruption and aid in mutual planning if this should occur. Agencies may refer families to websites that provide additional support and guidance such as [What to Do When Your Adoption is Failing - Introduction](#).

The decision to stop the adoption process should be mutual, that is, arrived at between the parents and worker and, when feasible, the child. The decision should be made slowly and carefully, only after all alternatives and resources have been exhausted. Families considering disruption are distressed and in crisis and are likely to have difficulty in evaluating the situation objectively and in sorting out issues. The worker should offer assistance to the family either directly or through a referral of the family to an adoption-competent therapist to sort out the issues affecting a successful adoption.

Specific steps workers can take to help a family through disruption include:

- Respond to the family's request for assistance immediately.
- Maintain open communication with the family.
- Schedule a FPM to identify services and/or solutions needed to support the family and child in crisis.
- Negotiate an agreeable plan of action with the family and the child.
- Help parents discuss disruption openly with the child and refer the family for therapeutic services to assist the parents and child in processing the disruption.

- Discourage the family from blaming anyone, including themselves.
- Review with the family the progress the child has made while in their care.
- Recognize the family for their efforts, time, concern, and love for the child.
- Help the family with their grief at the loss of the adoptive child.
- Educate the family on the importance of their attitudes toward a child during disruption.
- Help the disrupting family understand the importance of their support and preparation of the child as he moves to another family and of their responsibility to send the child with all of his belongings, including photographs and other mementos depicting the time he lived with them.

The child in a disruptive situation needs understanding, emotional support, and permission to grieve. The child needs to be assured that the service worker will continue to plan for and with him and demonstrate that he will be taken care of.

Specific steps workers can take to help the child through disruption include:

- Discuss with the child in words he can understand that living in this home is not working.
- Help the parents and child to discuss disruption together.
- Help the child recognize and cope with his reactions and feelings and to express them appropriately.
- Address with the child the loss of his family.
- Help the child complete a section of his Lifebook dealing with this placement and its disruption.
- Assure the child of continued adult interest and caring.
- Carefully plan for the next placement so that the child's needs are the primary consideration.

9.13 Achieving permanency with goal of Adoption

The goal of Adoption is achieved when the final order of adoption is entered (see [Chapter F](#). Adoption, Child and Family Services Manual).

10

Achieving Permanency Goal Custody Transfer to Relatives

TABLE OF CONTENTS

10.1	Introduction	4
10.2	Framework	4
10.2.1	Practice principles	4
10.2.1	Legal citations.....	5
10.2.2	Outcomes	6
10.3	Benefits of children and youth living permanently with relatives	6
10.4	Services to achieve goal of Transfer of Custody to Relatives.....	8
10.4.1	Focus of services.....	8
10.4.2	Informing relatives of options.....	9
10.4.3	Assessing prospective relative custodian(s).....	10
10.4.4	Preparing prospective relative custodian(s) for legal custody	13
10.4.5	Preparing child or youth for transfer of legal custody	14
10.5	Court procedures for transfer of legal custody to relative.....	16
10.6	Relative assuming custody of child or youth.....	17
10.7	Achieving permanency with goal of Custody Transfer to Relative	18
10.8	Overview of relatives becoming foster parents	18
10.9	Overview of relative adopting child or youth	19
10.10	Special circumstances for relative foster families	20
10.11	Overview of kinship guardianship assistance	20
10.11.1	Responsible Agency	21
10.11.2	Eligibility Requirements	21
10.11.3	Foster care plan requirements.....	24
10.11.4	<i>Determining that the goal of adoption is not appropriate</i>	<i>25</i>

10.12	Preparing and partnering with prospective relative custodian(s)	26
10.13	Application process for kinship guardianship assistance	28
10.13.1	Initial review and notice of application receipt	28
10.13.2	Timeframe for acting on completed application	29
10.14	Assessing the family and youth’s needs for assistance	29
10.14.1	Assessing family circumstances	29
10.14.2	Assessing basic maintenance needs of the youth.....	31
10.14.3	Assessing additional supervision and support needs of the youth	34
10.14.4	Assessing health insurance needs of the youth	37
10.14.5	Assessing non-recurring expenses for obtaining legal custody.....	38
10.15	Negotiating kinship guardianship assistance	40
10.15.1	Role of the Negotiator.....	41
10.15.2	Role of LDSS during the negotiation process.....	41
10.15.3	Negotiation process	43
10.15.4	Appealing negotiation results	44
10.16	Executing the Kinship Guardianship Assistance Agreement	44
10.16.1	Executing the agreement for the title IV-E youth	44
10.16.2	Executing the agreement for the non-title IV-E youth	46
10.16.3	Successor guardian	48
10.17	Making kinship guardianship assistance payments	49
10.17.1	Maintenance payments	49
10.17.2	Payment for non-recurring expenses for transferring legal custody	51
10.18	Maintaining responsibilities for kinship guardianship assistance	51
10.18.1	Responsibilities of the relative custodian(s).....	51
10.18.2	Responsibilities of LDSS responsible for kinship guardianship assistance	53
10.19	Providing services to the relative custodian and youth	54
10.19.1	Role of LDSS that is responsible for the kinship guardianship assistance .	55
10.19.2	Role of the LDSS where the family resides	56
10.19.3	Responsibilities of LDSS when abuse or neglect occurs.....	57
10.20	Annual affidavit	57
10.21	Making changes to agreement	59
10.21.1	Submitting request for addendum	60
10.21.2	Timeframe for acting on request.....	60
10.21.3	Assessing overall request for addendum	61

10.21.4	Assessing relevant components of kinship guardianship assistance	61
10.21.5	Executing the addendum	63
10.21.6	Conducting a VEMAT after signing Kinship Guardianship Assistance Agreement	63
10.21.7	Assessing conditions warranting continuation beyond 18 th birthday	64
10.21.8	Extension of kinship guardianship assistance through Fostering Futures..	66
10.22	Terminating/suspending payments and/or agreements.....	68
10.22.1	Suspending payments	69
10.22.2	Terminating maintenance payments	70
10.22.3	Terminating agreements.....	71
10.22.4	Terminating extended kinship guardianship assistance through Fostering Futures	72
10.22.5	LDSS actions when relative custodian(s) fail to provide financial support..	73
10.22.6	LDSS actions when relative custodian(s) die or become incapacitated	74
10.23	Appeals and fair hearings	75
10.23.1	Grounds for appeal	75
10.23.2	Request for appeals	76
10.23.3	Validating the appeal	76
10.23.4	Summary of facts.....	77
10.23.5	Administrative hearing	78
10.23.6	Withdrawal statement	79
10.23.7	Appeal to Circuit Court	79
10.23.8	Filing complaint of discrimination.....	80
10.24	Establishing kinship guardianship assistance paper case record	80
10.25	OASIS case record	83
10.26	Required forms and documentation.....	86

10

Achieving Permanency Goal: Custody Transfer to Relatives

10.1 Introduction

The permanency goal of Custody Transfer to Relatives establishes permanent, life-long connections for children and youth in foster care. When the child or youth cannot be returned to his parents or previous custodian, the LDSS, through a Family Partnership Team should explore transferring custody of the child or youth to a relative, including relatives living in another state. The service worker, with the assistance of the team, determines whether the permanency goal of Adoption or custody transfer to relatives is in the best interests of the child or youth. When adoption by the relatives is not feasible, transferring custody of the child or youth to relatives often allows the child or youth to experience continuity in family relationships and cultural traditions. Relatives may also be willing to accept placement and custody of siblings. Kinship guardianship assistance, which includes financial supports post-custody transfer, may be available to the relative or fictive kin if certain criteria are met.

10.2 Framework

The local department of social services (LDSS) should use the following framework to help guide decision-making regarding establishing permanency for children and youth in foster care through Transfer of Custody to a Relative. The LDSS shall comply with federal and state legal requirements and should use the following practice principles and desired outcomes when making decisions.

10.2.1 Practice principles

Two fundamental principles in Virginia's Children's Services System Practice Model provide the philosophical basis and guide practice on achieving permanency through Transfer of Custody to a Relative.

First, we believe children and youth do best when raised in families.

- Children and youth should be reared by their families whenever possible.

- When children and youth cannot live safely with their families, the first consideration for placement should be with kinship connections capable of providing a safe and nurturing home. We value the resources within extended family networks and are committed to seeking them out.
- The needs of children and youth are best served in a family that is committed to the child and youth.

Second, we believe that all children and youth need and deserve a permanent family.

- Lifelong family connections are crucial for children, youth, and adults. It is our responsibility to promote and preserve kinship, sibling, and community connections for each child and youth. We value past, present, and future relationships that consider the hopes and wishes of the child and youth.
- Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care or guardianship. Placement stability is not permanency.
- Planning for children and youth is focused on the goal of preserving their family, reunifying their family, or achieving permanency with another family.

10.2.1 Legal citations

The legal framework for transferring custody to relatives and for providing foster care services and funding to prevent or eliminate the need for foster care placement are delineated in federal and state law. See the law for complete language by clicking on the citation.

10.2.1.1 Permanency goal of custody transfer to relative

- § [63.2-900](#)
- § [63.2-900.1](#)
- § [63.2-906](#)
- § [63.2-1305](#)

10.2.1.2 Transfer of custody to relative or other interested individual

- § [16.1 278.2](#)

10.2.1.3 Providing foster care services

- § [63.2-905](#)

10.2.2 Outcomes

LDSS shall strive to achieve the following permanency outcomes required in the federal Child and Family Services Review, each with specific outcome measures:

- Permanency Outcome 1: Children and youth have permanency and stability in their living situations.
- Permanency Outcome 2: The continuity of family relationships and connections is preserved for children and youth.

The transfer of custody to a relative helps achieve the following child and youth outcomes:

- Increase the number of children and youth who exit foster care and enter permanent family arrangements.
- Decrease the number of children and youth who age out of foster care without connections to a permanent family.
- Increase the number of children and youth placed with prospective relative custodian(s).
- Reduce the number of children and youth who experience subsequent abuse or neglect.
- Reduce rates of re-entry into foster care among children and youth who exit out-of-home placements.
- Reduce the number of children and youth in foster care with the goal of Permanent Foster Care in response to federal requirements.
- Increase the use of appropriate community-based services.

10.3 Benefits of children and youth living permanently with relatives

Relative placement promotes timely reunification, and placement stability, as children and youth placed with relatives experience fewer placement disruptions than children and youth placed with non-related foster parents. Preserving existing connections and relationships with familiar adults for the child or youth is achieved through relative placement. In many instances, relative placement preserves the continuity of care, relationships, culture, and environment that are essential to the overall well-being of the child or youth. Relative placement maintains the family system as day-to-day decisions continue to be made by adults that the child or youth already knows and understands to

be their family. The child or youth continues to participate in family celebrations, traditions, vacations, and activities.¹

Relative placement facilitates the development of positive self-image, self-esteem, identity, and consequently, may help the child or youth to avoid the double jeopardy of feeling abandoned by both parents and family. The child or youth placed in relative care continue to feel a sense of belonging, worth, history and value to others.²

National research identifies numerous benefits for children and youth who live with relatives permanently.³ These benefits include:

- More children achieve permanency, especially older youth.
- More youth emancipate from foster care with permanent connections to family and other supports.
- More children and youth are placed with relatives.
- Children and youth are as safe in relative placements as children and youth in other permanency options.
- Children and youth experience fewer placement changes in relative placements as children and youth in other placements.
- Children and youth spend fewer days in out-of-home care than children and youth in other settings.
- Relatives are more likely to accept sibling groups than other placements.
- Fewer children and youth in relative placements report changing schools (63 percent) than do children and youth in non-relative foster care (80 percent) or those in group care (93 percent).
- More children and youth experience continuity of cultural traditions.
- Children and youth placed with relatives early in their care have fewer behavior problems after three years than children and youth placed in non-relative foster care.

¹ Source: U.S. Department of Health and Human Services Administration for Children and Families, 2001-2004 Children and Family Service Review Findings.

² Excerpts from *Relatives Raising Children: An Overview of Kinship Care*, Joseph Crumbley & Robert L. Little, (1997), Child Welfare League of America.

³ Sources: Summary of Subsidized Guardianship Waiver Demonstrations (James Bell Associates, July 2009); Center for Law and Social Policy.

- Children and youth fare as well, if not better, in school performance, physical and mental health, and family functioning than their peers in other placements.

10.4 Services to achieve goal of Transfer of Custody to Relatives

10.4.1 Focus of services

Services to maintain the child's or youth's connections to relatives often begins prior to the child or youth entering foster care and may continue until after a permanent family is achieved for the child or youth. If foster care placement cannot be averted through arranging for relatives to care for the child or youth who cannot live with his parents, the service worker shall continue to diligently search and thoroughly examine all viable relative options with a sense of urgency throughout the child's or youth's involvement with the child welfare system. (§ [63.2-900](#)). The service worker shall search for relatives at the time the child enters foster care, annually, and prior to any subsequent placement changes for the child (§ [63.2-901.1](#)).

- The service worker shall notify all family members in writing **within 30 days** of the child's or youth's placement in foster care, informing them of their options to provide care and support for the child or youth (see [Section 2.3](#) for required language to be included in the written notice). The notice should be done **within five (5) days** after removing the child when feasible. Documentation of all contacts shall be made in the OASIS diligent search screen, including the date sent, the response from the relative, and the reasons why specific relatives were not notified. Copies of any correspondence sent to relatives shall be placed in the foster care paper case file. The LDSS has discretion in determining if it is not in the best interest of the child or youth to notify relatives involved in family or domestic violence or listed on the Virginia State Policy Sex Offender Registry. Relatives who have barrier crimes as listed in § [63.2-1719](#) shall not be considered for the placement of the child or youth (§ [63.2-901.1 E](#)).
- When it is determined that placement with relatives is an appropriate permanency goal for the child or youth, the service worker should discuss with any interested relatives, the options available to them for supporting and providing care for the child or youth (see [Section 10.4.2](#)).
- Once a relative has been identified for placement of the child or youth, the primary focus of services for the service worker and family may shift from reunification with the parents or prior custodian(s) to preparing the child or youth for placement with the relative willing to assume custody. In the case of a concurrent plan of reunification and transfer of custody to a relative, the relative shall become an approved provider and the child should be placed with the relative as soon as possible. Services to achieve both goals shall be provided until the goal of reunification is ruled out. Refer to [section 7.5.2](#) Concurrent Planning.

- The service worker should assist the parent, child or youth, and prospective relative custodian(s) to adjust to the change in family dynamics by clarifying and reducing role conflicts. This may be accomplished by the service worker discussing new roles and responsibilities with everyone involved, including the child or youth. This may also be achieved by the service worker recommending family counseling and referring the family to community services that would support the child or youth, relative, and extended family in supporting the changing family dynamics.
- The service worker should assist the prospective relative custodian(s) with finding resources to meet the child's or youth's educational, social, physical health, and mental health needs, including accessing independent living services for youth age 14 and over.

10.4.2 Informing relatives of options

The child or youth may be placed in the care of relatives when he cannot stay at home with his parents and a relative placement is the best alternative for the child or youth. When the LDSS decides to remove the child or youth from his home, the LDSS shall prioritize relatives and seek out a relative placement as soon as the child or youth is at risk of removal. The LDSS shall notify relatives of the removal, explore with relatives their interest and ability to become foster parents for the child, and explain opportunities available through kinship guardianship (see [Section 2.3](#)). At a minimum, the LDSS shall invite the relatives to discuss ways to be involved in the child's or youth's life and provide support. The LDSS shall inform and discuss with the relatives other roles, resources, and supports (e.g., mentoring, respite care) they may provide the child or youth (see [Section 2.4](#) of this chapter).

When the LDSS determines that the child or youth will not return home to his parents, there are four options for prospective relative providers that the LDSS shall discuss with interested relatives:

- If the relative(s) are approved foster and adoptive parents, the relatives may adopt the child if the court terminates the parental rights. The child or youth may also be eligible for adoption assistance.
- If the relative(s) are approved foster and adoptive parents, the relatives may assume legal custody through the court and receive kinship guardianship assistance payments.
- If the relative(s) are NOT approved foster and adoptive parents, the court may transfer custody to the relatives without the child or youth having been placed with the family already. Kinship guardianship assistance is NOT allowable in this situation.
- If the relative(s) are NOT approved foster and adoptive parents, they may become approved foster and adoptive parents to have the child placed in their

home to receive the support and services to achieve one of the above outcomes.

The LDSS shall fully inform and discuss with the relatives:

- All known information about the child's or youth's background and needs, including non-identifying information about the birth family on the [Full Disclosure of Child Information Form](#) (see [Section 9.10.4](#)).
- The long term needs of children and youth who have experienced trauma.
- The services and supports the child or youth currently requires, and to the extent possible, the services the child or youth will need.

When the LDSS determines that the plan for reunification has not been successful, a Family Partnership Meeting (FPM) should be scheduled (see [Section 2.9](#)). At this meeting, a change in the permanency goal should be discussed, including the permanency options of Adoption and transfer of legal custody to the relative. This meeting should be scheduled before a change in goal occurs.

10.4.3 Assessing prospective relative custodian(s)

Before a decision is made to file a petition for transfer of custody to the relatives, the service worker should consider the long term safety, permanency, and well-being for the child or youth when assessing the relatives as the potential legal custodian(s) for the child or youth. The LDSS shall document the relatives' appropriateness as the legal custodian(s) for the child or youth in the paper case record and in a narrative summary in the OASIS contacts screen.

- For the relatives who are assuming custody without becoming foster and adoptive parents, the documentation shall be a written format determined by the LDSS.
- For the relatives who are being approved as foster and adoptive parents, the documentation shall be the Mutual Family Assessment Report as defined in the [Local Department Foster and Adoptive Family Home Approval Guidance](#) in Chapter D of the Child and Family Services Manual.

Because the court will consider the appropriateness of the relatives as permanent custodian(s), the LDSS shall assess the prospective relative custodian(s) and consider if they are:

- Willing and qualified to receive and care for the child or youth.
- Willing to have a positive, continuous relationship with the child or youth.

- Willing to protect the child or youth from abuse and neglect and the ability to do so.
- Willing to remain in compliance with any protective order entered on behalf of the child or youth.
- Willing to participate in a court review of the child's or youth's placement with the relative.

The service worker should assess the prospective relative custodian(s) regardless of whether the relatives will:

- Adopt the child or youth;
- Assume custody of the child or youth without becoming foster and adoptive parents; or
- Become foster and adoptive parents for the child or youth in order to adopt the child or assume custody.

The assessment should include observation of actions, discussion of concrete plans, and evidence of demonstrated commitment to the child or youth. The assessment of relatives as prospective custodian(s) should address the areas described in the following sections.⁴

10.4.3.1 Motivation

Motivation may differ in a relative caregiver from what is traditionally observed in a non-relative caregiver. While it is not necessary to analyze the motivation of the relatives, it is important to determine whether or not the relative(s) are positively motivated to provide care for the child or youth (e.g., loyal to the family; attached to the child or youth; desire continuity of family relationships and traditions; want to maintain the child's or youth's identity with the family; and/or want to protect and nurture the child or youth).

10.4.3.2 Household configuration

The relatives' home may consist of permanent, temporary, and/or transient family members. The family may be a nuclear family or multigenerational family. Primary and secondary caregivers may be in the relatives' household due to its composition or as surrogate supports to the child or youth and the

⁴ Adapted from competency-based curriculum developed by the National Resource Center for Family-Centered Practice and Permanency Planning, March 2002. Based on work of Dr. Joseph Crumbley and Robert Little. "Relatives Raising Children: An Overview of Kinship Care," CWLA Press, Washington, DC. 1997 and Dr. Joseph Crumbley's written materials, 2000.

relatives. Assessment of both primary and secondary caregivers should include whether the caregivers are consistent in their approaches concerning discipline, nurturance, and supervision.

Regardless of family composition and activities, the identified prospective relative custodian(s) should be able to provide the child or youth with consistent routines, schedules, and care.

10.4.3.3 Birth parents' interaction with prospective relative custodian

It is important to determine that the prospective relative custodian(s), given any interaction with the birth parents, will be able to ensure the safety needs of the child or youth. Discussion with the prospective relative custodian(s) should include, but is not limited to, the following family dynamics:

- The type and frequency of their contact with the birth parents.
- Their relationship with the birth parents in the past and present.
- Their ability to keep the child or youth safe, and when necessary, prevent contact with the birth parents.
- Their ability to negotiate roles and relationships with the birth parents when necessary, including who is responsible for decision-making, nurturing, discipline, support, and communication.
- Their willingness to involve both paternal and maternal birth family members in the life of the child or youth as appropriate.

10.4.3.4 Prospective relative custodian(s)' ability to provide care, safety, and protection

The service worker should assess the ability of the prospective relative custodian(s) to provide a safe and stable environment for the child or youth, including, but are not limited to:

- Housing, food, clothing, and education.
- Discipline, limit setting, nurturing, and protection.
- Sources of income to support the child or youth and family.
- Necessary agency and community supports to provide permanency for the child or youth.

10.4.3.5 Prospective relative custodian(s)' alternative plan for permanency

The prospective relative custodian(s) should be encouraged to identify supports within the family should they become ill or need respite care for the child or youth. Often in families, the decision making is shared throughout the nuclear and extended family during a crisis. The service worker should assist the prospective relative custodian(s) in identifying the family members who should be involved in the planning and development of alternative plans.

10.4.4 Preparing prospective relative custodian(s) for legal custody

To achieve permanency for the child or youth placed with appropriate prospective relative custodian(s), the planning process should be collaborative and begin early on. The LDSS should involve the child or youth, birth parents, prospective relative custodian(s), Family Partnership team, and Family Assessment and Planning Team (FAPT), as appropriate. The service worker should convene a FPM prior to the actual transfer of custody to assist in linking the child and family to available community resources.

The team should plan the transition to ensure permanency for the child or youth after custody has been transferred. The team should build upon the strengths of the child or youth and the family and respond to their unique needs, as identified through the comprehensive assessment process (see [Section 5](#) of this chapter).

To prepare the prospective relative custodian(s) to assume legal custody of the child or youth, the LDSS, the family, and the team should address the following areas, as appropriate:

- Assisting the child or youth and the prospective relative custodian(s) in identifying and addressing feelings of grief and loss and setting appropriate boundaries with the birth parent.
- Developing a plan for visitation. Progressive visitation should be used to facilitate relationship development and provide opportunities for the relative to become comfortable in their new role. LDSS shall not place the child with the relative (including a trial home visit) unless they are an approved provider. They may, however, have overnight visitation with the relative in preparation for the transfer of custody.
- Explaining, discussing, and responding to all questions about the legal process for transferring custody of the child or youth from the LDSS to the prospective relative custodian(s) (see [Section 10.5](#)).
- Informing the prospective relative custodian(s) who assume custody of the youth who exits foster care within 45 days after reaching his 17th birthday in federal fiscal years 2014, 2017, or any third year thereafter that:

- The LDSS is required to ask the youth to participate in a survey during the 45 days after the youth's 17th birthday to collect and report baseline information on the youth as part of the National Youth in Transition Database (NYTD).
- The youth may then be selected to participate in an outcomes survey when the youth turns age 19, and then again when the youth turns age 21.
- The purpose of the survey is to assess the foster care system with regards to life outcomes for youth (e.g., increasing youth financial self-sufficiency, improving youth educational attainment, increasing youth connections with adults, reducing homelessness among youth, reducing high risk behavior among youth, and improving youth access to health insurance).

For more information on NYTD, see [Section 13.13](#) of this chapter.

- Informing key parties involved with the child or youth that custody has been transferred (e.g., school, health insurance).
- Developing a plan for visitation and communication between the child or youth, the birth parents, siblings if separated, appropriate family members, and other individuals who are significant to the child or youth. The plan shall take into account the wishes of the child or youth, consistent with the child's or youth's developmental level. The plan shall specify the frequency of visitation or communication, identify who is responsible for ensuring the visits or communication take place, and state any restrictions or limitations to the visits or communications. The communications may include, but are not limited to, face-to-face visits, telephone calls, email correspondence, and video conferencing.

10.4.5 Preparing child or youth for transfer of legal custody

In addition to preparing the prospective relative custodian(s) for the custody transfer, it is important to prepare the child or youth for the change in custody.

The service worker should facilitate open and honest communication between the child or youth, the birth parents, extended family, and the potential relative custodian(s) to address any issues that may arise as a result of the transfer of custody. The forums for this discussion may include both formal and informal activities, including but not limited to:

- FPMs.
- Visitations with the child or youth.

- Conversations among the birth parents, child or youth, and the potential relative custodian(s).
- Formal family therapy.

To prepare the child or youth for the transfer of custody, the service worker should, in collaboration with the birth parents, the relative custodian, and any other significant individuals (e.g., a therapist), determine how to:

- Explain to the child or youth, consistent with his developmental level, why he will not be returning to his birth family home to live and what he can expect when living with his relative custodian(s).
- Discuss the child's or youth's concerns and feelings about the changes occurring and assist the youth in identifying questions he may want to have answered (e.g., will I be able to see my parents/siblings; how long do I have to live with my relative; what if I don't like living with my relative).
- Discuss with the child or youth the plan to allow continued visits, letters, and phone calls between siblings if the child or youth is not placed with his siblings.
- Discuss the court process with the child or youth; the time frames for the change in placement and/or custody and the possibility that the judge may ask him his wishes regarding living with a relative.
- Developing a plan for visitation. Progressive visitation should be used to facilitate relationship development and provide opportunities for the relative to become comfortable in their new role. LDSS shall not place the child with the relative (including a trial home visit) unless they are an approved provider. They may, however, have overnight visitation with the relative in preparation for the transfer of custody.

Additionally, the child or youth's input should be obtained in order to assess the following decisions:

- The plan for transfer of custody to the prospective relative custodian(s) will meet the child's or youth's needs for a stable and permanent arrangement.
- The expectations of the relative for daily family living, (including but not limited to chores, house rules, curfews, and school expectations) are understood by the child or youth and to determine if the child or youth has any questions or concerns they want to address. This discussion should assist the child or youth in identifying, negotiating, and preparing for placement in the relatives' home.

- The ongoing plan for communication with birth parents, siblings, significant adults, and others important to the child or youth is clear and acceptable. This plan should be with the input of the child or youth and in compliance with his communication needs and wishes.
- The supports and services available to the child or youth to maintain educational success, engage in appropriate extracurricular activities, and meet his physical, social, and mental health needs.
- The plan to assist the youth in developing independence and adult living skills with the support of the prospective relative custodian(s) is feasible and agreed to by all involved.
- The understanding and agreement of the older youth and the prospective relative custodian(s) that the youth participate in the National Youth in Transition Database (NYTD) after leaving custody of LDSS, when applicable.

10.5 Court procedures for transfer of legal custody to relative

LDSS shall follow all procedures for the transfer of legal custody of the child or youth to the prospective relative custodian(s). The LDSS shall:

- Petition the Virginia Juvenile and Domestic Relations District Court to transfer legal custody of the child or youth to the prospective relative custodian(s). Thirty (30) days prior to the hearing, the LDSS shall submit to the court:
 - Permanency Planning Hearing Petition.
 - Foster Care Plan Transmittal Form.
 - New Foster Care Plan Review Form.
- Recommend that custody transfer to the prospective relative custodian(s) is in the best interest of the child or youth.

The court order transferring custody to a relative may provide for, as appropriate, any terms or conditions which would promote:

- The interest and welfare of the child or youth.
- Ongoing provision of social services to the child or youth, and the custodian.
- Court review of the child's or youth's placement ([§ 16.1-278.2 A1](#)).

Based upon the finding by the judge of the Virginia Juvenile and Domestic Relations District Court that transfer of custody is in the best interest of the child or youth, the judge may approve the LDSS plan for the child or youth and enter the order

transferring the legal custody of the child or youth from the LDSS to the relative custodian(s).

The LDSS shall document the hearing on the Court/Hearing Details screen and the Hearing Detail Results screen in OASIS.

A copy of the petition and signed court order shall be placed in the foster care paper case record, when relevant.

10.6 Relative assuming custody of child or youth

When transfer of custody to a relative is determined to be in the best interest of the child or youth and a relative has been identified who is willing and appropriate to care for the child or youth, the LDSS shall first ensure that the relative's home is safe and that the relative will keep the child or youth safe from any further maltreatment. The LDSS shall complete with the relative's and other adult household members' permission:

- A state name search criminal background check, and a CPS Central Registry search on all adults residing in the home.
- A sworn statement or affirmation disclosing whether or not the individual has a criminal conviction or is the subject of any pending criminal charges within or outside of Virginia and whether or not the individual has been the subject of a founded complaint of child abuse or neglect within or outside of Virginia.

For more information on conducting background checks, see the [Office of Background Investigation](#) page on Fusion.

The results of the background check do not prohibit the agency from recommending custody transfer of the child to the relative seeking custody. The standards set in § [63.2-901.1](#), Code of Virginia, are specific to approving a relative as a kinship care resource home. However, the agency shall notify the court of the results of the completed background checks and inform the court that the agency would not be able to approve the relative as a kinship resource home due to the findings in the criminal background or Central Registry checks.

The LDSS shall document the reasons why they decided to recommend custody transfer of the child or youth to a relative in the OASIS contacts screen and maintain the results of the criminal background check in the prospective relative custodian(s)' file.

The LDSS should discuss with the relative as soon as possible the option of transferring legal custody of the child from the LDSS to the relative. The LDSS should inform, discuss, and examine with the relatives:

- The benefits to the child or youth in leaving foster care to live permanently with the relatives.

- The impact to the child or youth of remaining in foster care. The longer the child or youth spends in foster care, the potential for trauma and difficulty in forming strong relationships increases. The effects of being in foster care can have life-long impact on the child or youth.
- The authority and responsibility of the relatives as legal custodian(s) of the child or youth to ensure his protection and make all decisions for the child or youth (e.g., enrolling in school; approving medical procedures).
- The financial impact of the relatives assuming legal custody of the child or youth regardless of whether the family will receive kinship guardianship assistance or not.
- The availability of family, health insurance, community, government, and other resources to help meet the child's needs.

Prior to transferring legal custody, the service worker should assist the relatives in accessing and initiating services, including filling out forms to establish eligibility for services. [The Relative's Guide to Services Post-Custody Transfer](#) should be discussed and provided to the relative.

10.7 Achieving permanency with goal of Custody Transfer to Relative

The goal of Custody Transfer to Relative is achieved when the child or youth is placed with relatives and legal custody of the child or youth is transferred to a relative. The goal of custody transfer to a relative can also include fictive kin for the purposes of establishing eligibility for the Kinship Guardianship Assistance Program (§ [16.2-282.1](#)).

10.8 Overview of relatives becoming foster parents

The service worker should discuss with the relatives the differences between assuming custody of a child or youth in foster care and becoming foster parents for that child or youth. Relatives need to understand that being a foster parent includes much more structured involvement from the child welfare system because the LDSS holds legal custody of the child or youth. In order for the relative to be eligible for kinship guardianship assistance, the relative shall become an approved foster parent. The requirements to become a foster parent in Virginia are the same for a relative as a non-relative (see [Local Department Foster and Adoptive Family Home Approval Guidance](#) in Chapter D of the Child and Family Services Manual). *However, the LDSS may use temporary waivers to approve kinship foster families to allow for immediate placement.* The LDSS should review at least the following information with the relative:

- The requirements to be approved as a foster parent (including criminal background checks, training, and the home study process).

- The relative's involvement in service planning and services for the child or youth, participating in at least monthly visits by the service worker with the relatives and child or youth, and attending court hearings, administrative panel reviews, and FAPT meetings.
- The monthly payments available to help meet the needs of the child or youth for basic maintenance and for additional supervision and support when required. The service worker should explain that these funds supplement the resources of the relatives to help them care for the child or youth. These funds are not intended to be a salary for the relative foster parents nor cover the full costs of raising the child or youth.
- The eligibility requirements for kinship guardianship assistance if the relative foster parent provides permanency for the youth by taking custody.
- The LDSS role in assisting in obtaining services and supports needed by the child or youth (e.g., Medicaid eligibility, therapeutic services).
- The relative's role in arranging visitations with the birth parents and siblings, transporting the child or youth, and assisting in carrying out the visits, particularly when the goal for the child or youth is to return home.
- The role of the relatives and health care professionals in meeting the child's or youth's medical, dental, and behavioral health care needs.

10.9 Overview of relative adopting child or youth

Relatives may become the adoptive parent of the child or youth if the parental rights of the birth parents have been terminated by the court. Relatives who adopt assume all the rights and responsibilities that once belonged to the birth parents. Adoption is expected to be a life-long permanent relationship, entitling a child or youth to all of the benefits and rights of a biological child or youth within the adoptive family. Adoption is a more permanent family connection for the child or youth than the transfer of custody. The service worker should discuss with the relatives some of the changes that occur when they adopt the child or youth, including, but not limited to:

- The relatives have full decision-making authority over the child or youth. The birth parents cannot petition the court for the purpose of custody or visitation with the child or youth.
- The relatives may choose to enter into a Post-Adoption Contact and Communication Agreement (PACCA) with the birth parents if desired and if in the best interest of the child or youth. A PACCA is a mutually developed agreement that allows the child or youth to continue having contact with the birth parents under circumstances developed in the agreement.

- The child or youth who has documented special needs may be eligible to receive adoption assistance. Such assistance may be available to help address the basic maintenance needs and required additional supervision and support needs of the child or youth, non-recurring expenses of the relatives directly related to the legal adoption of the child or youth, and required services and supports directly related to the child's or youth's special needs (e.g., counseling and crisis intervention).
- After termination of parental rights, a biological parent who may have been ordered to pay child support will no longer have this obligation.

For more information about the process of adoption and the child or youth's eligibility requirements for adoption assistance, see the Child and Family Services Manual, Chapter F. Adoption, [Section 2](#), Adoption Assistance.

10.10 Special circumstances for relative foster families

The special circumstances related to the rights of relative/kinship foster parents with whom a child in foster care has been placed for six (6) consecutive months are set out in [§63.2- 900.1](#) of the Code of Virginia:

- As long as the home continues to meet foster and adoptive family home approval standards, unless the kinship foster parent consents to the removal, no child shall be removed from the physical custody of the kinship foster parent except by a court order or child abuse and neglect procedures pursuant to [§ 63.2-1517](#) of the Code of Virginia; or
- If a change in the placement of the child is the agreed upon outcome of a FPM, then the child can be moved. The outcome of the meeting will not be valid if the relative foster parent and birth parent(s) do not attend. If the child is old enough to participate, the child should also attend. If consensus is not achieved in the FPM, then the LDSS should file a petition to obtain a court order in order to remove the child from the home.

These special circumstances also apply to foster parents who are fictive kin, beginning July 1, 2020 ([§ 63.2-900.1](#)).

10.11 Overview of kinship guardianship assistance

As of July 1, 2018, kinship guardianship assistance is available to eligible relative custodian(s) as an additional path to permanency for certain youth in foster care. If all of the eligibility criteria are met, the relative custodian(s) are provided financial support from the day the court transfers custody to them until the youth turns 18, or until they turn 21, if eligible. This option provides legal permanence for the youth while ensuring the youth's needs continue to be met, thereby greatly reducing the risk of the youth re-entering foster care. The relative custodian(s) are also eligible to access CSA funding in their community to obtain any additional services the youth may need that are not

covered by Medicaid/insurance. As of July 1, 2020, fictive kin are also potentially eligible for kinship guardianship assistance as long as they meet the other eligibility requirements. For kinship guardianship assistance guidance, the terms “relative” and “relative custodian” include fictive kin.

10.11.1 Responsible Agency

All LDSS shall implement kinship guardianship assistance for relatives who take custody of youth from foster care and meet the eligibility criteria. The LDSS holding custody of the youth prior to custody being transferred to the relative is responsible for determining eligibility and providing the kinship guardianship assistance.

10.11.2 Eligibility Requirements

To determine eligibility for kinship guardianship assistance, the LDSS shall evaluate if all of the following requirements are met for both the child or the youth and the prospective relative custodian(s). The LDSS may also determine a sibling of the eligible youth is eligible for kinship guardianship assistance.

10.11.2.1 Determining eligibility for youth

The youth is eligible for kinship guardianship assistance when the following requirements are met:

- The youth shall be under 18 years of age prior to the transfer of legal custody to the relative.
- The youth shall be in foster care as a result of:
 - Commitment to the LDSS by any court of competent jurisdiction as a result of a judicial determination that continuation in the home would be contrary to the welfare of the child; or
 - A voluntary placement agreement such as an entrustment or noncustodial agreement with the birth parents or guardians.
- The permanency options of Return Home and Adoption are not appropriate for the youth as documented in the youth’s foster care plan ([Section 10.11.3](#)).
- The youth shall be in the continuous custody of the LDSS for at least six (6) consecutive months.
- The youth shall have been eligible for foster care maintenance payments while residing in the home of the prospective relative custodian for at least six consecutive months.

- The youth shall demonstrate a strong attachment to the prospective relative custodian(s).
- The youth shall be consulted regarding the transfer of custody to the relative if the youth is age 14 or older.

10.11.2.2 Determining eligibility of prospective relative custodian(s)

Prospective relative custodian(s) are eligible if they meet all of the following requirements. The prospective relative custodian(s) shall:

- Be related to the youth by blood, marriage, or adoption.
- Have a strong commitment to permanently care for the youth.
- Be an approved relative foster and adoptive parent for the youth for at least six (6) consecutive months.
- Be willing to obtain legal custody of the youth.

10.11.2.3 Determining placement of at least six (6) consecutive months

The six (6) months of consecutive placement may start on the date the youth is placed in the approved foster home of the prospective relative custodian(s).

When necessary, the LDSS may utilize temporary waivers to approve kinship foster families to allow for immediate placement. The required steps for the process of immediate kinship home placement and subsequent foster home approval are outlined in Section 1.5 of Resource Family Guidance.

The service worker may determine the placement is consecutive for six (6) months even when the youth is temporarily absent from the placement for 14 or fewer consecutive days and the youth's placement continues with the same provider. The absence may include run away, respite care, medical hospitalizations, trips, or vacations. If the absence exceeds 14 days or the youth does not return to the same placement, the placement shall not be determined consecutive.

In addition to considering the length of time the youth is placed outside of the home, the service worker should also assess the stability of the relative placement while the youth is away from home by considering:

- The needs of the youth;
- The reasons for the short term absence from the home;
- The involvement of the prospective relative custodian(s);

- The youth's attachment to the prospective relative custodian(s).

If the youth is placed outside of the home for more than fourteen (14) days or if the service worker determines the youth's placement in the prospective relative custodian(s)' home has not met the criteria for six (6) consecutive months as described above, then kinship guardianship assistance is not an option until the requirement of at least six (6) consecutive months of foster care placement has been met.

10.11.2.4 Siblings of eligible youth placed in the same home

LDSS shall make diligent efforts to place siblings together when this is in the best interests of the children (see section [Section 6.4](#)). The siblings of an eligible youth may be placed with the same prospective relative custodian(s) if the LDSS and the prospective relative custodian(s) agree that the placement is appropriate and in the best interest of the siblings and the eligible youth. A Kinship Guardianship Assistance Agreement may be established and payments may be paid on behalf of each sibling of the eligible youth. Siblings do not have to be placed with the prospective relative custodian(s) simultaneously with the eligible youth to qualify for kinship guardianship assistance.

The sibling does not need to meet the eligibility criteria outlined in [Section 10.11.2.1](#) in order to receive guardianship assistance maintenance payments and non-recurring expenses related to the costs of obtaining legal custody if the agency and the prospective relative custodian(s) agree on the appropriateness of the placement of the sibling with the relative custodian(s).

To qualify as a sibling, the sibling shall have at least one parent in common with the eligible youth by blood, marriage, or adoption. The sibling shall be consulted regarding the relative custody arrangement, if age 14 or older. The sibling does not have to be placed in the home of the prospective relative custodian(s) for at least six consecutive months.

If the sibling is not placed simultaneously with the eligible youth, the prospective relative custodian(s) shall:

- Be an approved foster and adoptive parent at the time the sibling is placed in the home (see [Local Department Resource, Foster, and Adoptive Family Home Approval Chapter](#)).
- Have a strong commitment to permanently care for the sibling.
- Be willing to obtain legal custody of the sibling.

If the prospective relative custodian(s) are no longer approved providers, then the prospective relative custodian(s) shall go through an approval *process* (see *Section 1.5 of Resource Family Guidance*).

When joint placement of the sibling with the eligible youth is not appropriate or feasible, the service worker shall develop a plan to encourage frequent and regular visitation and communication between the siblings. The plan should be developed within 15 calendar days after placement. The plan shall take into account the wishes of the youth, consistent with the youth's developmental level. It shall specify the frequency of visitation or communication, identify who is responsible for ensuring the visits or communication take place, and state any requirements, restrictions, or limitations to the visits or communications (§ [63.2-900.2](#)). The communications may include, but are not limited to, face-to-face visits, telephone calls, email correspondence, and video conferencing.

If contact is not in the best interest of either youth, the service worker shall document the reasons why frequent visitation and/or communication is contrary to the safety and well-being of the child(ren). Additionally, the service worker shall consider what steps should be taken in the future to reassess the appropriateness of contact and ensure it is reassessed on a regular basis.

10.11.2.5 Screening the child or youth to determine eligibility

The LDSS should complete the Kinship Guardianship Assistance Screening Tool to ensure that the youth meets all the criteria for eligibility. The LDSS shall maintain documentation to support the eligibility determination in OASIS and the supporting documents in the kinship guardianship assistance case record. The screening tool is also used to document the funding source for the kinship guardianship assistance payments.

10.11.3 Foster care plan requirements

For any youth with the goal of Custody Transfer to a Relative with kinship guardianship assistance, the service worker shall include the following in the youth's foster care plan:

- The steps that the LDSS has taken to determine that the goals of reunification and adoption (*See Section 10.11.4*) are not appropriate for the youth.
- The reasons for any separation of siblings as a result of the placement.
- The reasons why placement with an appropriate relative through a Kinship Guardianship Assistance Agreement is in the youth's best interests.
- The ways in which the youth meets eligibility requirements for the kinship guardianship assistance payment.
- The efforts the LDSS has made to discuss adoption by the relative custodian as a more permanent alternative to legal guardianship and documentation of the reasons why the relative custodian has chosen not to pursue adoption.

- The efforts made by the LDSS to discuss with the youth's parent(s) the kinship guardianship assistance arrangement. *Efforts can include sending letters or conducting person locator searches and using other diligent search tools to locate the parent, if the agency is unable to have a discussion with the parent because they are unable to be located or are not willing to participate in the discussion.*

10.11.4 Determining that the goal of adoption is not appropriate

Before the service worker can determine that the goal of adoption is not appropriate, they must first fully explore adoption as a permanency option for the child. The service worker must include documentation of the following in the child's case record:

- *The multiple efforts the service worker has made to explore adoption with the relative custodian as a more permanent alternative to legal guardianship and documentation of the reasons why the relative custodian has chosen not to pursue adoption;*
- *The service worker provided Supporting Your Child's Path to Permanency to the parent(s) and the option of voluntary termination of parental rights was discussed with the parent(s); and*
- *The services that were provided to the parent(s), relative custodian, and/or child to explore adoption therapeutically and, if no services were provide, the rationale behind not providing the services.*

If the relative caregiver does not wish to pursue adoption, the worker should assess whether adoption and termination of parental rights is in the best interest of the child, including:

- *The relative caregiver's rationale for not wishing to pursue adoption;*
- *How long the child has been placed in the relative's home;*
- *The impact of removing the child from the relative's home to be adopted by another relative or a foster parent; and*
- *Whether the court would have to approve the child's change in placement in accordance with § 63.2-900.1.*

It is important to note that placement with a relative is an exception to the requirement to file for termination of parental rights at 15 months.

10.12 Preparing and partnering with prospective relative custodian(s)

The service worker should continue to strengthen the collaborative partnership with the prospective relative custodian(s) by:

- Creating a supportive environment for conversations and building trust;
- Being open and transparent in communication; and
- Understanding and respecting the prospective relative custodian's strengths, concerns, and family circumstances.

To help prepare the prospective relative custodian(s) assume legal custody of the youth, provide a permanent family for the youth, and prevent or eliminate the youth's need for foster care placement after custody has been transferred, the service worker, in collaboration with the family and the Family Partnership Team, as appropriate, should:

- Prepare the prospective relative custodian(s) for the process of obtaining legal custody of the youth (see [Section 10.5](#)).
- Identify the financial assistance, services, and/or supports the youth is currently receiving, including the provider, frequency, and monthly cost when applicable and known.
- Inform the prospective relative custodian(s) of their responsibilities for obtaining ongoing services to address the youth's developmental, medical, dental, and/or behavioral health care needs. Identify resources that may be available to help meet the needs of the youth and/or the family.
 - Brainstorm the support network of extended family, friends, and neighbors.
 - Identify family resources and community organizations (e.g., private health insurance, faith-based organizations, community centers, cultural organizations).
 - Identify community and government agencies (e.g., local health department, the schools).
 - Explain the process for requesting CSA services through the FAPT to prevent or eliminate the need for foster care placement (see [Section 13.8](#)).
- Identify whether the youth is currently receiving social security benefits and how that will be addressed once they enter into the Kinship Guardianship Assistance Agreement (see [section 10.14.2](#)).

- Identify whether the youth is currently receiving other retirement or disability benefits (e.g. [Veterans benefits](#), [Railroad Retirement benefits](#)), life insurance benefits, and/or trust fund payments related to a birth parent.
- Ensure the case has been referred to the Division of Child Support Enforcement (DCSE) to pursue financial support for the youth from the birth parents (see [Section 4.7](#)) and revoke any good cause determination that has already been made. The LDSS must notify the DCSE that the case has transitioned to KinGAP and that the child support case needs to remain open, using the [Notification to DCSE of Foster Care Case Change to KinGAP Form](#).
- Inform the prospective relative custodian(s) of their responsibility for ensuring the youth is a full time student or completes secondary school when the youth is of compulsory age for school attendance in Virginia (i.e., the child was age five (5) on or before Sept 30 of the current school year through his or her 18th birthday as defined in [§ 22.1-254 A](#)).
 - The prospective relative custodian(s) shall report this information on the annual affidavit.
 - The Kinship Guardianship Assistance Agreement includes a provision for the prospective relative custodian(s) to authorize the LDSS to use the youth's State Testing Identification (STI) number, when applicable, to document the youth's enrollment in school and to obtain educational outcome information from the Virginia Department of Education on children and youth who receive kinship guardianship assistance funds. Only non-identifying aggregate educational outcome information on youth with kinship guardianship assistance will be reported publicly.
- Inform the prospective relative custodian(s) and the youth of independent living services available for youth age 16 and over who left foster care and are receiving kinship guardianship assistance. Independent living services for youth may be accessed through [Project LIFE](#) when needed services are requested by the family or the youth. Independent living services may also be available through the LDSS responsible for providing services to the family, based on the availability of Independent Living funds awarded to the LDSS. Services include a broad range of activities, educational support, job preparation, and training to help the youth prepare for adulthood. For information on types of services, see [Section 14.7](#).
- Inform the prospective relative custodian(s) and the youth of Educational Training Voucher (ETV) program available for youth age 16 and older who left foster care and are receiving kinship guardianship assistance. The ETV Program provides federal and state funding to help eligible youth with expenses associated with college and post-secondary vocational training programs. Funding of up to

\$5,000 per year OR the total cost of attendance per year (whichever is less), per eligible youth. For information on ETV, see [section 13.11](#).

- For youth age 17 or older, inform the prospective relative custodian(s) and the youth of the LDSS requirement to conduct the National Youth in Transition Database survey. For information about the survey please see [section 13.13](#).

10.13 Application process for kinship guardianship assistance

After the LDSS determines the youth and the prospective relative custodian(s) are eligible for kinship guardianship assistance, the LDSS shall provide the prospective relative custodian(s) with the [Virginia Application for Kinship Guardianship Assistance](#).

This tool helps the prospective relative custodian(s):

- Plan for integrating the youth into their family permanently.
- Evaluate the total resources they have available to address the needs of the youth.
- Identify the financial assistance they may need in order to assume custody and meet the needs of the youth.

The application should be completed by the prospective relative custodian(s) with the LDSS service worker.

The prospective relative custodian(s) shall sign and submit the completed [Application for Kinship Guardianship Assistance](#) to the LDSS. Letters, other written requests, and verbal requests for kinship guardianship assistance do not constitute an official request and do not initiate the time frames for processing.

10.13.1 Initial review and notice of application receipt

Within 14 days after receiving the [Application for Kinship Guardianship Assistance](#), the LDSS should:

- Review the application to determine whether the application is complete.
- Notify the prospective relative custodian(s) in writing that the application was received and its status:
 - **The application is complete.** The notification should include the date the application was received. It should state that the LDSS and the prospective relative custodian(s) have 90 days to sign the Kinship Guardianship Assistance Agreement.

- **Additional information is needed.** The notification shall state the specific information necessary to complete the application. It should advise the prospective relative custodian(s) to submit the information by email, phone, or in person within 30 days from the notice date.
- **The application is denied** when relatives submit the application and the LDSS determines the youth and/or the prospective relative custodian(s) are not eligible for kinship guardianship assistance. The [Family Services Notice of Action](#) shall be used to communicate this in writing and shall clearly state the reason(s) for the denial, provide information on the relatives' right to appeal within 30 days of receiving the notice of denial, and provide information on the fair hearing process. No further action is required by the LDSS on the application.

Note: If Custody is transferred to the relative prior to the six (6) month placement requirement being met and the Kinship Guardianship Assistance Agreement being signed, the family will not be eligible for kinship guardianship assistance.

10.13.2 Timeframe for acting on completed application

Once the LDSS receives the completed [Application for Kinship Guardianship Assistance](#) and all required documentation:

- The LDSS and the prospective relative custodian(s) should begin the assessment and negotiation process as quickly as possible.
- The LDSS and the prospective relative custodian(s) should fully discuss the general provisions required for kinship guardianship assistance as delineated in the binding Kinship Guardianship Assistance Agreement. They should complete and sign the agreement within 90 days from the date the LDSS received the completed application and all required documentation.
- **The local board, or its designee, and the prospective relative custodian(s) shall sign the Kinship Guardianship Assistance Agreement prior to the transfer of legal custody of the youth from the LDSS to the relative custodian(s).**
- The effective date of the Kinship Guardianship Assistance Agreement is the date the judge signs the court order transferring legal custody of the youth from the LDSS to the relative custodian(s).

10.14 Assessing the family and youth's needs for assistance

10.14.1 Assessing family circumstances

The LDSS should begin the assessment process by facilitating conversations with the prospective relative custodian(s) about the needs of the youth, the family

circumstances of the prospective relative custodian(s), and the types of assistance they feel they need to obtain legal custody of the youth, meet the youth's needs, and prevent the youth from returning to foster care. Family circumstances include the prospective relative custodian(s)' overall ability to meet the immediate and future needs of the youth and to incorporate the youth into their home, in relation to their current lifestyle and standard of living, as well as their future plans.

The prospective relative custodian(s) provide information on their family circumstances in the application for kinship guardianship assistance. The purpose of this information is to assist the prospective relative custodian(s) in:

- Planning for integrating the youth into their family permanently.
- Evaluating:
 - The total funds they have available for the youth, taking into account their financial resources and expenses for the youth.
 - Other resources available to help address the needs of the youth (e.g., resources from family, neighbors, faith-based community, private health insurance, schools, and other government programs).
 - The financial assistance and/or services they may need in order to assume custody, to meet the needs of the youth, and to prevent the youth from returning to foster care.
- Negotiating with the LDSS the terms for the kinship guardianship assistance for the youth.
- Understanding the type of services they can request from the FAPT.

This information is not used in determining the youth's eligibility for kinship guardianship assistance. It is also not the sole factor to be used in assessing family circumstances or in determining the amount of kinship guardianship payments.

The LDSS should review the information that the prospective relative custodian(s) provide on the [Application for Assistance](#) and clarify any information as needed. The LDSS should assure the prospective relative custodian(s) that they will keep the information confidential.

The LDSS should discuss with the prospective relative custodian(s):

- If the prospective relative custodian(s) anticipate any changes in the near future that will increase or decrease the financial resources they have available to support the youth (e.g., different financial resources, different people to support on a regular basis).

- In what ways the prospective relative custodian(s) feel this information reflects their family circumstances.
- What additional information the prospective relative custodian(s) can share to better understand their family circumstances.
- Whether the prospective relative custodian(s) can spend any funds differently to help meet the needs of the youth.

The LDSS makes any adjustments to the application that the prospective relative custodian(s) identify and shares information from the application calculations with the prospective relative custodian(s). This process helps the prospective relative custodian(s) assess and understand the resources they have available to care for the youth. The prospective relative custodian(s) also refer to this information during the negotiation process for kinship guardianship assistance for the youth.

10.14.2 Assessing basic maintenance needs of the youth

After assessing family circumstances, the LDSS shall discuss with the prospective relative custodian(s) the basic maintenance available for the youth. The basic maintenance payment helps the prospective relative custodian(s) address the youth's basic needs for housing, food, clothing, transportation and/or personal incidentals. A supplemental clothing allowance over and above the basic maintenance payment is not an allowable payment in kinship guardianship assistance.

The LDSS should discuss the following factors with the prospective relative custodian(s):

- The basic maintenance payment is based on the youth's age rate for foster care maintenance rates (see [Section 18.1.3](#)). The LDSS should explain that at no time shall the payment exceed what would have been paid if the youth had remained in foster care ([Social Security Act, Title IV, § 473 \(d\) \(2\) \[42 U.S.C. 673\]](#)).
- Other forms of assistance the youth may receive:
 - [Social Security benefits](#) due to the retirement, death, or disability of a birth parent. The youth may continue to be eligible for benefits connected to the birth parents.
 - [SSI](#) payments if the youth has a disability. If the youth is currently receiving disability payments while in foster care, once custody is transferred the relative custodian will need to apply to become the payee. The LDSS should inform the prospective relative custodian(s) that they may choose to apply to receive SSI payments for an eligible youth and receive kinship guardianship assistance maintenance payments

concurrently, or to obtain payments solely from one program. The LDSS should encourage the prospective relative custodian(s) to contact a Social Security representative at 1-800-772-1213 to discuss their situation. They may also visit the Social Security Administration (SSA) website at <http://www.socialsecurity.gov>.

- The prospective relative custodian(s) may choose to:
 - Reduce the basic maintenance payment they receive based on the amount of SSI the youth is entitled to receive and use the SSI funds to help meet the maintenance needs of the youth.
 - Decline the basic maintenance payment and receive only SSI for the youth.
 - Receive only the basic maintenance payment and not continue SSI payments for the youth. However, if the youth does not receive SSI benefits for 12 months, the youth is no longer eligible for SSI. The relative custodian(s) may reapply for SSI benefits in the future, or the youth may apply for Social Security Disability Insurance (SSDI) benefits after age 18 as an adult disabled since childhood. The youth will need to meet all eligibility requirements in order to receive benefits.

The LDSS should serve as a resource for the prospective relative custodian(s) on the kinship guardianship assistance program as they make this decision ([Federal Child Welfare Policy Manual, Subsection 8.4D.1](#)).

- Other retirement or disability benefits (e.g. [Veterans benefits](#), [Railroad Retirement benefits](#)), life insurance benefits, and/or trust fund payments related to a birth parent.
- The amount of funds the prospective relative custodian(s) identify they have available to care for the youth (see [Section 10.14.1](#) and the calculation at the end of Section II on the application for any remaining funds the prospective relative custodian(s) have available for the youth.) For example, the LDSS worker should inform the prospective relative custodian(s) that based on the information they provided, they have “x” dollars available to help care for the youth after subtracting the expenses for the youth from the financial resources they have available for the youth. The LDSS should ask the prospective relative custodian(s) what amount they need on a monthly basis to help address the basic maintenance need of the youth, given the resources they have available. The [Worksheet for Assessing and Negotiating Assistance](#) may be used as an additional resource.

- The amount of basic maintenance the prospective relative custodian(s) request, if they choose to receive less than the amount available.
- The length of time the prospective relative custodian(s) choose to receive the basic maintenance payment. They may receive the basic maintenance payment until the youth reaches the age of 18, or age 21 when applicable. For example, the LDSS should ask the prospective relative custodian(s) how long and for what time period they request this payment?

The LDSS shall inform the prospective relative custodian(s):

- The basic maintenance rate shall be automatically increased under two circumstances in the future:
 - When the youth reaches a higher age grouping in state foster care policy (see [Section 18.1.3](#)), to help address the increased costs of caring for an older youth, or
 - When statewide increases are approved to help address increased costs of living.

If the prospective relative custodian(s) choose to receive less basic maintenance than the maximum available rate, the agreed upon payment amount will be increased by the same percentage amount used to calculate the increase in the maximum foster care maintenance payments. The LDSS will notify them in writing when automatic increases occur.

- If the prospective relative custodian(s) request and the LDSS agrees to a time-limited payment, the LDSS shall notify the relative custodian(s) using the [Family Services Notice of Action](#) through certified mail **two (2) months** prior to the scheduled end date for the maintenance payment.
- The youth shall continue to receive the basic maintenance payment specified in the Kinship Guardianship Assistance Agreement, or addendum in effect, until one of the following actions occurs:
 - The relative custodian(s) decline the basic maintenance payment in writing.
 - The relative custodian(s) indicate they need a different payment amount. The new amount, up to the maximum allowable amount, is then specified in an addendum to the agreement that is signed and executed by the LDSS and the prospective relative, or
 - The agreement is terminated based on terms in the Kinship Guardianship Assistance Agreement (see [Section 10.22.3](#)).

After discussing all relevant factors, the LDSS shall document the prospective relative custodian(s)' decisions about basic maintenance payments and the agreed upon terms in the Kinship Guardianship Assistance Agreement and in any addendum containing basic maintenance payments.

10.14.3 Assessing additional supervision and support needs of the youth

After assessing the basic maintenance needs of the youth, the LDSS and prospective relative custodian(s) should assess the youth's needs for additional supervision and support when appropriate for the youth. An enhanced maintenance payment may be paid when the youth requires additional supervision and support from the prospective relative custodian(s) to ensure the safety and well-being of the youth.

When the LDSS determines there are indications that the youth may require additional supervision and support from the prospective relative custodian(s), the LDSS shall use the [Virginia Enhanced Maintenance Assessment Tool](#) (VEMAT) to assess the behavioral, emotional, and physical/personal care needs of the youth. The LDSS shall administer the VEMAT to determine whether an enhanced maintenance payment is appropriate when:

- The youth is receiving an enhanced maintenance payment in foster care based on the VEMAT; or
- The youth is not receiving an enhanced maintenance payment and the LDSS has sufficient reason to believe the youth requires additional supervision and support from the prospective relative custodian(s) based on the frequency, duration, and intensity of the youth's behavioral, emotional, and physical/personal care characteristics consistent with VEMAT guidance.

The LDS must administer the VEMAT within 14 days of receiving the application for assistance, if a VEMAT is required. A VEMAT is required:

- When the current VEMAT will be six months old by the time KinGAP Agreement will be signed;
- When the VEMAT will become due during the negotiation timeframe; or
- When there is no VEMAT and there is reason to believe that the child requires additional supervision and support.

When a VEMAT is not administered, the youth is not eligible for a kinship guardianship assistance enhanced maintenance payment. A re-administration of the VEMAT is not required if the Kinship Guardianship Assistance Agreement is signed within six months of the prior unexpired VEMAT assessment. For procedures on VEMAT, see [Section 18.2](#).

When the LDSS establishes that the youth requires additional supervision and support based on the administration of the VEMAT in accordance with VDSS guidance, the LDSS and the negotiator shall assess and negotiate an enhanced maintenance payment with the prospective relative custodian(s), unless the prospective relative custodian(s) decline this assistance. For guidance on the purpose, goals, and principles when negotiating kinship guardianship assistance, see [Section 10.15](#).

The LDSS should discuss the following factors with the prospective relative custodian(s), during the assessment and negotiation process, as well as any other relevant factors:

- The needs of the youth for additional supervision and support from the prospective relative custodian(s), as documented by the VEMAT for the youth.
- Available resources to help meet the needs of the youth and defray the costs. When the prospective relative custodian(s) plan to add the youth to their health insurance policy, they shall provide a copy of the full explanation of covered benefits to help identify services that are covered by their health insurance.
- The family circumstances of the prospective relative custodian(s).
- The amount of funds the prospective relative custodian(s) have available to care for the youth. (See [Section 10.14.1](#) and the calculation at the end of Section II on the application for any remaining funds the prospective relative custodian(s) have available for the youth.) The LDSS worker should inform the prospective relative custodian(s) that based on the information they provided, they have “x” dollars available to help care for the youth after subtracting the expenses for the youth from the financial resources they have available for the youth. The LDSS should ask the prospective relative custodians how much financial assistance they need to provide supervision and support for the youth given the resources they have available.
- The prospective relative custodian(s)’ request for enhanced maintenance and their reasons.
- The length of time for the enhanced maintenance payment. The LDSS should ask the prospective relative custodians how long they need the payment to provide additional supervision and support for the youth. The LDSS should also clarify the length of time they need the payment.
- The enhanced payment amount may range from no payment up to the maximum amount allowed by law. At no time shall the amount of the enhanced maintenance payment exceed what would have been paid if the

- youth was in foster care ([Social Security Act, Title IV, § 473 \(d\) \(2\) \[42 U.S.C. 673\]](#)). The VEMAT score does not determine the final payment for the youth; but rather, it is used during negotiation as the maximum allowable payment amount.
- The maximum allowable amount is based on the VEMAT score for the youth when the LDSS first negotiates a kinship guardianship assistance enhanced maintenance payment with the prospective relative custodian(s). The maximum amount remains the same for any subsequent negotiations on kinship guardianship assistance enhanced maintenance payments for the duration of the Kinship Guardianship Assistance Agreement.
 - The only exception is when the LDSS receives a [Request for VEMAT Administration Due to a Change in Child Behaviors](#) and a new VEMAT is administered. In this situation, the maximum allowable amount for negotiations is increased, based on the youth's higher VEMAT score, for the duration of the agreement. When the new VEMAT score is lower than the youth's previous score, the payment may be lowered with the concurrence of the relative custodian(s).
 - The VEMAT score for the youth provides the LDSS and the prospective relative custodian(s) current information for the assessment and negotiation process on the additional supervision and support the youth requires from the prospective relative custodian(s), based on the frequency, duration, and intensity of the child's behavioral, emotional, and physical/personal care characteristics.

When the prospective relative custodian(s) and the LDSS agree to a time-limited enhanced maintenance payment, the LDSS shall inform the prospective relative custodian(s) that the LDSS will notify the prospective relative custodian(s) in a certified letter 60 days prior to the scheduled end date for the payment.

The youth shall continue to receive the enhanced maintenance payment specified in the Kinship Guardianship Assistance Agreement, or in the addendum in effect, until one of the following actions occurs:

- The relative custodian(s) decline an enhanced maintenance payment in writing;
- The relative custodian(s) and the LDSS negotiate and agree upon a different payment amount, based on the needs of the youth as documented by the VEMAT and the family circumstances of the relative custodian(s). The agreed upon terms are then documented in an addendum to the agreement; or
- The payment or agreement is terminated based on terms in the Kinship Guardianship Assistance Agreement (see [Section 10.22.3](#)).

The LDSS shall not reduce the enhanced maintenance payment in the Kinship Guardianship Assistance Agreement unless the relative custodian(s) agree in writing.

After discussing all relevant factors, the LDSS negotiates with the prospective relative custodian(s) to determine the agreed upon enhanced maintenance payment amount to be paid on behalf of the youth. The LDSS shall document the agreed upon payment and terms in the Kinship Guardianship Assistance Agreement and in any addendum to the agreement containing enhanced maintenance payments. The LDSS is responsible for making title IV-E and CSA basic maintenance payments specified in the Kinship Guardianship Assistance Agreement.

10.14.4 Assessing health insurance needs of the youth

After assessing the maintenance needs of the youth, the LDSS and prospective relative custodian(s) should identify health insurance coverage for the youth, regardless of whether or not the youth is eligible for title IV-E funds. The prospective relative custodian(s) may:

- Add the youth to their health insurance policy (e.g., employer-based, TRICARE, CHAMPVA, and self-purchased plans) in accordance with the insurance policy requirements (§ [38.2-3432.3](#)). The youth may be added at the time custody is transferred to the relative custodian(s).
- Add the youth to their health insurance policy and use Medicaid or FAMIS as secondary health insurance if the youth is eligible ([Virginia DSS Medicaid Eligibility Manual](#), M1510.301).
- Use Medicaid or FAMIS if the youth is eligible.

The LDSS shall inform the prospective relative custodian(s) whether the youth is eligible for Medicaid in relation to the Kinship Guardianship Assistance Agreement.

10.14.4.1 Medicaid for the title IV-E eligible youth

The youth who receives title IV-E kinship guardianship assistance maintenance payments is categorically eligible for Medicaid in the state where the youth resides. For the youth to be considered categorically eligible, a title IV-E kinship guardianship assistance payment of any amount shall be made on an ongoing basis (e.g., a dollar each month) ([Social Security Act, Title IV, § 473 \(b\) \(3\) \(C\) \[42 U.S.C. 673\]](#); and [Federal Program Instruction](#) dated July 9, 2010).

When the youth is receiving title IV-E kinship guardianship assistance maintenance payments, Medicaid shall be included in the Kinship Guardianship Assistance Agreement. Medicaid eligibility continues for the youth when custody is legally transferred. The relative custodian(s) are not required to submit a separate Medicaid application for the youth.

When the youth and the prospective relative custodian(s) live outside of Virginia, the relative custodian(s) do not submit a separate application to the Medicaid program in the new state of residence. The LDSS shall send the [Title IV-E Foster Care and Medicaid Initial/Redetermination Evaluation](#) to the Medicaid program in the new state which verifies the youth's title IV-E eligibility and categorical eligibility for that state's Medicaid program. The LDSS continues to make the title IV-E maintenance payment.

10.14.4.2 Medicaid for the non-title IV-E eligible youth

When the youth is not eligible for kinship guardianship assistance using title IV-E funds, and only state CSA funds may be used, the youth is **not** automatically eligible for Medicaid.

The LDSS should discuss the youth's situation with the prospective relative custodian(s) and explain that the youth may be eligible for medical coverage under various Medicaid covered groups or under FAMIS.

To determine the youth's eligibility for Virginia medical assistance, the prospective relative custodian(s) submit a Medicaid application to the LDSS with which they entered into the Kinship Guardianship Assistance Agreement. They should submit the application as soon as possible after the Kinship Guardianship Assistance Agreement is executed.

When custody is legally transferred, eligibility for the youth who is currently enrolled in Medicaid will be reevaluated to determine continued eligibility. The income of the relative custodian(s) is not counted when determining the child's eligibility.

If the youth is eligible for Virginia medical assistance, the youth is enrolled in the coverage that is most beneficial (see the Virginia DSS Medicaid Eligibility Manual, [M0310.102](#)).

For information on Medicaid covered groups, see the Virginia DSS Medicaid Eligibility Manual, [M03 Medicaid Covered Groups](#).

For information on the FAMIS program, see <http://www.famis.org/> or the Virginia DSS Medicaid Eligibility Manual, [M21](#).

10.14.5 Assessing non-recurring expenses for obtaining legal custody

After assessing the health insurance needs of the youth, the LDSS and the prospective relative custodian(s) should assess non-recurring expenses of the prospective relative custodian(s) in obtaining legal custody of the youth, not to exceed \$2,000 ([Social Security Act, Title IV, § 473 \(d\) \(1\) \(B\) \(iv\) \[42 USC 673\]](#)).

Payment and/or reimbursement may be made directly to the service providers or to the prospective relative custodian(s). Payment should be for expenses:

- Incurred by, or on behalf of, prospective relative custodian(s) for which the prospective relative custodian(s) have ultimate liability for payment.
- Not incurred in violation of State or Federal law.
- Not reimbursed from any other sources or funds.

Types of expenses include reasonable and necessary costs of the prospective relative custodian(s) that are directly related to obtaining legal custody of the youth including:

- Attorney fees and other legal service fees directly related to obtaining legal custody of the youth.
- Transportation, lodging, and food for the youth and/or the prospective relative custodian(s) when necessary to complete custody process. These costs may be paid for more than one trip.
- Other costs directly related to the transfer of legal custody.

In estimating and determining payment amounts, the LDSS and prospective relative custodian(s) should meet the following requirements:

- Payment amounts shall be determined through agreement between the prospective relative custodian(s) and the LDSS. The amounts do not need to be negotiated.
- The prospective relative custodian(s)' income shall not be used as an eligibility requirement to determine whether payments shall be made.
- The total payment amount shall not exceed \$2,000 per youth per transfer of legal custody.
- For each youth of a sibling group, placed either separately or together, the prospective relative custodian(s) shall be reimbursed up to the \$2,000 maximum ([Social Security Act, Title IV, § 473 \(d\) \(3\) \(B\) \(ii\) and \(d\) \(1\) \(B\) \(iv\) \[42 USC 673\]](#)).
- Caps or limits shall not be set for any type of non-recurring expenses.
- The prospective relative custodian(s) cannot be reimbursed for out-of-pocket expenses for which they have otherwise been reimbursed.

Reasonable estimates may be used when service costs are not known.

The LDSS shall document the agreed upon payment amount(s) for non-recurring expenses of the prospective relative custodian(s) that are directly related to obtaining legal custody on the Kinship Guardianship Assistance Agreement. Title IV-E funds are used for non-recurring payments on behalf of the title IV-E eligible youth and the non-title IV-E eligible youth.

10.15 Negotiating kinship guardianship assistance

After the [Application for Assistance form](#) is complete, the LDSS completes *the Referral for KinGAP Negotiation packet, which includes the Referral for Negotiations*. The LDSS and the negotiator shall assess and negotiate with the prospective relative custodian(s) to determine agreed upon terms for the maintenance payment to meet the need of the youth.

The purpose of negotiation is to assess the youth's needs and the circumstances of the prospective relative custodian(s) to determine the amount and timing of assistance needed. The goal is not to minimize or maximize the amount of assistance.

The process is designed to provide consistent, fair, and equitable treatment of requests from prospective relative custodian(s) statewide. Assistance is then individually tailored to meet the unique special needs of the youth and the family circumstances of the relative custodian(s), utilizing all available resources in the family and community.

Assistance supplements the resources of the prospective relative custodian(s) to help them care for the youth's needs that they have difficulty providing for without assistance. It is not intended to cover the full cost of raising the youth. The prospective relative custodian(s) must continue to provide financially for their own needs, independent of assistance payments for the youth.

Negotiation focuses on what assistance is needed now and what will be needed in the immediate future to help meet the youth's needs. The future needs of the youth and the family circumstances of the prospective relative custodian(s) are not negotiated. At any time in the future, the relative custodian(s) may request changes in financial assistance to address changes in the needs of the child and the family circumstances of the relative custodian(s).

Decisions are based on:

- The needs of the youth.
- The family circumstances of the prospective relative custodian(s).
- The availability of other resources to meet the youth's needs and help defray costs.
- The legal requirements for kinship guardianship assistance.

Basic maintenance and enhanced maintenance combined is the maintenance payment for kinship guardianship assistance. Negotiations will begin at 70% of the total maintenance rate.

10.15.1 Role of the Negotiator

In leading up to, during, and after the negotiation process, the negotiator:

- Ensures the state-wide kinship guardianship assistance negotiation process is objective, consistent, and supportive of both the LDSS and the prospective relative custodian.
- Reviews the application for kinship guardianship assistance or the request for an addendum.
- Reviews the pertinent and supporting documents that are within the automated system (OASIS) and case record. Specifically:
 - Ensures that the documentation supports the youth's needs; and,
 - Reviews the previous services, history of the case, and effectiveness of outcomes of previous services.
- Interviews the case worker and the family, when necessary.
- Negotiates with the family and LDSS on a case by case basis.
- Provides the LDSS and the family with a report of results of the negotiation within **30 days** of receiving the Referral for Negotiation and supporting documentation.
- Validates that the signed Kinship Guardianship Assistance Agreement matches the negotiated terms and reviews the foster care and kinship guardianship case in OASIS within **30 days** of the negotiation.

10.15.2 Role of LDSS during the negotiation process

The LDSS is a key player in the negotiation process. In leading up to, during, and after the negotiation process, the LDSS:

- Discusses with the family the requested payments and prepares the family for the negotiation process. Reviews the [Information Sheet on the Virginia Kinship Guardianship Assistance Program](#) with the family.
- Screens the child (i.e. determining eligibility for kinship guardianship assistance) using the Virginia Kinship Guardianship Assistance Screening Tool.

- Within **14 days** of receipt of the application, or request for addendum collectively referred to as the application, the LDSS:
 - Determines if the application is complete.
 - Determines if the requested payments are reasonable and **if the application will move forward.** (See Section 10.13.1)
 - Gathers documentation which supports any additional daily support and supervision needs that the child may have that are payable through an enhanced maintenance payment. Assess if a new VEMAT needs to be completed (i.e. if the VEMAT is more than six months old at the time of application or if the VEMAT will be due during the negotiation timeframe).
 - Submits a *Referral for KinGAP Negotiation Packet*, which includes the Referral for Kinship Guardianship Negotiation, the Application for Kinship Guardianship Assistance, and the VEMAT, if applicable, with supporting documentation to the negotiator.
- If necessary, executes the VEMAT no later than the **14th day** after receiving the application, and submits a copy of the VEMAT to the negotiator. The LDSS completes the VEMAT prior to submitting the Referral for Negotiation and application. The VEMAT score and the amount are required to be entered on the referral and application.
- The LDSS will submit any additional documentation requested by the Assistance Negotiator within seven calendar days of the request.
- In conjunction with the negotiator, schedules the negotiation date and time with the family, if applicable.
- Retains a copy of the Report of Kinship Guardianship Assistance Negotiation in the supporting case record.
- Obtains the family and LCPA signatures, if applicable, and signs the negotiated Kinship Guardianship Assistance Agreement.
- Provides the negotiator a copy of the signed Kinship Guardianship Assistance Agreement within **ten (10) calendar days** of obtaining all signatures.
- Updates the automated system (OASIS) with kinship guardianship assistance financial information within **five (5) calendar days** from the signing of a Kinship Guardianship Assistance Agreement or addendum.

- Within **five (5) calendar days** of receipt of the order transferring custody to the relative, updates the automated system (OASIS) and supporting kinship guardianship assistance case record.
- Prepares the [Family Services Summary of Facts](#) for the Appeals Officer if the family appeals decisions related to kinship guardianship assistance (including negotiations).
- Issues payments per the terms of the negotiated Kinship Guardianship Assistance Agreement.
- Reports expenditures in LASER.

10.15.3 Negotiation process

All applications for kinship guardianship assistance and addendum requests are facilitated by a VDSS negotiator.

The LDSS should submit a copy of the signed [Application for Kinship Guardianship Assistance](#) to the negotiator within **14 calendar days** of receipt from the prospective relative custodian(s). The [Referral for Kinship Guardianship Assistance Negotiations](#) form and the following documentation relative to the youth's needs and the prospective relative custodian(s)' circumstances should be included:

- The screening tool;
- VEMAT, if required; and,
- Supporting documentation and diagnosis of each of the youth's needs (such as, but not limited to, [Full Disclosure Child Information](#) Form, medical reports, IEP, psychological evaluations, etc.).

The following is additional information needed for an addendum negotiation:

- [Referral for Kinship Guardianship Assistance Negotiations](#) form;
- Signed copy of the [Addendum Request to the Assistance Agreement](#) form;
- Copy of the original Kinship Guardianship Assistance Agreement; and
- Copy of the most recent addendum, if applicable.

Upon receipt of the referral, the negotiator will review the documentation and may request additional supporting documentation. If the supporting documentation is excessive, the LDSS may contact the negotiator to request a site visit to review the case in person.

After reviewing the documentation and discussing the case with the LDSS and the family (when appropriate), the negotiator will determine if the negotiation can be conducted via the phone or if an onsite visit is required. In some cases, the negotiators have the option to conduct a desk review.

The negotiation will be completed and submitted to LDSS no later than **30 days** of receiving the referral and all supporting documentation. The negotiator will submit the [Kinship Guardianship Assistance Negotiation Report](#) to the LDSS and the LDSS will provide a copy of the report to the family.

Within **15 days** from the date of the [Kinship Guardianship Assistance Negotiation Report](#), the LDSS should draft and execute a Kinship Guardianship Assistance Agreement. No later than **ten (10) days** following the last signature on the Kinship Guardianship Assistance Agreement, the LDSS will submit a copy of the Kinship Guardianship Assistance Agreement to the negotiator.

10.15.4 Appealing negotiation results

The LDSS shall provide the [Family Services Notice of Action and Right to Appeal](#) to the prospective relative custodian(s); documenting the LDSS action on the relative's application for kinship guardianship assistance. This notice should be provided within 60 days from the date the LDSS received the completed [Virginia Application for Kinship Guardianship Assistance](#) with all required documentation. The notice includes information about the prospective relative custodian's right to appeal any LDSS decision in granting, denying, changing, or discontinuing kinship guardianship assistance within **30 days** of receiving written notice of the decisions and their right to a fair hearing.

LDSS cannot use the Appeals and Fair Hearings process for appealing the negotiation results. LDSS who disagree or object to the results of the negotiations should contact the [Foster Care Program Manager](#) by email. In the event that the LDSS and the Foster Care Program Manager are unable to reach an accord, the LDSS may contact the [Director of Family Services](#).

10.16 Executing the Kinship Guardianship Assistance Agreement

When the LDSS and the prospective relative custodian(s) agree on the terms of kinship guardianship assistance for the youth, the LDSS prepares the written and binding Kinship Guardianship Assistance Agreement. **This agreement shall be signed prior to the legal transfer of custody** ([Federal Program Instruction](#) dated February 18, 2010). This agreement shall be approved by the FAPT in accordance with local CPMT policies for the non-IV-E youth.

10.16.1 Executing the agreement for the title IV-E youth

If the youth was title IV-E eligible in foster care, the youth is automatically title IV-E eligible for kinship guardianship assistance. A new title IV-E determination is not

required. For the title IV-E eligible youth, the LDSS shall use the [Virginia Kinship Guardianship Assistance Agreement](#). The agreement includes, but is not limited to:

- The agreed upon terms of kinship guardianship assistance for the title IV-E eligible youth for basic maintenance, enhanced maintenance, and/or non-recurring expense payments, including the type, duration, and amount of assistance to be provided.
- The process for requesting services from the FAPT where the youth and the relative custodian(s) reside (as outlined in [Section 10.19](#)). The child is eligible for foster care services ([§ 63.2-905](#)), including a full range of case work, treatment, and community services.
- The process for how the payment may be adjusted periodically in consultation with the relative custodian, including requesting changes in kinship guardianship assistance, based on changes in the needs of the youth and/or in the circumstances of the relative custodian(s).
- The requirements that the relative custodian(s) do the following:
 - Document that a school-aged youth is enrolled full-time in school or that the youth has completed secondary school.
 - Participate in FAPT meetings and comply with CSA requirements and CPMT policies when requesting and/or receiving services through the CSA state pool of funds.
 - Participate in annual visits with the LDSS and the youth, when requested by the LDSS.
 - Submit an annual affidavit signed by one relative custodian when the Kinship Guardianship Assistance Agreement is with one relative; and signed by both relative custodian(s) when the agreement is with two relatives (see [Section 10.20](#)).
 - Submit written notification of changes when:
 - Their address changes.
 - The youth is incapable of participating in school full-time due to a medical condition documented by a qualified professional.
 - There are changes in the youth's needs and/or family circumstances of the relative custodian(s) that may change the amount of kinship guardianship assistance received.
 - The youth is no longer eligible for kinship guardianship assistance.

- Circumstances for suspending payments.
- Circumstances for terminating services, payments and the agreement.
- Process for appealing decisions through the VDSS fair hearings process.
- Statement that the agreement shall remain in effect when the youth and the relative custodian(s) move to another jurisdiction in Virginia or to another state.
- Effective and expiration dates of the agreement.
- Signatures and dates.

When the local board, or its designee, approves the Kinship Guardianship Assistance Agreement, the local board, or its designee, and the prospective relative custodian(s) sign the legally binding agreement ([Social Security Act, Title IV, § 473 \(d\) \(1\) \(A\) \(i\) \[42 U.S.C. 673\]](#)). The local board does not have authority to deny a Kinship Guardianship Assistance Agreement for an eligible youth.

The LDSS shall give the relative custodian(s) a copy of the signed agreement. The LDSS shall keep the original agreement and all supporting documents in the youth's kinship guardianship assistance paper case record.

10.16.2 Executing the agreement for the non-title IV-E youth

Once the negotiations have been completed, the LDSS should refer the youth and the prospective relative custodian(s) to the FAPT in the locality that holds custody of the child. The LDSS shall comply with all state and local CPMT policies in referring the youth and the prospective relative custodian(s) to FAPT for approval of the negotiated payments. CSA state pool funds are used for maintenance and enhanced maintenance payments for the non-title IV-E youth when specified in the IFSP and approved by the CPMT in accordance with local policy. Kinship guardianship assistance payments may be exempt from the FAPT process depending on the local CPMT policy.

For the non-title IV-E eligible youth, the LDSS shall use the [Virginia Kinship Guardianship Assistance Agreement](#). The agreement includes, but is not limited to:

- The agreed upon terms of kinship guardianship assistance for the non-title IV-E eligible youth for basic maintenance, enhanced maintenance, and/or non-recurring expense payments, including the type, duration, and amount of assistance to be provided.
- The process for requesting services from the FAPT where the youth and the relative custodian(s) reside.

- The process for requesting changes in kinship guardianship assistance, based on changes in the needs of the youth and/or in the circumstances of the relative custodian(s).
- The requirements that the relative custodian(s):
 - Document that a school-aged youth is enrolled full-time in school or that the youth has completed secondary school.
 - Participate in FAPT meetings and comply with CSA requirements and CPMT policies when requesting and/or receiving services through the CSA state pool of funds.
 - Participate in annual visits with the LDSS and the youth, when requested by the LDSS.
 - Submit an annual affidavit signed by one relative custodian when the Kinship Guardianship Assistance Agreement is with one relative; and signed by both relative custodian(s) when the agreement is with two relatives (see [Section 10.20](#)).
 - Submit written notification of changes when:
 - Their address changes.
 - The youth is incapable of participating in school full-time due to a medical condition documented by a qualified professional.
 - There are changes in the youth's needs and/or family circumstances of the relative custodian(s) that may change the amount of kinship guardianship assistance received.
 - The youth is no longer eligible for kinship guardianship assistance.
- Circumstances for suspending payments.
- Circumstances for terminating services, payments and the agreement.
- Process for appealing decisions through the VDSS fair hearings process.
- Statement that the agreement shall remain in effect when the youth and the relative custodian(s) move to another jurisdiction in Virginia or to another state.
- Effective and expiration dates of the agreement.
- Signatures and dates.

When the local board, or its designee, approves the Kinship Guardianship Assistance Agreement, the local board, or its designee, and the prospective relative custodian(s) sign the legally binding agreement ([Social Security Act, Title IV, § 473 \(d\) \(1\) \(A\) \(i\) \[42 U.S.C. 673\]](#)). The local board does not have authority to deny a Kinship Guardianship Assistance Agreement for an eligible youth.

The LDSS shall give the relative custodian(s) a copy of the signed agreement. The LDSS shall keep the original agreement and all supporting documents in the youth's kinship guardianship assistance paper case record.

10.16.3 Successor guardian

The Kinship Guardianship Assistance Agreement and any addenda may include the name of an appropriate person to act as a successor legal guardian to provide care and guardianship of the youth in the event of death or incapacitation of the relative custodian. The successor guardian must be named in the agreement or addendum prior to the relative custodian's death or incapacitation.

The successor guardian does not need to be a relative or licensed as a foster parent to receive the kinship guardianship assistance payments.

Before the successor guardian may receive the kinship guardianship assistance payments in lieu of the relative custodian:

- A new Kinship Guardianship Assistance Agreement will need to be completed.
 - The Agreement must outline the terms of the kinship guardianship assistance and responsibilities of the successor guardian.
 - The Agreement must specify that the agency will pay the total cost of nonrecurring expenses associated with obtaining legal guardianship of the child to the extent that the total cost does not exceed \$2000.
- The successor guardian must complete:
 - A fingerprint based criminal background check on the successor guardian, and
 - A CPS Central Registry search on the successor guardian and all adults residing in the home.
- The successor guardian must obtain legal custody of the child.

10.17 Making kinship guardianship assistance payments

Kinship guardianship assistance payments shall only be provided to relative custodian(s) who have:

- Entered into a written, signed, and dated Kinship Guardianship Assistance Agreement on behalf of the youth with the LDSS prior to the youth's custody being transferred, and
- A signed court order legally transferring custody of the youth from the LDSS to the relative custodian(s) (see [Section 10.5](#)).

The Kinship Guardianship Assistance Agreement is effective on the date the court order is signed by the judge transferring legal custody of the youth from the LDSS to the relative custodian(s). Kinship guardianship assistance payments shall be made in accordance with the legally binding Kinship Guardianship Assistance Agreement, consistent with local payment procedures.

Criminal background checks and central registry searches on any adult residing in the home of the relative custodian(s) must be completed before finalization of the kinship guardianship agreement and payments being issued.

Services for the youth and the family are provided through the CSA state pool of funds when designated in the IFSP developed by the LDSS in the locality where the family resides. They are approved by the FAPT, consistent with CPMT policies, and are **not** included in the Kinship Guardianship Assistance Agreement.

It is the LDSS service worker's responsibility to:

- Enter the appropriate funding source and type into the OASIS screens.
- Accurately communicate the appropriate funding source to the individual(s) responsible within the LDSS for entering all funding information into the financial system and LASER.

The three types of kinship guardianship assistance payments are delineated below: basic maintenance payments; enhanced maintenance payments; and non-recurring payments for expenses directly related to the legal transfer of custody.

Additional information regarding kinship guardianship assistance budget lines and cost codes are available in the [Finance Guidelines Manual](#).

10.17.1 Maintenance payments

Maintenance payments shall be made directly to the relative custodian(s) on a monthly basis in accordance with local payment procedures. The LDSS shall not transfer the payments to another person to assume care for the youth.

- Title IV-E maintenance payments for the title IV-E eligible youth shall be paid from federal title IV-E funds. The LDSS shall report maintenance payments for all children eligible for title IV-E kinship guardianship assistance maintenance funds in Budget Line 822.
 - Title IV-E **basic** maintenance shall be entered into Cost Code 82201.
 - Title IV-E **enhanced** maintenance shall be entered into Cost Code 82202.
- Title IV-E maintenance payments for the title IV-E eligible youth who remains eligible past their 18th birthday shall be paid from federal title IV-E funds ([Sections 10.21.7.1](#) and [10.21.8](#)). The LDSS shall report maintenance payments for all children eligible for title IV-E extended kinship guardianship assistance maintenance funds in Budget Line 823.
 - Title IV-E **extension of KinGAP basic** maintenance shall be entered into Cost Code 82301.
 - Title **IV-E extension of KinGAP enhanced** maintenance shall be entered into Cost Code 82302.
- Maintenance payments for the non-title IV-E eligible youth shall be paid only from CSA state pool of funds, when specified in the IFSP approved by the FAPT in accordance with state and local CPMT policies. These payments shall be documented in OASIS, even though CSA funds are used, in order to capture total payment costs. The LDSS shall not use title IV-E funds to pay for maintenance payments for the non-title IV-E eligible youth.

The LDSS shall increase the basic maintenance payment when the youth reaches a higher age grouping (see [Section 18.1.3](#)) and when statewide increases are approved. When the relative custodian(s) have requested to receive less basic maintenance than the maximum available rate, the LDSS increases the agreed upon payment amount by the same percentage amount used to calculate the increase in the maximum foster care maintenance payments, as documented in the signed Kinship Guardianship Assistance Agreement.

There is no need for the LDSS and relative custodian(s) to execute an addendum to the existing agreement for the increased basic maintenance payment amount. The LDSS shall inform the relative custodian(s) in writing of the reason for the increase, the new amount, and the effective date for the increased basic maintenance payment. Both relative custodian(s) on an active Kinship Guardianship Assistance Agreement shall be notified, including parents who are separated or divorced. The LDSS shall place a copy of this notification in the kinship guardianship assistance paper case record.

10.17.2 Payment for non-recurring expenses for transferring legal custody

Payments for non-recurring expenses shall be made directly to service providers or to the relative custodian(s) in accordance with local payment procedures.

Non-recurring expense payment and reimbursement shall:

- Be paid from title IV-E funds for both the title IV-E and non-title IV-E eligible youth. Payments are made from Budget Line 822, Cost Code 82203 (see the [Finance Guidelines Manual](#)).
- Cover the total cost of nonrecurring expenses associated with obtaining legal custody of the child, to the extent that the total cost does not exceed \$2,000 per youth per custody placement. The sibling of an eligible youth subsequently placed in the same kinship guardianship assistance arrangement is also eligible for non-recurring expenses up to \$2,000.
- Be based on actual costs of services, as documented in bills and/or receipts submitted to the LDSS by the relative custodian(s) and/or vendors.
 - The actual costs may differ from reasonably estimated costs in the Kinship Guardianship Assistance Agreement.
 - The relative custodian(s) shall submit copies of bills and/or receipts consistent with local payment policies and procedures.
 - Payments shall be made on behalf of the youth regardless of when bills and receipts are submitted.

LDSS shall maintain bills and receipts submitted by the relative custodian(s) for payment and reimbursement in the youth's kinship guardianship assistance paper record. Bills and receipts may be copies, consistent with local finance procedures.

10.18 Maintaining responsibilities for kinship guardianship assistance

As delineated in the binding Kinship Guardianship Assistance Agreement, the relative custodian(s) and the LDSS maintain ongoing responsibilities.

10.18.1 Responsibilities of the relative custodian(s)

The relative custodian(s) who receive kinship guardianship assistance payments and/or foster care services shall:

- Notify the LDSS when their address changes.
- Inform the Social Security Administration when the youth is receiving both SSI payments and kinship guardianship assistance payments.

- Participate in FAPT meetings and comply with CSA requirements and CPMT policies when requesting and/or receiving foster care services through the CSA state pool of funds.
- Participate in annual reviews of kinship guardianship assistance:
 - Submit an annual affidavit to the LDSS no later than the anniversary date that custody was legally transferred. The annual affidavit shall be signed by one (1) relative custodian when the Kinship Guardianship Assistance Agreement is with one relative custodian, and signed by both relative custodian(s) when the Agreement is with two (2) relative custodian(s) (see [Section 10.20](#)).
 - Provide the youth's school enrollment status when the youth reaches the age of compulsory school attendance ([Social Security Act, Title IV, § 471 \(a\) \(30\) \[42 USC 671\]](#)).
- Notify the LDSS if the youth is incapable of participating in school full-time due to a medical condition ([Social Security Act, Title IV, § 471 \(a\) \(30\) \[42 USC 671\]](#)). Submit documentation by a qualified professional and submit quarterly updates on the youth's medical condition to the LDSS.
- Notify the LDSS when there are changes in the needs of the youth and/or in the family circumstances of the relative custodian(s) that may change the amount of kinship guardianship assistance or CSA services the youth receives. For example:
 - The youth is receiving Social Security payments.
 - The amount of additional supervision and support the youth requires from the relative custodian(s) changes.
 - One of the relative custodian(s) in a two-parent family becomes disabled or dies or the relative custodians become separated or divorced.
- Notify the LDSS immediately in writing when the youth is no longer eligible for kinship guardianship assistance due to any of the following:
 - The relative custodian(s) are no longer legally responsible for the care of the youth.
 - The relative custodian(s) are not providing financial support for the youth.
 - The youth becomes an emancipated minor, is married, is deceased, or enlists in the military.

- The relative custodian(s) die or become incapacitated (i.e., two parents die or become incapacitated in a two-parent family, or one parent dies or becomes incapacitated in a one-parent family). The relative custodian(s) should make arrangements for the LDSS to be notified in the event of their death ([Federal Program Instruction](#) dated July 9, 2010).
- Submit copies of bills and/or receipts to the LDSS service worker for non-recurring expenses.

10.18.2 Responsibilities of LDSS responsible for kinship guardianship assistance

The LDSS that has custody of the youth is responsible for kinship guardianship assistance regardless of where the family and the youth reside. While the LDSS permanency program is responsible for implementing the permanency option of kinship guardianship assistance, the LDSS may designate specific responsibilities to staff based on the staff skills and expertise required to accomplish specific tasks (e.g., fiscal, negotiation, and care coordination).

The LDSS responsible for kinship guardianship assistance shall:

- Maintain responsibility for title IV-E maintenance payments and the CSA maintenance payments as specified in the Kinship Guardianship Assistance Agreement, regardless of where the relative custodian(s) and the youth reside. When the relative custodian(s) and the youth move to another state, the relative custodian(s) may apply for services on behalf of the youth in their new state of residence.
- Conduct an annual review of kinship guardianship assistance:
 - Manage the annual affidavit process.
 - The LDSS may conduct a face to face visit with the youth and the relative custodian(s), when appropriate. The LDSS may request that the LDSS where the youth resides conduct a courtesy visit for this review.
- Manage requests for changes in kinship guardianship assistance and foster care services from the relative custodian(s). This role may involve assessing and negotiating an addendum to the Kinship Guardianship Assistance Agreement with the relative custodian(s) and/or referring the youth to FAPT for foster care services.
- Readminister the VEMAT, when the LDSS determines it is appropriate.
- Inform relative custodian(s) in writing that they have the right to appeal LDSS decisions within **30 days** of their receiving written notice of LDSS decisions.

- Notify the relative custodian(s) who are receiving kinship guardianship assistance in writing when:
 - The annual affidavit is due (see [Section 10.20](#)).
 - The youth receiving basic maintenance payments has reached a higher age grouping in foster care policy or there are statewide increases in the basic maintenance kinship guardianship assistance payments and their payment is being increased as delineated in the Kinship Guardianship Assistance Agreement (see [Section 10.18.2](#)).
 - The youth has a basic and/or enhanced maintenance payment that is time-limited (see [Section 10.18.2](#) and [Section 10.18.3](#) respectively).
 - Payments and/or foster care services may be suspended or terminated (see [Section 10.22.1](#) and [Section 10.22.2](#) respectively).
 - The Kinship Guardianship Assistance Agreement may be terminated (see [Section 10.22.3](#)).
- Maintain the youth's kinship guardianship assistance case in OASIS and the paper record.
- Written notification of services/payments being terminated or suspended shall be communicated using the [Family Services Notice of Action](#).

10.19 Providing services to the relative custodian and youth

Children and youth who are living with a relative custodian participating in the kinship guardianship assistance program are eligible for foster care services ([§ 63.2-905](#)) including a fully range of case work, treatment, and community services. For youth receiving services at the time of custody transfer, the services would continue under the regular review process through FAPT. If the relative custodian(s) reside in a different locality, then the youth's current FAPT will transfer the CSA case to the locality of the relative custodian(s) ([Section 4.2 of the CSA Policy Manual](#)).

If a need for services arises after KinGAP finalization, the relative custodian may request services through the FAPT process in the locality in which the family lives in accordance with state and local CPMT policies and procedures. The LDSS responsible for the kinship guardianship assistance and the LDSS where the family resides should establish a process for working collaboratively, in conjunction with the family, to meet the needs of the family. This process should include strategies for communicating information, including services being provided, services requested, actions taken, and any issues that need to be resolved. The LDSS worker where the family resides should be added to the OASIS case as a secondary worker so that information can be documented in the kinship guardianship assistance case.

10.19.1 Role of LDSS that is responsible for the kinship guardianship assistance

When services are needed, the LDSS responsible for the kinship guardianship should refer the relative custodian(s) and the youth who meets eligibility requirements for kinship guardianship assistance to the FAPT where the relative custodian(s) and the youth reside, to request foster care services. For the title IV-E and non-title IV-E youth, services to be approved by FAPT may include family-based, community, and treatment service needs. The LDSS should assist the LDSS where the family resides by:

- Complying with CPMT policies regarding:
 - Providing information and referral for services.
 - Assisting the FAPT and the LDSS where the family resides when the following is requested:
 1. Arranging the team meeting.
 2. Notifying the relative custodian(s) of the date and time and engaging them in the assessment, planning, and implementation of services.
 3. Identifying appropriate services, supports, and/or resources.
 4. Providing information and supporting documents about the youth and the family to the team, in collaboration with the relative custodian(s), including the Child and Adolescent Needs and Strengths (CANS) Assessment.
 5. Presenting the youth and the family to FAPT.
 6. Participating in FAPT meetings.
 7. Assisting in developing an IFSP that delineates appropriate and cost-effective foster care services for a planned period of time that are tailored to meet the unique strengths and needs of the youth and/or the family.
 8. Assisting the relative custodian(s) in accessing and coordinating services when needed.
 9. Helping to monitor and report to the team or responsible agencies on progress being made in fulfilling the IFSP. This may include assisting in utilization reviews to ensure services are appropriate, effective, and necessary, based on the strengths and needs of the youth and the family

10.19.2 Role of the LDSS where the family resides

When requested, the LDSS in the locality where the relative custodian(s) reside should assist the LDSS that has responsibility for kinship guardianship assistance with the following:

- Arranging for a Family Partnership Meeting with appropriate resources available in the community.
- Assisting the FAPT and/or the relative custodian(s), when requested, in reviewing requests for foster care services, in compliance with CPMT policies:
 - Arranging the team meeting.
 - Notifying the relative custodian(s) of the date and time and engaging them in the assessment, planning, and implementation of services.
 - Identifying appropriate services, supports, and/or resources in the community.
 - Providing information and supporting documents about the youth and the family to the team, in collaboration with the relative custodian(s), including the CANS Assessment.
 - Presenting the youth and the family to FAPT.
 - Participating in FAPT meetings.
 - Assisting in developing an IFSP that delineates appropriate and cost-effective foster care services for a planned period of time that are tailored to meet the unique strengths and needs of the youth and/or the family.
 - Assisting the relative custodian(s) in accessing and coordinating services in the community when needed.
 - Helping to monitor and report to the team or responsible agencies on progress being made in community services to fulfill the IFSP.
- Providing LDSS prevention services when appropriate to stabilize and strengthen the family to prevent change in custody, when requested by the relative custodian(s), such as:
 - Crisis intervention.
 - Assessment.
 - Counseling, support, and advocacy.

- Information and referral to community services and/or providers.

If the youth enters foster care, the LDSS where the relative custodian(s) reside may receive custody of the youth as a result of a judicial determination, entrustment, or non-custodial foster care agreement. Therefore, it is important that this LDSS work closely with the LDSS that is responsible for kinship guardianship assistance.

10.19.3 Responsibilities of LDSS when abuse or neglect occurs

Allegations of abuse and neglect in the relative custodian(s)' family shall be treated the same as any other such reports, in accordance with the [Child Protective Services Chapter C](#).

10.20 Annual affidavit

Relative custodian(s) agree in the Kinship Guardianship Assistance Agreement to submit an annual affidavit to the LDSS no later than the anniversary date that custody was legally transferred. The LDSS will use the [Virginia Annual Affidavit for Kinship Guardianship Assistance](#).

The LDSS notifies the relative custodian(s) in writing **60 days** before the date the annual affidavit is due.

The relative custodian(s) shall annually certify in the affidavit that:

- The youth continues to be eligible for kinship guardianship assistance.
 - The relative custodian(s) remain legally responsible for the care of the youth.
 - The relative custodian(s) continue to provide financial support for the youth (e.g., the relative custodian(s) can provide documentation such as payment for medical bills, childcare, payment of school and/or sports fees, if requested).
 - The youth is not an emancipated minor, married, deceased, or enlisted in the military.
- The youth is, or will be, in his senior year of high school or last year of vocational/technical school of secondary equivalency when turning age 18 and will complete the school or program by the end of the school or program year.
- The youth is, or will be, 18 years old within the next year and has a mental or physical condition/disability that requires ongoing treatment and/or intervention.
- The school-age youth is a full-time student or has completed secondary school.
The youth:

- Is enrolled in elementary, middle, or high school. The child's State Testing Identification Number, if applicable, should be provided.
 - Is instructed at home in elementary or secondary education, in accordance with home schooling laws and requirements.
 - Is instructed in an independent study program for elementary or secondary education that is administered by the local school division, in accordance with education laws.
 - Is incapable of participating in school full-time due to a medical condition ([Social Security Act, Title IV, § 471 \(a\) \(30\) \[42 USC 671\]](#)). Documentation by a qualified professional shall be included with the affidavit.
 - Has graduated from high school or earned an equivalent credential.
 - Is enrolled in an institute of higher education, technical college, or community college.
- Whether there have been any changes in the youth's private health insurance coverage. When changes have occurred, the relative custodian(s) shall provide copies of the insurance card and the full explanation of benefits.
 - Whether or not they request changes in kinship guardianship assistance or foster care services.

The annual affidavit shall be signed by one relative custodian when the Kinship Guardianship Assistance Agreement is with one relative custodian, and signed by both relative custodians when the agreement is with two relative custodians. Relative custodians who are separated or divorced shall both sign the affidavit. One relative custodian may sign the affidavit when:

- A signed court order documents a sole custodian arrangement or the authority of one relative custodian.
- The relative custodian notifies the LDSS in writing the reason why the other relative custodian is not available to sign the affidavit at this time, the plan for obtaining the signed affidavit, and the date the relative custodian will submit the signed affidavit to the LDSS. The LDSS determines there is reasonable justification to continue payments and/or services to the date the relative custodian states that the delayed signed affidavit will be submitted.

The LDSS shall attempt to obtain the affidavit with due diligence. When the relative custodian(s) do not return the annual affidavit, the LDSS:

- Should send a certified letter to the relative custodian(s) advising them to return the signed affidavit by a required date.

- May advise them to come into the office, sign the affidavit, and pick up the check at the same time by the required date. The certified letter shall be sent at least **30 days** prior to holding the check. The LDSS shall issue the check for kinship guardianship assistance maintenance payments on the normal schedule and shall give the check to the relative custodian(s) before they depart the premises.
- After consultation with the FAPT, shall inform the relative custodian(s) that, when applicable, services being provided to the family will be suspended until the signed affidavit is received. The Family Services Notice of Action shall be sent along with information on the relative custodian(s)' right to appeal the LDSS decision within **30 days** of receiving the letter and provide information on the fair hearing process. After diligent efforts by the LDSS to obtain the affidavit and when the relative custodian(s) fail to submit the signed affidavit by the required returned date, the LDSS may suspend the services.

The LDSS shall document in the automated system, OASIS case contacts, when the signed affidavit was returned. The LDSS shall place copies of the written notifications to the relative custodian(s) and the returned annual affidavits in the youth's kinship guardianship assistance case record.

10.21 Making changes to agreement

The relative custodian(s) may request a change to the existing kinship guardianship agreement at any time during the duration of the agreement based on changes in the youth's needs or the family circumstances of the relative custodian(s). Any changes to the agreement will be negotiated by the kinship guardianship assistance negotiator.

After the Kinship Guardianship Assistance Agreement is executed, the terms of the agreement are changed when:

- The terms are assessed, negotiated, and agreed upon by the relative custodian(s) and the LDSS.
- The new terms are documented in the signed, dated, and executed addendum.

An addendum is an attachment to the original Kinship Guardianship Assistance Agreement which specifies additions or deletions to the original terms or conditions of the agreement. The addendum may address a specific item, multiple items, or for the entire document. Unless specified, the terms or conditions specified in the addendum supersede those in the original agreement.

An addendum is not required when terminating a payment based on the terms specified in an agreement or addendum.

10.21.1 Submitting request for addendum

Changes in specific components of kinship guardianship assistance may be requested during the duration of the agreement as follows:

- Basic maintenance may be reassessed at any time upon request of the relative custodian(s).
- Enhanced maintenance may be reassessed and renegotiated at any time upon request of the relative custodian(s).
- Non-recurring expenses are one time only expenses and cannot be reassessed.

The relative custodian(s) submit an [Addendum Request to the Assistance Agreement](#) to the LDSS with which they established the agreement. Both relative custodians sign the request when the agreement was with two (2) relatives, including relative custodian(s) who are separated or divorced. One (1) relative custodian signs the request when the agreement was with one (1) relative or when a signed court order documents the sole legal responsibility of one (1) relative for the youth.

10.21.2 Timeframe for acting on request

Within 14 days after receiving the request for an addendum, the LDSS should:

- Review the request to determine whether it is complete with all required documentation.
- Notify the relative custodian(s) in writing that the request was received and its status:
 - **The request is complete.** The notification shall include the date the request was received. It shall state that the LDSS and relative custodian(s) have **60 days** to assess, negotiate, and execute an addendum.
 - **Additional information is needed.** The notification shall state the specific information necessary to complete the request. It should request the relative custodian(s) submit the information by email, phone, or in person within **30 days** from the notice date.

If the relative custodian(s) do not provide the information within **30 days**, the LDSS should deny the request. The LDSS shall inform the relative custodian(s) in writing the reasons for denying the request and that they may submit a new [Addendum Request to the Assistance Agreement](#).

- **Request for changes is denied.** The notification shall be communicated using the Family Services Notice of Action and clearly state the reasons for the denial, provide information on the relative custodian(s)' right to appeal within **30 days** of receiving the notice of denial, and provide information on the fair hearing process. No further action is required by the LDSS on the request.

10.21.3 Assessing overall request for addendum

The LDSS and relative custodian(s) should discuss the information provided in the Addendum Request to the Assistance Agreement. The purpose of this conversation is to fully understand the custodians' reasons for requesting a change to kinship guardianship assistance at this time. The conversation should include, but is not limited to:

- The changes in the youth's needs or the family circumstances of the relative custodian(s), including:
 - The reasons the relative custodian(s) are concerned at this time.
 - The impetus, duration, severity, and impact of the youth's needs and behaviors.
- The specific services, resources, and supports the relative custodian(s) have used, or attempted to use, in their family and community to address the changes.
- The resources and supports the relative custodian(s) are requesting to help meet the youth's needs.

The LDSS should summarize the concerns, needs, interests, and reasons of the relative custodian(s) to ensure accurate understanding.

10.21.4 Assessing relevant components of kinship guardianship assistance

The negotiator shall assess and negotiate relevant components of the kinship guardianship assistance with the LDSS and relative custodian(s) to determine agreed upon terms for the addendum. There is no need to assess components that are not impacted by the request, when the current terms will continue as delineated in the existing Kinship Guardianship Assistance Agreement.

The LDSS should use the information included in the Addendum Request to the Assistance Agreement to assist in the assessment of the financial circumstances of the family and consider this information when negotiating changes to the agreement. This information does not determine the youth's eligibility for kinship guardianship assistance and will not be used as the sole factor in assessing the family circumstances.

The negotiator, LDSS, and the relative custodian(s) should use the same assessment and negotiation process that is used for initial agreements to guide the addendum process, including:

- Negotiating kinship guardianship assistance.
- Assessing:
 - Family circumstance.
 - Basic maintenance needs of youth.
 - Additional supervision and support needs of youth.
 - Services to meet the youth's special needs.
 - Other resources.

When the relative custodian(s) request:

- A reassessment for additional supervision and support being provided by the relative custodian(s), the LDSS determines if there are indications that the youth's requirements for additional supervision and support may have changed based on the frequency, duration, and intensity of the youth's behavioral, emotional, and physical/personal care characteristics. Such change in behavior shall be documented and a request is made using the [Addendum Request to the Assistance Agreement](#). When the LDSS administers the VEMAT and the youth's VEMAT score is higher than the youth's previous score, the new VEMAT score for the youth establishes the maximum rate used during negotiations. When the youth's VEMAT score is lower than the youth's previous score, the maximum allowable amount is the youth's new score with the concurrence of the relative custodian(s).
- To add a new diagnosis or special need factor that was present at the time of the custody transfer, but was not diagnosed, the relative custodian(s) shall submit documentation and relevant reports from qualified professionals as required for documenting special need condition/disability after the transfer of custody, when no more than one year has elapsed from the date of diagnosis.
- To document the youth has a special medical need that existed at the time the initial Kinship Guardianship Assistance Agreement was executed prior to the transfer of custody, then the relative custodian(s) shall submit documentation by qualified professionals of the youth's current special medical need and its existence at the time the initial agreement was executed (whether or not treatment was being received).

The LDSS should use the same procedures used for initial agreements to resolve issues during negotiation.

The LDSS shall send the [Family Services Notice of Action and Right to Appeal](#) to the parents documenting the outcome. This notice should be sent within **60 days** from the date the LDSS received the completed [Addendum Request to the Assistance Agreement](#). The notification shall include information about the relative custodian(s)' right to appeal the decisions within **30 days** of receiving the written notice.

10.21.5 Executing the addendum

The LDSS shall prepare an Addendum to the [Virginia Kinship Guardianship Assistance Agreement](#) on behalf of the youth.

When the local board, or its designee, approves the addendum, the parents and the local Board, or designee, shall sign and date it. The local board does not have authority to deny an addendum for an eligible youth. When two (2) relative custodians signed the request for an addendum and agreed to the terms in the addendum, then both relative custodian(s) shall sign and date the addendum.

Payments shall not be effective until all parties have signed and dated the addendum. Changes in payment rates, such as an increase or decrease in enhanced maintenance rate, shall not be implemented until the first day of the month following all signatures. The addendum shall state the effective date of the changes. This date shall not be earlier than the date when all parties signed the addendum. The addendum is executed on behalf of the youth on the effective date stated in the addendum.

The LDSS shall give the relative custodian(s) a copy of the addendum. The LDSS should place the original agreement and all supporting documents in the youth's kinship guardianship assistance case record.

10.21.6 Conducting a VEMAT after signing Kinship Guardianship Assistance Agreement

Within **14 calendar days** of receiving an Addendum Request to the Assistance Agreement that specifies a request for services related to additional daily supervision from the relative custodian(s), the LDSS shall determine if it will conduct a VEMAT due to changes in the youth's needs or behavior.

If the LDSS determines that a VEMAT will not be conducted, the LDSS shall send the [Family Services Notice of Action and Right to Appeal](#) to the relative custodian(s) notifying them of the reason for not executing a VEMAT and their right to appeal the decision within **30 calendar days** of receiving the written notice.

If the LDSS determines that a VEMAT will be conducted, then the LDSS shall administer a VEMAT within **25 business days** of the decision to reassess the kinship guardianship assistance maintenance payment. The LDSS shall ensure the VEMAT is executed with sufficient time to ensure that the LDSS is able to completely process, execute, and respond to the family who submitted the Addendum Request to the Assistance Agreement within **90 calendar days** of its receipt by the LDSS.

The VEMAT is conducted according to the same team process as specified in Chapter E. Foster Care, [Section 18.2.2.3](#) with the following exception:

- If there is no specific case manager for the family, the LDSS shall ensure that the individual at the LDSS who is assigned to manage kinship guardianship assistance requests is included in the VEMAT meeting.

The VEMAT rater shall be an individual as described in Chapter E. Foster Care, [Section 18.2.2.5](#) and shall follow all requirements in administering the VEMAT as identified in all earlier sections of this guidance.

The relative custodian(s) shall cooperate with the LDSS to ensure that all necessary information is available for a comprehensive review of the child's and youth's needs.

If the relative custodian(s) do not provide requested documentation or sign requested releases of information or obtain additional assessments if requested, the LDSS shall not conduct a VEMAT.

If the results of the VEMAT indicate that, due to a change in the youth's need for supervision and support, a change in the enhanced maintenance payment is allowed (e.g., increase, decrease), the LDSS and relative custodian(s) may negotiate a new monthly enhanced maintenance rate. The relative custodian(s) have the option to keep the original, unchanged agreement or proceed with negotiations for a new agreement. The LDSS and the relative custodian(s) shall complete an Addendum to the Kinship Guardianship Assistance Agreement to document the new agreed upon monthly rate. The relative custodian(s)' signature on the addendum shall serve as documentation that the parent agreed to the change in the Kinship Guardianship Assistance Agreement. The new rate shall begin on the first day of the month after the addendum is signed by all parties.

10.21.7 Assessing conditions warranting continuation beyond 18th birthday

Unless the youth has a condition that warrants continuation of kinship guardianship assistance, or meets the criteria for continuation through the Fostering Futures Program, the Kinship Guardianship Assistance Agreement terminates on the youth's 18th birthday. The LDSS, in conjunction with the negotiator, makes the determination if the youth has a documented condition that warrants continuation beyond the youth's 18th birthday or is eligible for Fostering Futures. Consequently, the LDSS shall contact the relative custodian(s) in writing using the Family Services Notice of

Action and Right to Appeal, **six months prior to the youth turning age 18**, to advise the relative custodian(s) that the agreement will terminate on the youth's 18th birthday unless they submit, prior to the youth attaining age 18, documentation demonstrating that the youth has a condition that warrants continuation of the Kinship Guardianship Assistance Agreement, or is eligible for Fostering Futures.

After receiving the documentation, the LDSS, along with the Assistance Negotiator, will determine if the youth meets the criteria for continuing the agreement beyond the youth's 18th birthday. If the LDSS determines the youth's circumstances warrant continuation of kinship guardianship assistance, the agreement may be continued by amending the original agreement or entering into an addendum. The terms of the agreement or addendum may be for any period after the youth's 18th birthday up to the youth's 21st birthday.

If the LDSS determines the youth's circumstances do not warrant continuation of the agreement beyond the youth's 18th birthday, the LDSS shall notify the relative custodian(s) in writing with the Family Services Notice of Action and Right to Appeal Form, **60 days** prior to the youth's 18th birthday that the agreement and subsequent payments will terminate.

10.21.7.1 Criteria for continuing beyond 18th birthday

To continue kinship guardianship assistance beyond age 18, the LDSS shall determine if the youth meets both of the following criteria:

1. The LDSS shall establish one of the following that is listed on the original Kinship Guardianship Assistance Agreement:
 - The youth has a physical or mental disability that was present at the time of custody transfer; or
 - The youth has a physical or mental disability that is related to a hereditary tendency, congenital problem, or birth injury;

AND

2. The LDSS determines the youth requires ongoing treatment and intervention.
 - This is defined as requiring treatment, intervention, or additional supervision and support from the relative custodian(s) to ensure the youth's safety and well-being;

Evidence of these two criteria shall be based on the following documentation:

- Statements from qualified professionals documenting the youth's disability or educational delay and the youth's need for ongoing treatment and/or intervention.
- Relevant diagnostic and assessment reports.
- Any other relevant documentation that occurred within one (1) year (e.g., VEMAT and supporting documentation; school performance reports).

The agreement should continue as long as the LDSS determines the following:

- A physical or mental disability continues to exist.
- The youth continues to require ongoing treatment or intervention.

10.21.8 Extension of kinship guardianship assistance through Fostering Futures

Youth who leave foster care to the custody of a relative after age 16 may qualify for the extension of kinship guardianship assistance under Fostering Futures after reaching 18 and up to age 21.

Other Fostering Futures requirements which apply in extended foster care do not apply in kinship guardianship assistance: there are no voluntary agreements signed by the youth; service plans; biannual reviews; allowable placement settings; visits by a service worker; payments to the youth; court action; or title IV-E determination. Fostering futures payments made under the extended Kinship Guardianship Assistance Agreement shall only be made to the relative custodian(s).

10.21.8.1 Fostering Futures eligibility criteria

When the LDSS determines that the youth is ineligible for continuation of kinship guardianship assistance beyond age 18 based on the special needs criteria, kinship guardianship assistance may continue for the youth when the following **two (2)** criteria are met:

- The youth is subject to a Kinship Guardianship Assistance Agreement that became effective after the youth reached the age of 16; **and**
- The LDSS has determined the youth is ineligible for continuation of kinship guardianship assistance beyond age 18 under existing guidance (i.e. the youth does not have a documented physical or mental disability present at the time of the custody transfer or related to a hereditary tendency, congenital problem, or birth injury requiring ongoing treatment or intervention).

In addition to meeting the two (2) criteria above, the youth shall meet at least **one (1)** of the five (5) participation circumstances. The youth must be:

1. Completing secondary education or GED.
 - Examples include enrollment in a secondary school, e.g. public high school, alternative high school, private school, adult education classes, program leading to GED, or special education described in the IEP.
2. Enrolled full-time or part-time (at least half-time) in an institution that provides post-secondary or vocational education.
 - Examples include remedial courses, coursework without formal admission to the institution, attendance at multiple institutions, or correspondence or on-line course affiliated with an accredited institution.
3. Participating in a program or activity designed to promote employment or remove barriers to employment.
 - Examples include individualized activities based on an assessment of the youth's needs. These may be self-directed, completed on a one-on-one basis with a caregiver, or part of an organized program. They may also include but are not limited to internships, volunteering, vocational rehabilitation, counseling, driver's education, less than half-time secondary education, or participating in a *treatment program for a substance use disorder*. Qualifying activities should clearly move the youth toward developing skills to help transition to education or employment leading to independence.
4. Employed at least 80 hours per month.
5. Incapable of engaging in any of the above activities due to a medical condition, i.e. a short-term or long-term physical health impairment or a mental/emotional or behavior health, developmental or cognitive disability or impairment that serves as a barrier which prevents the youth from consistently participating in employment and education.
 - The youth does not have to be currently receiving or seeking treatment or remediation for the medical condition.

The LDSS, with assistance of the negotiator will make the initial determination whether the youth is eligible to continue the Kinship Guardianship Assistance Agreement under Fostering Futures beyond the youth's 18th birthday.

10.21.8.2 Documentation for Fostering Futures eligibility

To determine initial eligibility, the relative custodian(s)' good faith statement of assurance that the youth will participate in secondary or post-secondary education, vocational program, employment, or job-readiness preparation as described above should be accepted. Therefore, the relative custodian shall certify on the annual affidavit whether the youth is continuing participation, including the type and status, and submit documentation verifying the youth's involvement in one or more participation conditions.

Initially, the youth's inability to participate due to a medical condition shall be verified by a statement from a medical doctor provided by the relative custodian. Thereafter, the relative custodian shall certify on the annual affidavit whether the youth continues to be unable to participate due to the medical condition, and submit documentation verifying the youth's continued medical condition.

10.21.8.3 Continuing kinship guardianship assistance using Fostering Futures

If the youth is eligible for an extension of kinship guardianship assistance under Fostering Futures, the service worker should prepare an addendum to the Kinship Guardianship Assistance Agreement reflecting the continuation of maintenance payments to the relative custodian(s) and citing the required conditions of participation. If an enhanced maintenance payment is in effect, payment shall be continued at the same level unless the relative custodian agrees to a reduction.

If a youth eligible under Fostering Futures was receiving title IV-E kinship guardianship assistance prior to age 18, title IV-E assistance shall continue without further determination; if the youth was receiving state kinship guardianship assistance, state assistance shall continue with FAPT approval.

Continued eligibility will be determined by the annual affidavit submitted by the relative custodian(s) on the anniversary of the effective date of custody transfer. The affidavit should certify the youth's compliance with one of the participation conditions and provide documentation of the youth's participation throughout the year.

10.22 Terminating/suspending payments and/or agreements

The LDSS may suspend maintenance payments paid through title IV-E funds for the title IV-E eligible youth. The LDSS should notify the CPMT when CSA state pool funds are being used to pay for foster care services for the youth and/or the relative custodian(s) and such payments may be suspended.

10.22.1 Suspending payments

Kinship guardianship assistance payments paid by LDSS and or foster care services by the CPMT may be suspended when:

- The relative custodian(s) do not fulfill the agreed upon terms documented in the binding Kinship Guardianship Assistance Agreement or the addendum to the agreement.
- The youth is placed outside of the home for longer than **14 days**.
- The relative custodian(s) fail to return the signed annual affidavit ([Federal Program Instruction](#) dated July 9, 2010).

The LDSS should notify and discuss the potential suspension of payments with the CPMT or its designee when foster care services are being made for the youth or the family with CSA state pool funds. The LDSS and the CPMT should collaborate and discuss their respective actions.

- The LDSS determines whether to negotiate new terms in an addendum to the Kinship Guardianship Assistance Agreement, to suspend the title IV-E payment, or to terminate such payment.
- The CPMT determines whether to negotiate a new IFSP, to suspend foster care services or to terminate foster care services.

Prior to suspending the payments, the LDSS should discuss the situation with the relative custodian(s). The LDSS should collaborate with the CPMT's designee in this conversation when applicable.

The LDSS, in collaboration with the CPMT when appropriate, shall send the relative custodian(s) the Family Services Notice of Action through certified mail to provide **30 days notice** before suspending title IV-E payments or the CPMT suspending CSA payments that states:

- The verified factual information documenting the specific situation.
- The provision in the binding Kinship Guardianship Assistance Agreement that allows the LDSS or CPMT to suspend the payment.
- The date the payment or services are to be suspended.
- The actions to be taken by the relative custodian(s) by a specified date to prevent the suspension of payments when applicable, including the relative custodian(s) immediately contacting the LDSS and CPMT when applicable to discuss.

- The circumstances under which the suspended payments may be reinstated.

The LDSS should collaborate with and keep the CPMT informed of actions taken to suspend payments. The LDSS shall make decisions on suspending title IV-E maintenance payments. The LDSS should discuss with the CPMT its decisions on suspending foster care services.

When the LDSS suspends payments due to failure of the relative custodian(s) to comply with the agreement or addendum, then maintenance payments should not be retroactive. The LDSS should discuss with the CPMT its decision on whether foster care services will be retroactive.

To reinstate a suspended payment, the LDSS may continue the existing terms on the agreement or addendum. The LDSS should discuss with the CPMT its decision on whether to continue the existing IFSP.

10.22.2 Terminating maintenance payments

The LDSS shall only terminate maintenance payments based on terms specified in the Kinship Guardianship Assistance Agreement, or the addendum in effect, including:

- The agreed upon time period for the maintenance payment to end; or
- The relative custodian(s) request in writing that the maintenance payments end; or
- The relative custodian(s) continue to not comply with the annual review process (i.e., annual affidavit), including failing to respond to suspended payments and diligent efforts by the LDSS; or
- The relative custodian(s) do not fulfill other agreed upon terms documented in the Kinship Guardianship Assistance Agreement or addendum.

When the relative custodian(s) and the LDSS agree to a time-limited maintenance payment, the LDSS shall notify the relative custodian(s) using the Family Services Notice of Action through certified mail **two (2) months** prior to the scheduled end date for the payment. When appropriate, the LDSS and negotiator shall assess and negotiate with the relative custodian(s) new terms for maintenance payments to be included in an addendum to the Kinship Guardianship Assistance Agreement.

If the maintenance payments are terminated for the title IV-E eligible youth, the youth shall no longer be eligible for Medicaid in relation to the Kinship Guardianship Assistance Agreement. To determine whether the youth may be eligible for Virginia medical assistance under other Medicaid covered categories or under FAMIS, the relative custodian(s) should submit a Medicaid application to the LDSS where they reside.

If the relative custodian(s) want to reinstate the terminated payment, they should submit an [Addendum Request to the Assistance Agreement](#). The LDSS should assess and negotiate new terms for an addendum to the agreement, as appropriate. Payments should not be retroactive. The LDSS should refer the youth and the relative custodian(s) to the FAPT if they request foster care services. The LDSS should discuss with the CPMT its decision on whether to continue the existing IFSP.

10.22.3 Terminating agreements

The Kinship Guardianship Assistance Agreement shall only be terminated, as specified in the Kinship Guardianship Assistance Agreement, when the LDSS determines that any one of the following circumstances occurs:

- The youth reaches the age of 18 years, unless the LDSS determines the youth has a mental or physical condition that warrants continuation of kinship guardianship assistance beyond the age of 18 years or the youth is eligible under Fostering Futures.
- The youth reaches the age of 21 years, when the LDSS established that the youth had a mental or physical condition which warranted the continuation of assistance (see [Section 10.22.4](#)).
- The relative custodian(s):
 - Adopt the youth subsequent to the Kinship Guardianship Assistance Agreement and the transfer of legal custody. (Note: The LDSS and the relative custodian(s) shall negotiate adoption assistance payments independently from any negotiated terms of agreement for kinship guardianship assistance. In determining the eligibility for adoption assistance payments of the youth in a legal custodial arrangement, the placement of the youth with the relative custodian(s) and any title IV-E kinship guardianship assistance payments made on behalf of the youth shall be considered not to have happened. ([Social Security Act, Title IV, § 473 \(a\) \(2\) \(D\) \[42 USC 673\]](#)).
 - Request in writing that the agreement ends.
 - Fail to comply with the annual review process (i.e., the annual affidavit) following notification of termination of payments.
 - Are no longer legally responsible for the care of the youth:
 - The transfer of legal custody to the relative is terminated by court order (for one relative when the Kinship Guardianship Assistance Agreement was with one relative custodian; and for both relatives when the agreement was with two relative custodian(s)); or

- The youth reenters foster care; or
- The youth becomes an emancipated minor, marries, enlists in the military, or dies.
- Are not providing any financial support for the youth. When the LDSS obtains and documents verifiable information that the relative custodian(s) are providing no financial support for the youth.
- Death or incapacitation of the relative custodian(s) (i.e., both relatives die or become incapacitated when the agreement is with two (2) relative custodian(s); or one relative dies or becomes incapacitated when the agreement was with one (1) relative custodian). The kinship guardianship assistance can continue if a successor guardian was identified in the Kinship Guardianship Assistance Agreement or addendum prior to the death or incapacitation ([Section 10.16.3](#)).
- The relative custodian(s) and the LDSS agree in writing to terminate the agreement.

Termination shall be based upon written documentation verifying the circumstances.

The LDSS should collaborate with and keep the CPMT informed of actions taken to terminate the agreement which includes all addendums. The LDSS should discuss with the CPMT its decisions on terminating foster care services.

The LDSS shall provide written notice using the [Family Services Notice of Action](#) to the relative custodian(s) prior to termination of the agreements and addendums. Both relative custodian(s) shall be notified when both signed the active Kinship Guardianship Assistance Agreement, including separated or divorced relative custodian(s). The notification shall include information on the relative custodian(s)' right to appeal the LDSS decision to terminate the agreement and addendums.

10.22.4 Terminating extended kinship guardianship assistance through Fostering Futures

If the annual affidavit shows that the youth no longer meets at least one of the participation conditions, the LDSS should take steps to terminate the Kinship Guardianship Assistance Agreement through procedures outlined in [Section 10.22.3](#).

If extended assistance under Fostering Futures is terminated due to the youth's failure to continue to meet one of the participation conditions, kinship guardianship assistance **cannot** be reinstated once it is terminated using Fostering Futures funding.

10.22.5 LDSS actions when relative custodian(s) fail to provide financial support

When the LDSS obtains and documents verifiable information that the relative custodian(s) are providing no financial support for the youth, the LDSS shall immediately send the relative custodian(s) the Family Services Notice of Action through certified mail that states:

- The verified information documenting that the relative custodian(s) are not providing any financial support for the youth.
- The LDSS is prohibited by law from making kinship guardianship assistance payments when the youth is no longer receiving any financial support from the relative custodian(s) ([Social Security Act, Title IV, § 473 \(a\) \(4\) \(A\) \(iii\) \[42 U.S.C. 673\]](#) and [Federal Child Welfare Policy Manual, Subsection 8.2D.5 #2](#)).
- The binding Kinship Guardianship Assistance Agreement requires that the LDSS terminate the agreement and any addendum.
- If the relative custodian(s) do not immediately reinstate financial support for the youth and provide documentation of such action to the LDSS, the LDSS will terminate all kinship guardianship assistance payments and the kinship guardianship agreement in its entirety, effective **ten (10) days** after the relative custodian(s)' receipt of the certified letter.
- The relative custodian(s) must immediately contact the LDSS within **ten (10) days** of receipt of the certified letter to discuss the situation.
- If the relative custodian(s) do not immediately reinstate financial support for the youth and provide documentation of such action to the LDSS, or if the relative custodian(s) do not contact the LDSS within **ten (10) days** of their receipt of the certified letter to discuss the situation, the LDSS will terminate all kinship guardianship assistance payments and the Kinship Guardianship Assistance Agreement in its entirety, effective **ten (10) days** after the relative custodian(s)' receipt of the certified letter.

The LDSS shall notify both relative custodians when both relative custodians signed the active Kinship Guardianship Assistance Agreement, including separated or divorced parents.

The LDSS shall discuss the situation with the relative custodian(s) and document the discussion in the automated system (OASIS) narrative. The discussion should include:

- The documented lack of financial support by the relative custodian(s).
- The impact on the youth.

- The relative custodian(s)' reasons for not providing any financial support for the youth.
- The relative custodian(s)' decision as to whether or not they will immediately reinstitute their financial support for the youth.
- The LDSS action based on the relative custodian(s)' decision, either to:
 - Continue payments, if the relative custodian(s) reinstate financial support; or
 - End payments and the agreement on the specified date in the certified letter, if the relative custodian(s) do not reinstate financial support of the youth.

The LDSS shall document the relative custodian(s)' decision and the LDSS' action in writing. The LDSS and the relative custodian(s) shall sign the document. If the relative custodian(s) do not sign the document, the LDSS shall write on the document the date of the discussion with the relative custodian(s) and that the relative custodian(s) declined when asked to sign the statement.

If the relative custodian(s) decide to not reinstitute their financial support of the youth, or do not contact the LDSS to discuss their financial support of the youth as the LDSS requested, the LDSS shall provide written notice in a certified letter to the relative custodian(s) that the agreement shall be terminated on a specified date (e.g., the date specified in the first certified letter). The notification shall include information on the relative custodian(s)' right to appeal the decision to terminate the agreement within **30 days** of their receipt of the second written notice. The LDSS shall then terminate the payments and the Kinship Guardianship Assistance Agreement in its entirety.

10.22.6 LDSS actions when relative custodian(s) die or become incapacitated

When both relative custodians are deceased or incapacitated in a two-parent family, or one relative custodian is deceased or incapacitated in a single parent family, the Kinship Guardianship Assistance Agreement shall be terminated unless a successor guardian was identified in the Kinship Guardianship Assistance Agreement or addendum prior to the death or incapacitation. Kinship guardianship assistance can continue through the successor guardian under the requirements outlined in [Section 10.16.3](#) Additionally, relatives may choose to initiate adoption proceedings independent of the LDSS. When the youth is without a custodian, custody may be given to another relative or the youth enters foster care as a result of the relative custodian(s)' death.

10.23 Appeals and fair hearings

Appeals shall be processed in accordance with requirements of federal law and procedures established by the Virginia Board of Social Services ([§ 63.2-1304](#); and [22 VAC 40-260-20 I](#)). For specific information, see [Appeals and Fair Hearings Unit Procedure Manual 2011](#).

10.23.1 Grounds for appeal

The LDSS shall provide an opportunity for a fair hearing to any individual whose claim for kinship guardianship assistance maintenance payments available under title IV-E is denied or is not acted upon with reasonable promptness ([Social Security Act, Title IV, § 471 \(a\) \(12\) \[42 USC 671\]](#) and [Federal Child Welfare Policy Manual, Subsection 8.5 #2](#)).

Any requestor or recipient of kinship guardianship assistance aggrieved by any decision of the LDSS in granting, denying, changing, or discontinuing kinship guardianship assistance may appeal the decision within **30 days** after receiving written notice of the LDSS decision. The written notice shall inform the requestor or recipient of the **30 day** time limit for the appeal. Any applicant or recipient aggrieved by the failure of LDSS to make a decision within a reasonable time may ask for a review of the process.

While relative custodian(s) may appeal any decision of the LDSS related to kinship guardianship assistance, some allegations that constitute grounds for a fair hearing include:

- LDSS denying the relative custodian's application for kinship guardianship assistance.
- LDSS failure to act on the relative custodian's application for kinship guardianship assistance within **60 days** from the LDSS receiving the completed application and all required documentation.
- The relative custodian(s) not agreeing with the LDSS determination on the youth's eligibility for kinship guardianship assistance.
- LDSS denying the relative custodian(s)' claim that the youth is eligible for title IV-E benefits or not acting upon the claim with reasonable promptness for the title IV-E eligible youth, including:
 - Basic and enhanced maintenance payments.
 - Payments for non-recurring expenses directly related to transferring custody of the youth from the LDSS to the relative custodian(s).

- LDSS denying the relative custodian(s)' request for a change in the amount of title IV-E maintenance payments due to a change in the relative custodian(s)' circumstances.
- LDSS terminating the Kinship Guardianship Assistance Agreement.

10.23.2 Request for appeals

The relative custodian(s) may appeal and request a fair hearing within **30 days** after receiving written notice of the LDSS decision. A person acting on behalf of the relative custodian(s) (e.g., a relative, friend, or an attorney) may act as their authorized representative and request the hearing.

Requests for appeals must be submitted in writing to:

Appeals and Fair Hearings Unit
Virginia Department of Social Services
801 East Main Street
Richmond, VA 23219-2901

The LDSS must not prejudice the relative custodian(s)' right to appeal a decision. The LDSS must assist the relative custodian(s) in submitting an appeal or in preparing the relative custodian(s) case, if necessary. The LDSS has an affirmative duty to provide information and referral services to help the relative custodian(s) make use of available community resources.

10.23.3 Validating the appeal

The LDSS will receive a copy of the relative custodian(s)' appeal request and a validation form from the Appeals and Fair Hearings Unit. The LDSS must specify:

- The action taken by the LDSS.
- The date of the notice of action.
- Whether or not kinship guardianship assistance has been continued during the appeal process.

The LDSS must return the completed validation form and a copy of the Notice of Action within **five (5) business days** to the hearing officer.

When the hearing officer determines the appeal request is valid, the LDSS and relative custodian(s) are notified in writing, at least **ten (10) days** prior to the hearing, of the date for the Administrative Hearing. The notice includes information about the appeal rights of the relative custodian(s). The hearing is scheduled and conducted at a time, date, and place convenient to the relative custodian(s). It is usually conducted by teleconference. The hearing officer will order continuation of

kinship guardianship assistance when required, if the LDSS has not already taken such action.

When the hearing officer determines the appeal request is invalid, the LDSS and relative custodian(s) receive written notification with an explanation why an administrative appeal hearing cannot be granted.

A copy of the completed validation form, the Notice of Action, and the written notification from the hearing officer shall be placed in the youth's kinship guardianship assistance paper case record.

10.23.4 Summary of facts

Upon receiving notification of the scheduled administrative hearing, the LDSS must prepare a Summary of Facts on the case. A copy of the summary should be received by the hearing officer and relative custodian(s) at least **five (5) days** before the hearing.

The summary should include:

- Identifying case information.
 - Name of LDSS.
 - Name and address of youth and relative custodian(s).
 - Kinship guardianship assistance case number.
- All relevant information about the action being appealed.
 - Statement of issue (e.g., the specific request of the relative custodian(s) that was denied; the determination by the LDSS; the type, amount, and date of kinship guardianship assistance payment that was denied).
 - Logical, chronological sequence of events which led to the action taken by the LDSS (e.g., specific dates; agency requests for verification; actions that occurred or did not occur; LDSS actions to resolve the issues).
 - Description of specific calculations and policy or guidance used to determine kinship guardianship assistance amounts, if applicable.
 - Relative custodian(s)' request for and date of appeal, including quoted words from relative custodian(s) regarding the issue and their reasons for appealing.
- Specific citation(s) and language quoted from law, policy, and/or the guidance manual on which LDSS action was based.

- Relevant provisions of the Kinship Guardianship Assistance Agreement, if applicable (e.g., dollar amount, period of time authorized, provisions).
- Copies of all other relevant documentation regarding the action being appealed (e.g., documents submitted by relative custodian(s), notices, kinship guardianship assistance forms, letters).
- Signature of LDSS Director and date.
- Signature of relative custodian(s) and/or their authorized representative acknowledging receipt of the summary and all attachments. If they do not sign, the LDSS documents on the summary the date the summary was discussed with the relative custodian(s) and/or their representative and that the relative custodian(s) and/or their representative declined when asked to sign it.

A copy of the Summary of Facts shall be placed in the youth's kinship guardianship assistance paper case record.

10.23.5 Administrative hearing

The formal administrative hearing is conducted by the VDSS hearing officer. The hearing officer is an impartial person charged by the Commissioner to hear appeals and decide if the LDSS followed policy and procedure in making a decision.

At the hearing, the relative custodian(s) and/or their representative will have the opportunity to:

- Examine all documents and records used at the hearing.
- Present the case.
- Bring witnesses.
- Establish pertinent facts and advance arguments.
- Question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.

The LDSS will have the opportunity to:

- Clarify or modify its statements contained in the Summary of Facts.
- Question the relative custodian(s) and their witnesses on the salient issue(s).
- Examine all documents submitted by the relative custodian(s) or their authorized representative.

Only relevant evidence related to the issue(s) being appealed is admissible at the hearing.

There is a legal presumption that the LDSS acted in accordance with law and policy and the burden of proof is on the relative custodian(s) to demonstrate LDSS error.

The decision of the hearing officer shall be based exclusively on the evidence (i.e., documents or testimony) introduced at the hearing, and on all applicable laws, regulations, policies, and guidance manuals.

The hearing officer shall notify the LDSS and relative custodian(s) in writing of its decision on the appeal within **60 days** following the date the appeal request was received by the VDSS, except when a postponement was requested. If the hearing was postponed, the time limit will be extended for as many days as the hearing was postponed.

The decision of the hearing officer is final and binding when the decision is mailed to the LDSS and relative custodian(s). The decision must be implemented by the LDSS within **ten (10) business days** of the date of the decision, regardless of whether the relative custodian(s) request further review by the Circuit Court. After the LDSS takes corrective action, the LDSS must notify the relative custodian(s) and the hearing officer in writing that the agency has complied with the decision.

All documents from the hearing, the written decision of the hearing officer, and the LDSS written notice documenting compliance with the decision, when applicable, shall be placed in the youth's kinship guardianship assistance paper case record.

10.23.6 Withdrawal statement

If the LDSS and relative custodian(s) resolve the issue at any time after the Appeals and Fair Hearings Unit receives the relative custodian(s)' request for an Administrative Review Hearing, the relative custodian(s) must provide a written statement withdrawing the appeal request. The withdrawal statement is sent to the hearing officer with a copy to the LDSS. The withdrawal statement shall be placed in the youth's kinship guardianship assistance paper case record.

10.23.7 Appeal to Circuit Court

The relative custodian(s) aggrieved by the decision of the hearing officer may seek further review of the decision by the appropriate Circuit Court. The relative custodian(s) have **30 days** from the date of service (the date they actually received the hearing officer's decision or the date it was mailed to the relative custodian(s), whichever occurred first) to provide notice of their intent to file an appeal with the circuit court.

Written notice of intent to appeal the hearing officer's decision must be sent to:

Commissioner
Virginia Department of Social Services
801 East Main Street
Richmond, Virginia 23219-2901

In addition, the relative custodian(s) must file a written petition in Circuit Court in the locality where they live in order to present the appeal. The relative custodian(s) will not receive correspondence nor will their kinship guardianship assistance continue as a result of the relative custodian(s) sending written notice to VDSS of their intent to appeal, as the hearing officer's decision is the final administrative action.

10.23.8 Filing complaint of discrimination

If the relative custodian(s) believe they have been discriminated against by the VDSS or LDSS because of race, color, national origin, sex, age, or disability, the relative custodian(s) have the right to file a complaint of discrimination with the

VDSS Civil Rights Program Administrator
801 E. Main Street, 8th Floor
Richmond, Virginia 23219

and/or

U.S. Department of Health and Human Services
Director, Office of Civil Rights
Region III 150 S. Independence Mall West – Suite 372
Philadelphia, Pennsylvania 19106-3499

For more information, see [VDSS Office for Civil Rights](#).

10.24 Establishing kinship guardianship assistance paper case record

The LDSS shall establish a kinship guardianship assistance paper case record. This record is the youth's service record and corresponds to the youth's kinship guardianship assistance case in OASIS. It is separate from the youth's foster care record, the record established for the foster/adoptive home approval of the relative, and any eligibility record established by the eligibility unit.

The foster care paper case record shall be closed within **30 days** after legal custody is transferred.

The kinship guardianship assistance paper case record shall include, but is not limited to, the following documentation:

- Youth's foster care service plan (See [Section 10.12](#))
- Youth's eligibility for kinship guardianship assistance:

- Eligibility determination for title IV-E Foster Care that was applicable at the time the youth entered foster care.
- History of title IV-E payments made for the youth who entered foster care through a temporary entrustment agreement.
- If the youth was committed to the LDSS by the court, the initial court order shall contain a statement that continuation in the home would be contrary to the welfare of the youth or that removal was in the best interest of the youth. Reasonable efforts to prevent removal shall be documented in a court order within 60 days of entry into foster care.
- If the youth entered foster care through an entrustment to the LDSS by the birth parents or guardians, for such youth to be eligible for title IV-E kinship guardianship assistance payments, there shall be:
 - A valid entrustment agreement relinquishing the youth to the LDSS and subsequent court orders.
 - A subsequent court order containing the statement that continuation in the home is contrary to the welfare of the youth.
- Youth demographic and personal information:
 - Youth's birth certificate (copy).
 - Social Security Card (copy).
- Basis for youth's kinship guardianship assistance:
 - Kinship Guardianship Assistance Screening Tool
 - Application for Virginia Kinship Guardianship Assistance.
 - Virginia Enhanced Maintenance Assessment Tool (VEMAT) and all required documentation.
 - CANS assessment.
 - Title IV-E Eligibility Determination Form (dated and signed).
 - Health insurance card, full explanation of benefits, when applicable.
 - Virginia Kinship Guardianship Assistance Agreement (fully executed).
 - IFSP approved by the CPMT, when applicable (all).
 - LDSS petition for custody transfer to the prospective relative custodian(s).

- Signed court order transferring legal custody to the relative custodian(s).
- Virginia Annual Affidavit for Kinship guardianship assistance (all).
- Addendum Request to the Assistance Agreement (all).
- Documentation from qualified professionals (when applicable).
- For the SSI youth, a copy of the award letter from the Social Security Administration or SSI payment stub.
- Any addenda to the agreement.
- Appeals documentation, including validation form, notice of action, summary of facts, withdrawal statement, hearing documents, written decision of hearing officer, LDSS written notice documenting compliance with the decision, when applicable.
- Written notifications and correspondence
 - Notice receipt/status of application for kinship guardianship assistance.
 - Notice when time-limited maintenance payments are expiring.
 - Annual notice when annual affidavit due.
 - Documentation when affidavit not returned.
 - Notices when maintenance payments increase.
 - Notices receipt/status of requests for changes in kinship guardianship assistance.
 - Written notices from relative custodian(s).
 - Documentation when relative custodian(s) not providing financial support (e.g., verification, certified letters, relative custodian(s) decision, and LDSS actions).
 - Documentation verifying circumstances for termination.
 - Notices to suspend and terminate payments, services, or entire agreements.

10.25 OASIS case record

The LDSS shall close the OASIS system foster care case record for the youth and correctly document kinship guardianship assistance information in the new OASIS kinship guardianship assistance case record for the youth on a timely basis.

To close the OASIS foster care case record for the youth, the LDSS:

- Ensures all discussions with the prospective relative custodian(s), the birth parents, and the youth regarding the transfer of custody and kinship guardianship assistance are entered in Contacts.
- Completes the Closing Narrative in Contacts.
- Updates the Kinship Guardianship Assistance Agreement History, documenting all dates in the process.
- Verifies that the Court Hearing is entered, documenting the transfer of custody to the relative custodian(s) and the date of the hearing. (This may not be the date the court order was signed).
- Discharges the youth with the reason: Custody to Relative with Kinship Guardianship Assistance. This action will end date the Funding, Removal, Legal Status, and Client Gen Info screens.
 - If the case will remain open for other children in foster care or other services being provided, the LDSS has completed the case closing process. The end date on the child's gen info screen inactivates the child or youth in the case.
 - If there are no other children receiving foster care services, the LDSS closes the case.

To open a new OASIS kinship guardianship assistance case record for the youth:

- The OASIS record is opened in the name of the relative custodian(s). The case type is "Kinship guardianship assistance."
- The youth is added to the case using the client id from the foster care case through the Add Client function in OASIS.
- The kinship guardianship assistance part of the case consists of screens located under the "KinGAP" button on the main case navigation bar. The following screens are accessible:
 - Payments

- Services
- KinGap Status
- IL (for applicable youth)
- Appeals

Additional instruction on opening a kinship guardianship assistance case in OASIS can be obtained through the Help Screen in the OASIS system.

In OASIS, LDSS shall include narrative summaries describing how the following requirements were met to provide kinship guardianship assistance on behalf of the youth:

- The ways the youth and the prospective relative custodian(s) met the eligibility requirements for kinship guardianship assistance (see [Section 10.15](#) and the Kinship Guardianship Assistance Screening Tool):
 - Youth has lived with the approved relative foster parent for at least six (6) consecutive months.
 - Youth has been in LDSS custody for at least six (6) months.
 - Youth and relative custodian(s) are related by blood, marriage, or adoption.
 - Youth has developed a clearly established and documented significant relationship with the relative custodian(s).
- The steps the agency took to determine that it is not appropriate for the youth to have a permanency goal of Return Home and Adoption.
- The efforts the agency made to discuss adoption with the youth's relative foster parent as a more permanent alternative to legal custody, and the reasons why adoption was not pursued.
- The efforts the agency made to discuss the kinship guardianship assistance arrangement with the youth age 14 or older (and that the youth is in agreement with the transfer of custody), or with the child under age 14 who is capable of communicating his wishes.
- The reasons why achieving permanency by placement with relative and transfer of custody from the LDSS to the relative with kinship guardianship assistance was in the best interests of the youth.

- The steps the agency made to place siblings of the youth with the prospective relative custodian(s), when applicable.
- The reasons for any separation of siblings during placement, if the placement with the prospective relative custodian(s) does not include siblings.
- The plan for the youth's visitation and communication with siblings if separated, taking into account the wishes of the children.

The LDSS should also document policies, procedures, and timelines were followed when applicable. Narratives shall include, but are not limited to:

- Selection of the relative placement, including the reasons the placement is in the best interest of the youth.
- Discussion of the kinship guardianship assistance option with the relative custodian(s), including:
 - The types of kinship guardianship assistance that may be available (i.e., basic and enhanced maintenance, Medicaid in relation to the Kinship Guardianship Assistance Agreement; and non-recurring expenses).
 - The process by which the family can access additional services through CSA.
 - The process to request changes in kinship guardianship assistance and the decision-making process.
 - Information on their right to appeal LDSS decisions and the VDSS fair hearing process and their right to appeal FAPT decisions.
- The date relative custodian(s) were notified by LDSS of receipt and status of the Addendum Request to the Assistance Agreement, within **14 days** after receiving the request.
- Exploration of all available health insurance, extended family, community, government, and other resources, including the LDSS determination that these resources can or cannot be used to fully or partially pay for the services and/or supports required to meet the needs of the youth.
- Dates all addenda for kinship guardianship assistance were signed, within **30 days** after the LDSS receives the completed [Addendum Request to the Assistance Agreement](#) with all supporting documentation.
- Dates and narratives on all annual affidavits.
- Pertinent information from relative custodian(s) and provider contacts.

10.26 Required forms and documentation

The LDSS is required to use the following state forms for assessing, negotiating, and documenting kinship guardianship assistance. These forms ensure that all necessary information is collected and documented as required by federal law, regulation, policy, and state guidance. They also provide consistent application of these requirements statewide, ensuring kinship guardianship assistance is handled equitably for relative custodian(s), while allowing kinship guardianship assistance to be individually tailored to address unique needs of the youth and family circumstances of the relative custodian(s).

Use of these forms as described in this guidance will ensure that the LDSS meets all federal and state requirements for kinship guardianship assistance. If the LDSS chooses to not use these forms, or to alter them in any substantive manner, the LDSS may be held responsible for any financial pay-backs as a result of lost appeals or unallowable payments discovered during kinship guardianship assistance case reviews.

- [Kinship Guardianship Assistance Screening Tool](#) documents that the family and the youth are eligible for kinship guardianship assistance.
- [Virginia Enhanced Maintenance Assessment Tool](#) (VEMAT) is the only allowable tool to be used to determine enhanced maintenance for eligible youth. Title IV-E and CSA funds shall be used to fund enhanced maintenance payments for kinship guardianship assistance only when the VEMAT is used to determine the maximum amount of enhanced maintenance allowable for the youth.
- [Application for Virginia Kinship Guardianship Assistance](#) is required from all relative custodian(s) requesting kinship guardianship assistance.
- [Virginia Kinship Guardianship Assistance Agreement](#) specifies the agreed upon title IV-E kinship guardianship assistance terms for maintenance payments and non-recurring expense payments to be provided for the title IV-E eligible youth. It describes the process for the LDSS to refer the title IV-E and non-title IV-E eligible youth and relative custodian(s) to the FAPT for appropriate foster care services. It stipulates that the agreement shall remain in effect regardless of the state of residence of the title IV-E youth and relative custodian(s) and regardless of the Virginia locality residence of the title IV-E and non-title IV-E youth and relative custodian(s).
- [Virginia Annual Affidavit for Kinship Guardianship Assistance](#) is the annual certification by the relative custodian(s) that the youth continues to be eligible for kinship guardianship assistance. It informs the LDSS when the Kinship Guardianship Assistance Agreement needs to be renegotiated. It also documents school enrollment information required by federal law.

- [Request for VEMAT Administration Due to Change in Child's Behaviors](#) shall be submitted by the relative custodian(s) according to guidance in [Section 17.2](#).
- [Addendum Request to the Assistance Agreement](#) is completed by the relative custodian(s) when there are changes in the needs of the youth and/or their family circumstances and they request changes to their Kinship Guardianship Assistance Agreement or request foster care services.
- [Addendum to the Assistance Agreement](#) is completed if the Kinship Guardianship Assistance Agreement has been renegotiated. It specifies the payments and terms for kinship guardianship assistance to be provided on behalf of the youth. It is entered into and binding on the relative custodian(s) and the LDSS.
- [Kinship Guardianship Assistance Negotiation Report](#) is completed by the negotiator following the negotiation process. It outlines the final decisions made during the negotiation process and what information was used to make the decision.

12

IDENTIFYING SERVICES TO BE PROVIDED

TABLE OF CONTENTS

12.1	Introduction	3
12.2	Framework	4
12.2.1	Practice principles	4
12.2.2	Legal citations.....	5
12.2.3	Outcomes	5
12.3	Identifying services based on strengths and needs.....	7
12.4	Wraparound approach.....	7
12.5	Serving children in their homes and communities.....	8
12.5.1	Children who are victims or at risk of human trafficking	10
12.5.2	Safety Services.....	14
12.6	Infant and toddler early intervention services.....	15
12.7	Head Start and Early Head Start	15
12.8	Child care services.....	16
12.8.2	Choosing allowable child care provider	16
12.8.3	Rates for child care.....	17
12.8.4	Funding sources	18
12.9	Respite care services.....	19
12.10	Transportation services.....	20
12.10.2	Travel of children in foster care	20
12.10.3	Purchasing transportation services	22
12.11	Health and behavioral health care services.....	24
12.11.2	Consent for medical treatment for children in custody	24
12.11.3	Medical care and treatment to be provided to child in foster care	26
12.11.4	Trauma focused treatments.....	28
12.11.5	Children with Special Health Care Needs Program.....	30

12.11.6	Paying for medical care	30
12.11.7	Medicaid services	31
12.11.8	Preventing misdiagnosis of children in foster care	42
12.11.9	Psychotropic Medication Oversight Protocol	43
12.12	School placements and education	53
12.12.1	Communicating with school on child's education	54
12.12.2	School nutrition programs.....	55
12.12.3	Regular education services	55
12.12.4	Special education services	58
12.13	CSA services	61
12.13.1	CSA foster care services	61
12.13.2	Role of LDSS when collaborating with FAPT	62

12

IDENTIFYING SERVICES TO BE PROVIDED

12.1 Introduction

To achieve better outcomes for the children and families involved with the child welfare system, the planning and delivery of services should focus on:

- Preventing further abuse and neglect.
- Preventing unnecessary separation of children from their homes.
- Minimizing how long children stay in foster care.
- Finding and sustaining stable, permanent families for all children.
- Meeting the social and emotional well-being needs of children, including addressing:
 - Needs from experiencing maltreatment, trauma, and/or exposure to violence.
 - Health needs (developmental, physical, medical, and dental needs).
 - Behavioral health needs (*needs related to mental health & substance use disorders*).
 - Educational needs.
- Respecting the cultural heritage and connections to family, community, and social support networks of children.

Families should be at the center of services that prevent and remedy situations that lead to child abuse and neglect. An array of services for children and their families should be available, from the first awareness that a family is at risk, to early intervention, to foster

care for those children whose safety and well-being is threatened, through permanency and the services necessary to sustain permanency.¹

12.2 Framework

Local departments of social services (LDSS) shall meet federal and state legal requirements and should use sound practice principles to achieve desired outcomes and to guide decision making in providing foster care services for children and their families.

12.2.1 Practice principles

Three fundamental principles inherent in Virginia's Children's Services System Practice Model guide service delivery include:

First, we believe that all children and communities deserve to be safe.

- Safety is primary. Every child has the right to live in a safe home, attend a safe school and live in a safe community. Ensuring safety requires a collaborative effort among family, agency staff, and the community.

Second, we believe in family, child, and youth-driven practice.

- It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.
- Children, youth, parents, and family members are partners in decision making on service and educational planning and in placement decisions, whenever appropriate.

Third, we believe that all children and youth need and deserve a permanent family.

- Children have a right to connections with their biological family and other caring adults with whom they have developed emotional ties.
- Services should be high quality, timely, efficient, and effective.
- We partner with others to support child and family success in a system that is family-focused, child-centered, and community-based.
- Services to families shall be delivered as part of a total system with cooperation, coordination, and collaboration occurring among families, service providers, and community stakeholders.

¹ Adapted from the "[Child Welfare League of America Statement on Optimal Child Welfare Service Delivery](#)".

- All stakeholders share responsibility for child safety, permanency, and well-being.

12.2.2 Legal citations

The legal framework and specific requirements for providing services to families are delineated in state law. See the law for complete language by clicking on the citations.

- **Foster care services**
 - [§ 63.2-905](#)
- **Children's Services Act (CSA)**
 - §§ [2.2-5200](#) through [2.2-5214](#)
- **Education requirements when placing child**
 - **Ensure educational stability for the child**
 - [Social Security Act, Title IV, § 475 \(1\) \(G\) \[42 USC 675\]](#)
 - [The Child and Family Services Improvement and Innovation Act; Public Law 112-34](#)
 - [§ 63.2-900.3](#)
 - [§ 22.1-3.4](#)
 - **Notify new school of placement; records; enrollment**
 - [§ 63.2-900 D](#)
 - [§ 22.1-3.4](#)
 - [§ 22.1-289 E](#)

12.2.3 Outcomes

Providing effective, quality and timely services for children in foster care is essential to achieving outcomes required in the federal Child and Family Services Review. The outcomes and specific measures are listed below:

Outcome 1: Families have enhanced capacity to provide for their children's needs.

- Needs and services of child, parents, and foster parents are assessed and met.

Outcome 2: Children have permanency and stability in their living situations.

- More children leave foster care and achieve permanency.
- Children achieve permanency with shorter lengths of stay in foster care.
- Increased timeliness to permanency.
- Fewer placement moves and disruptions.
- Fewer children in out-of-home care.
- More children placed in family-based care.
- More children placed in relative foster homes.
- Fewer children placed in residential care.
- Fewer children re-enter out-of-home care.

Outcome 3: The continuity of family relationships and connections is preserved for children.

- More children in foster care placed in close proximity to families and communities.
- More children in foster care placed with their siblings.

Outcome 4: Children receive adequate services to meet their physical and mental health needs.

- Children's health needs are assessed upon entering foster care.
- Children's physical health needs are met consistently.
- Children's dental health needs are met consistently.
- Children's trauma needs are met consistently.
- Children's behavioral health needs are met consistently.

Outcome 5: Children receive appropriate services to meet their educational needs.

- Children's educational needs are assessed and met.

12.3 Identifying services based on strengths and needs

Once a comprehensive assessment of the child and family has been completed, the service worker, the Family Partnership Team, and/or the Family Assessment and Planning Team (FAPT) should brainstorm creative ways to build upon the strengths, resources, and natural supports of the child and family to meet their unique needs.

Additional resources that can help identify services based on the child's needs include:

- Virginia Commission on Youth's [Collection of Evidence-based Practices for Children and Adolescents with Mental Health Treatment Needs](#) and its [Reference Chart of Disorders and Evidence-based Practices](#).
- SAMHSA's [National Registry of Evidence-based Programs and Practices \(NREPP\)](#) provides a searchable online registry of mental health and substance interventions available for implementation.
- California Evidence-Based Clearinghouse for Child Welfare (CEBC) [Topic Areas](#) provide child welfare professionals with easy access to information about selected child welfare related programs. This interactive search enables the service worker to search based on specific criteria and then browse through a wide range of programs that match that criteria.
- Blueprints for Healthy Youth Development [Program Selector](#) on model and promising programs, includes problem behavior, education, emotional well-being, physical health, and positive relationships.
- [Evidence-Based Treatments for Children and Adolescents: An Updated Review of Indicators of Efficacy and Effectiveness](#) by Bruce Chorpita, et al. 2011. This updated review of evidence-based treatments follows the original review performed by the Hawaii Task Force. Over 750 treatment protocols from 435 studies were coded and rated on a 5-level strength of evidence system. Results showed large numbers of evidence based treatments applicable to anxiety, attention, autism, depression, disruptive behavior, eating problems, substance use, and traumatic stress. Provides a list of options and information available to guide decisions about treatment selection.

12.4 Wraparound approach

LDSS should use a wraparound approach to help achieve the child's permanency goal and well-being and to address the child and family's needs. The process involves an intensive, individualized process for planning, implementing, and managing care to achieve positive outcomes with the child and family.

A team of people, relevant to the child’s life, collaboratively develops and implements a creative wraparound plan. This holistic plan is designed based on an assessment of the needs of the child, caregivers, and siblings. A wraparound set of services and supports is individually designed with the child and family to meet their identified needs. The services creatively build upon and enhance the unique strengths, resources, and natural supports of the child and family.

The planning process, as well as the services and supports provided, are individualized, family-driven, culturally-competent, youth-guided, and community-based. The process and plan are strengths-based, including activities that purposefully help the child and family recognize, use, and build their talents, assets, and positive capacities.

The process strives to develop the coping skills, problem-solving skills, and self-efficacy of the child and family members. It increases the “natural support” available to the family by strengthening their interpersonal relationships and using other available resources in the family’s network of social and community relationships. It emphasizes integrating the child into the community and building the family’s social support network.²

For more information and practical tools on the wraparound process:

- The [CSA website](#) has training slides developed by expert consultants in wraparound strategies that were used in Virginia. It also provides links to national resources.
- The [National Wraparound Initiative](#) (NWI) convened national experts to define the wraparound practice model, develop standards, compile resources, strategies and tools, and disseminate guidance and information on high quality wraparound implementation to achieve positive outcomes for youth and families.
- The NWI “[Resource Guide to Wraparound](#)” provides information on the basics, principles, theory and research, wraparound practice, and supports for implementation.

12.5 Serving children in their homes and communities

Children who have significant emotional, behavioral, and mental health needs can successfully live in family homes and communities with the support of effective behavioral health services. Over the past twenty years, two major federal initiatives addressed the needs of children and youth with significant mental health conditions: Substance Abuse and Mental Health Services Administration’s (SAMHSA) Children’s Mental Health Initiative (CMHI) and the Centers for Medicare & Medicaid Services (CMS) Psychiatric Residential Treatment Facility (PRTF) Demonstration Program. Results from these programs across the country have consistently found that the implementation of home and community-based services for this population have made significant improvement in the quality of life for these children, youth, and their families.

² Adapted from Wraparound Basics on the [National Wraparound Initiative website](#).

Results from these federal initiatives have demonstrated that the provision of home and community-based services resulted in:

- More stable living situations.
- Increased behavioral and emotional strengths.
- Improved clinical and functional outcomes.
- Reduced suicide attempts.
- Improved school attendance and performance.
- Improved attendance at work for caregivers.
- Decreased contacts with law enforcement.
- Reduced costs of care.

Programs in these federal initiatives that helped achieve these results include:

- Intensive Care Coordination - Wraparound Approach.
- Peer Services: Parent and Youth Support Services.
- Intensive In-Home services.
- Respite services.
- Mobile crisis response and stabilization services.
- Flex funds.³

For more information on these results and services, see information bulletin on [Coverage of Behavioral Health Services for Children, Youth and Young Adults with Significant Mental Health Conditions](#).

Examples of evidence-based programs that have also demonstrated results of serving children in the community include:

- [Multisystemic Therapy](#) (MST).
- [Functional Family Therapy](#) (FFT).

³ Information in this section excerpted and adapted primarily from Joint CMCS and SAMHSA Informational Bulletin on [Coverage of Behavioral Health Services for Children, Youth and Young Adults with Significant Mental Health Conditions](#) dated May 7, 2013.

- Multidimensional Treatment Foster Care.
- Attachment and Biobehavioral Catch-up (ABC)
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT).

12.5.1 Children who are victims or at risk of human trafficking

Human Trafficking refers to both sex and labor trafficking. Severe forms of trafficking include: sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or labor trafficking which is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Sex Trafficking is a multi-billion dollar industry⁴ worldwide and it is rapidly growing in the United States and in Virginia. Research suggests that children currently or formerly in foster care are at higher risk of being trafficked. Common risk factors⁵ include but are not limited to:

- Limited or severed family connections;
- Gang affiliations;
- History or current episode of runaway (See [Section 17.13.5](#) for screening after a runaway episode);
- A history of trauma, physical or sexual abuse; and,
- Prior involvement with law enforcement.

The Preventing Sex Trafficking and Strengthening Families Act of 2014 ([P.L.113-183](#)) requires states to make efforts in identifying, documenting and determining the appropriate services specifically for children and youth who are victims or at risk of being sex trafficked. This applies to children who:

- Are under the age of 18 and in the placement, care or supervision of a title IV-E agency.
- Are under the age of 18, have an open case with a LDSS agency but were not removed from their home.

4 International Labour Organization (Geneva 2014). [Profits and poverty: the economics of forced labour.](#)

5 Department of Health and Human Services Administration for Children, Youth and Families (2014). [Guidance to states and services on addressing human trafficking of children and youth in the United States.](#)

- Are under the age of 18 and have run away from foster care.
- Are between the ages of 18 and 21 and in the Fostering Futures Program.

The information obtained in this process may assist in identifying characteristics, signs and vulnerabilities to respond to youth who have been sex trafficked and inform communities how to help combat future incidents. The LDSS shall report within 24 hours to law enforcement after receiving information on a child or youth who has been identified as being a sex trafficking victim. Additionally, LDSS should assess and identify any factors that may place the child or youth at a heightened risk for sex trafficking.

LDSS are also required to complete human trafficking assessments for all complaints or reports alleging that a child is victim of human trafficking, unless it is determined an investigation or family assessment is required (as outlined in [Section 12.5.1.2](#)). If the child has been a victim of human trafficking, the LDSS must complete the assessment on the child and implement services that can assist the child and family.

If the child is identified as a victim of sex trafficking at any point in the foster care case, the service worker must update the sex trafficking screen under the client in the foster care case to indicate the child was a victim of sex trafficking.

12.5.1.1 Services for children who are victims or at risk of sex trafficking

When determining the services for children who were victims or at risk of sex trafficking, the service worker shall consider several factors when developing a treatment plan and document efforts made to provide appropriate services in the youth's foster care plan. These factors include:

- Access to safe and suitable housing.
- A safety plan to keep perpetrators away from the victim and his/her treatment setting.
- A safety plan for youth who have been trafficked should they be approached by the perpetrator when away from the treatment setting.
- Access to trauma-informed evidence based mental health services by experienced professionals in complex trauma.
- Access to physical health services, STD testing, and specialized care such as OB/GYN or drug rehabilitation.
- Access to legal services.

- Access to rehabilitative service including counseling, education and job training.
- Access to services that may reduce their risk factors for sex trafficking, such as sex trafficking prevention programs, healthy relationships programs, educational support, counseling or other treatment programs.

Service workers should explore community-based services that are trauma-informed and evidence-based that can be provided to the child or youth in the least-restrictive, most family-like setting.

12.5.1.2 Placements for youth who are victims or at risk of sex trafficking

Service workers must ensure that children and youth who are victims or who are at risk of sex trafficking are placed in settings that are the least restrictive, the most family-like, and that are safe and appropriate for the youth (i.e. a family foster home). If safety factors require a higher level of care (i.e. congregate care), service workers should explore whether the child's emotional, behavioral, or other treatment needs would qualify them for a psychiatric treatment facility or a qualified residential treatment program (See Section 6B) as these programs would have the most therapeutic support available.

VDSS has formed partnerships with other state agencies to work towards enhancing capacity in Virginia for high quality residential services targeted at providing services specifically for children who are victims of human trafficking and services to reduce the risk of human trafficking for those children who are at heightened risk. Once high quality congregate care programs are available with these qualifications, IV-E funding may be used to fund these placements, even if the facility isn't designated as a qualified residential treatment program.

12.5.1.3 Human trafficking assessments and children and youth in foster care

Beginning July 1, 2019, the Code of Virginia (§ [63.2-1506.1](#)) requires all LDSS to complete a human trafficking assessment for all complaints or reports alleging that a child is victim of human trafficking, unless it is determined an investigation or family assessment is required. Human trafficking includes sex and labor trafficking.

- All complaints or reports alleging a child is a victim of human trafficking require the LDSS to complete a human trafficking assessment, unless during the course of the human trafficking assessment it is determined an investigation or family assessment is required by law or is necessary to protect the safety of the child. The completion of a human trafficking

assessment does not require the complaint or report meet the four validity criteria outlined in [22 VAC 40-705-50 B](#). The completion of an investigation or family assessment on a complaint or report alleging a child is a victim of human trafficking requires a valid complaint or report and each of the four validity criteria outlined in [22 VAC 40-705-50 B](#) must be satisfied. ([Section 4.2](#) of Child Protective Services guidance)

When service workers receive information of a human trafficking incident involving a child in foster care, the service worker must make a child protective services report to the locality where the human trafficking occurred or was discovered. This will allow the locality to review the report and determine if an investigation or family assessment is required by law or is necessary to protect the safety of the child. If the locality determines the report is invalid, that locality will screen out the report and open a human trafficking assessment from the invalid referral.

For youth in foster care, the human trafficking assessment will be a separate case from the foster care case in the child welfare information system. In order to maintain the integrity of the foster care case and comply with the requirements of the human trafficking assessment, it is crucial not to change the case type from foster care to human trafficking assessment.

In cases where the locality with custody of the youth and the locality where the human trafficking occurred or was discovered are different, the locality with custody of the youth will have primary assignment and the locality where the trafficking occurred or was discovered may have a secondary assignment to ensure the child's immediate safety if there is significant distance and the locality with custody of the youth cannot respond immediately. This is different from how Child Protective Services cross-jurisdictional cases are typically handled. However, since the locality with custody of the youth is already responsible for ensuring the youth receives services and has a relationship with the youth, assigning this locality as primary prevents duplication of services and efforts.

When the locality with custody of the youth and where the human trafficking occurred or was discovered are the same, the locality can determine case assignment in their locality. It is recommended that the human trafficking assessment be a joint case between foster care and child protective services. The foster care service worker is familiar with the child and family and is already providing services through the foster care case. However, child protective services can help ensure that human trafficking guidance is followed and the corresponding screens are completed. Agencies may assign prevention workers to these cases as well. Agencies have autonomy and flexibility to determine what works best to serve the youth in their care.

12.5.1.4 Resources

- [Human Trafficking Screening Tool](#).
- [Building Child Welfare Response to Sex Trafficking \(includes screening tools\)](#)
- [VDSS public website](#).
- [The Polaris Project](#).
- [The National Human Trafficking Resource Center](#).
- [Identifying Minors and Young People Exploited Through Sex Trafficking: A Resource for Child Welfare Agencies](#)

12.5.2 Safety Services

Child and family safety must be continuously assessed in every child welfare program area throughout the life of the case (See [Section 17.8.1](#) and the [Home Visit Guidance Tool](#)). Safety assessment is both a process and a product. A continuum of immediate protective intervention and safety services must be initiated throughout the life a child welfare case whenever safety issues are identified.

Safety services are formal or informal services provided to or arranged for the family with the explicit goal of ensuring the child's safety. These services must be immediately available and accessible and may be provided by professionals, family members or other willing parties as long as each involved individual understands their role and responsibility. The safety services must be clearly documented (i.e. safety plan, foster care plan, court order, etc.) for the involved parties and in the case record.

In foster care cases, safety services may be put in place in response to a CPS allegation in a foster home, addressing safety issues during a trial home visit, and whenever there is a safety issue identified regardless of the child's placement. Safety services can be concrete items such as purchasing child locks or child care or they can be a service such as respite.

As with all aspects of case planning, the family should be engaged in providing input and joint decision making throughout the process of identifying, implementing, and evaluating these interventions and safety services. Documentation in the automated child welfare system must clearly demonstrate how the actions taken provided the child with immediate protection from the safety issue and how each safety service contributes to addressing or eliminating the safety matters specific to the child.

Some of examples of safety services in foster care cases include:

- Child has significant behavioral needs and entered foster care due to physical abuse by the mother. After sufficient progress on foster care plan goals, the LDSS is prepared to start a trial home visit. Safety concerns still exist regarding the mother's ability to manage the child's behaviors continuously without escalation. During the FPM prior to the trial home visit, the agency put in place the safety service of respite provided by the child's foster parent. This service is available immediately and will continue throughout the trial home visit. Mom will access the service as needed and on a preventative basis as well. The service was documented as part of the FPM record in the OASIS and was documented in the foster care plan review that was submitted to court.
- Child is three years old and was placed immediately in a foster home upon entry into foster care. During his first night of placement, the child woke up in the middle of the night, dragged a chair to the front door, and unlocked all the locks. The child walked to another home on the neighboring street and was found by the homeowner. The police were called and LDSS was subsequently notified. Due to the safety concern identified, the safety service of purchasing safety locks for the family was put in place. The LDSS immediately assisted the foster family with purchasing and installing the safety locks on all entrances. The service was documented in the child's foster care plan and case contacts.

12.6 Infant and toddler early intervention services

The [Infant & Toddler Connection of Virginia](#) provides early intervention supports and services to infants and toddlers from birth through age two who are not developing as expected or who have a medical condition that can delay normal development. To determine eligibility, the child's development is evaluated by at least two professionals from different professions or areas of development. When eligible, the family and professionals develop an Individualized Family Service Plan (IFSP).

12.7 Head Start and Early Head Start

Children whose families are served by the child welfare system often are developmentally vulnerable due to trauma stemming from early abuse and neglect as well as from risk factors that commonly co-occur, such as prenatal drug exposure, prematurity, low birth weight, poverty, homelessness, parent's depression and other mental health problems. The comprehensive services offered by Head Start and Early Head Start programs support children by providing a safe and enriched learning environment while facilitating early identification of developmental delays and access to early intervention, health care and mental health services. In addition, Head Start and Early Head Start programs provide a significant source of family support, parent education and adult developmental services for parents and other family members.

Foster children who meet program age requirements are automatically eligible for Head Start and Early Head Start even if the family or foster family income exceeds income guidelines.

Children whose custodial parents have an open case with the child welfare system but retain physical custody of their children are not automatically eligible for Head Start or Early Head Start, but a program may prioritize these children for enrollment due to the level of risk and the needs of the family.

Additional information on locating and enrolling in a local Head Start program may be found on the [Virginia Head Start Association, Inc.](#) website.

12.8 Child care services

12.8.2 Choosing allowable child care provider

The LDSS holding custody of a child shall consult with the foster/adoptive parent when selecting a child care provider. Considerations when making decisions about which provider to use include such things as the special needs of the child, travel distance from the foster/adoptive home, availability of the provider, provider costs in relation to other providers in the area, approval status of the provider, and the foster/adoptive parent request for specific services. Children's special needs include characteristics such as developmental disabilities, intellectual disabilities, emotional disturbance, sensory or motor impairment, or significant chronic illness which require special health surveillance or specialized programs, interventions, technologies, or facilities.

The providers identified below are considered as legally operating in Virginia and are allowable for child care services and payment from title IV-E funds. Authorization of the provider's status shall be verified online prior to use of the provider and a hard copy of the authorization shall be maintained in the case record of the child. See the VDSS [public website](#) for contact information for verifying the status of specific daycare providers listed below.

- Voluntary registered family day homes.
- Licensed family day homes.
- Licensed child day centers.
- Certified pre-schools.
- Religiously exempt child day centers.
- Department of Education-approved child care facilities.

- Local ordinance-approved providers (available in Fairfax County, Alexandria, Arlington).
- Family day system homes

12.8.3 Rates for child care

Localities shall make a diligent effort to secure fully approved child care for foster children at costs no greater than the established maximum reimbursable rates. These rates are established in accordance with federal regulatory requirements.

Rates are determined by type of provider, number of hours the child is in care, and the age of the child, as described below. For more information, see the Division of Child Care and Early Childcare Development, [Child Care Guidance](#).

- **Provider type.** Two levels of maximum reimbursable rates shall be used based on the type of provider. The LDSS shall have a written agreement with the provider for child care services. The types of providers for each rate level are listed in Appendix E of the Child Care Guidance manual.
- **Number of hours in care.** The unit price for services shall be based on whether the child is in child care for a full day (five (5) or more hours a day) or a part day (fewer than five (5) hours for a day).
- **Age groupings.** Rates shall be based on the age of children, as defined by the VDSS Division of Licensing Programs for child day centers:
 - Infants. Children from birth up to 16 months.
 - Toddlers. Children from 16 months up to 24 months.
 - Preschool. Children from 24 months up to the age of eligibility to attend public school (five years by September 30). Children turning five after September 30 are considered pre-school until they start school the following year.
 - School age. Children eligible to attend public school, age five or older by September 30 of that same year. Children turning five after September 30 are considered pre-school until they start school the following year. The School Age rate is effective starting the first Monday in September for all children who turn age 5 before September 30th.

The maximum reimbursable rates for child care are listed for each locality by full day and part day for each age group in the CCD Manual.

- Level 1 rates are listed in Appendix L.

- Level 2 rates are listed in Appendix M.

If the LDSS has made a diligent effort to secure child care at or lower than the maximum reimbursable rate and cannot locate a provider willing to accept that rate, the LDSS may choose to pay more if it is determined to be a reasonable cost. Reasonableness is determined based on the considerations used in selecting the provider. Providers whose costs cannot be justified as “reasonable” in comparison to costs charged by similar providers should generally not be used.

The service worker shall document in the case record the efforts made to secure the maximum reimbursable rate and factors used to determine reasonable cost.

12.8.4 Funding sources

Allowable title IV-E expenditures:

Child care is an allowable title IV-E expenditure when the child care:

- Provides daily supervision during the foster parents working hours when the child is not in school.
- Facilitates the foster parent’s attendance at activities which are beyond the scope of “ordinary parental duties.”
- Is provided in a licensed day care facility or home.

As examples, child care is an allowable expenditure under title IV-E for the foster parent to attend:

- Judicial or administrative reviews.
- Mandated team meetings by the court or the LDSS.
- Approved foster parent training.
- College classes when the foster child is not in school.

Not allowable title IV-E expenditures:

Child care provided to a child in foster care cannot be paid with title IV-E to facilitate a foster parent’s participation in activities that are:

- Within the realm of “ordinary parental duties.”
- Deemed a social service.

As examples, the following activities are not allowable expenditures under title IV-E:

- Illness of the foster parent.
- Respite care.
- School conferences.

State pool (CSA) funds are used to fund child care for non-title IV-E children. The use of state pool funds for child care is governed by federal and state requirements for the provision of child care services to foster care children. State pool funds may not be used to circumvent federal and state requirements for the provision of services, i.e. to pay for a non-licensed provider, or to pay for circumstances disallowed by title IV-E such as activities that are within the realm of “ordinary parental duties”.

12.9 Respite care services

Respite care is a therapeutic support service designed to offer short-term relief to families caring for children by providing substitute care for children. The purpose of respite care for families, including foster families, is to reduce foster home disruption and provide a stable foster care placement for the child. It can be provided on an emergency or planned basis. The following requirements shall be met:

- The respite care provider shall be approved by the LDSS (See “[Local Department Foster and Adoptive Home Approval Guidance Manual](#)”).
- Respite care can be provided for up to 30 days per year. If more than 30 days per year is needed for a child with special needs, the reasons for the need for additional respite care should be documented in the record. Respite care should not extend beyond 60 days per year.
- Respite care is not the provision of an emergency placement when a placement has disrupted, or short-term placement of a child in a residential facility for the purposes of treatment.
- The LDSS shall assure that a basic orientation to the agency's mission and goals, policies, and procedures related to medical treatment, emergencies, liability, transportation, confidentiality, and information about the child is provided to the respite care provider prior to the commencement of services.
- While the child is receiving respite care, the foster parents shall continue to receive foster care maintenance payments.

12.10 Transportation services

12.10.2

Travel of children in foster care

Decisions regarding children in foster care traveling out of state and/or out of the country should be made according to policies regarding normalcy for children in foster care. [See section 6.8.](#) The caregivers should consider the child's foster care plan including the child's school schedule, visitation schedule, treatment needs, etc. (The decision should be made with input from the child's team, including the birth family.)

12.10.2.1 Requirement for approved child restraint devices

- Children through age seven (until their 8th birthday), transported in a vehicle by LDSS staff, foster care providers, or any adult transporting a child, shall be properly secured in a child-restraint device of a type approved by the United States Department of Transportation. There is no height or weight requirement; age is the only requirement.
- Rear-facing child restraint devices shall be placed in the back seat. If the vehicle does not have a back seat, the child-restraint device may be placed in the front seat if the passenger side does not have an air bag or if it has been deactivated ([§ 46.2-1095](#)).

Safety seat installation videos are available in English and Spanish at the [Virginia Department of Health website](#).

Exceptions for certain children who may be exempted from the requirements for an approved restraint device in the following situation:

- If a physician states that use of a child-restraint device would be impractical because of the child's weight, physical unfitness, or other medical reasons. The driver shall carry or keep in the vehicle a statement signed by the physician giving the child's name and the grounds for exemption ([§ 46.2-1096](#)).
- A seat belt which is standard equipment in automobiles may be used for children at least four (4) years old but less than eight (8) year old when the driver carries or keeps in the vehicle a signed written statement of a physician that the child's weight, physical fitness, or other medical reasons makes the use of a child-restraint system impractical. The statement shall give the child's name and the grounds for exemption ([§ 46.2-1100](#)).

Violation is sufficient for ticketing; no other violations need be committed prior to ticketing. There is a civil penalty of \$50.00 for failure to have a

child in a child restraint device. Subsequent violations on different dates will be fined up to \$500.00.

There is an additional \$20.00 penalty for failure to carry a physician's written statement for a child exempted from the law due to medical reasons ([§ 46.2-1098](#)).

- Children age eight (8) and through age 17 (until their 18th birthday), transported in a vehicle by LDSS staff, foster care providers, or any other adults transporting the children shall be correctly secured by an appropriate safety belt ([§ 46.2-1095](#)).
- Violation is sufficient for ticketing; no other violations need be committed prior to ticketing. There is a civil penalty of \$25.00 for failure to have a child correctly buckled.
- Children through age 15 (until 16th birthday) shall not be transported in the rear cargo area of a pickup truck, except for certain parades and farming activities ([§ 46.2-1156.1](#)).

12.10.2.2 How to pay for restraint devices

Free child safety seats are available for eligible families who cannot afford them. To qualify, applicants shall meet all of the following:

- Parent, legal guardian, or foster parent of the child.
- Medicaid or FAMIS eligible or meet program income eligibility guidelines.
- Resident of Virginia.
- Last trimester of pregnancy, or provided for children seven (7) years old or younger who fit within the program safety seat manufacturer's guidelines.
- Available to attend a safety seat installation and use class.
- Sign a waiver of liability release form.

Foster parents can learn how to apply for the program or obtain technical assistance on child protection at their [local distribution site](#). For more information, contact the [Office of Family Health Services](#) in the Virginia Department of Health either online or at 1-800-732-8333.

Child-restraint devices for LDSS use may be purchased from administrative funds. Payment for devices to be used by foster parents may be purchased from administrative funds.

12.10.3 services

Purchasing transportation

Transportation may be provided from State Pool Funds, Medicaid (title XIX), or title IV-E funds as follows:

12.10.3.1 Using Medicaid to purchase transportation

Transportation to obtain medical services for the child may be provided through the child's Managed Care Organization (MCO). Transportation to the nearest provider capable of rendering care for covered services is covered by Medicaid when no other transportation is available. Logisticare is one Medicaid transportation service provider which coordinates drivers to transport members from their medical appointments anywhere in Virginia. This and other transportation services are accessed through the child's MCO. Additional information about covered transportation services and limitations can be found in the [Transportation Manual](#) of the Department of Medical Assistance Services.

12.10.3.2 Using title IV-E funds for transportation

Title IV-E funds shall be used to pay for transportation costs for title IV-E eligible children when transportation is needed for two distinct purposes described below. These payments are made in addition to the basic maintenance payments.

- Transporting the child to visits with either parents or siblings.

Title IV-E funds cannot be used for parents to travel to visit children. Reasonable costs of travel for a child to visit siblings, parents, and prior custodians to whom the child is expected to return may be made if needed. Costs may include mileage (calculated at the state mileage reimbursement rate), bus tickets, or other transportation costs. Providers shall submit receipts for travel costs to the LDSS in order to receive reimbursement.

- Transporting the child to remain in the school in which the child was enrolled prior to entry into foster care or prior to placement change.

Reimbursement of transportation costs may be made to foster parents, friends, relatives, neighbors, and employees of child placing agencies and residential programs. Public transportation, such as bus fare or other similar transportation, is paid at the established rate. Providers shall submit receipts for travel costs to LDSS in order to receive reimbursement. The LDSS may reimburse the local school district's school bus transportation fund. There shall be a documented agreement or contract between the LDSS and the local education agency (LEA) or

the company that manages the school bus system and a copy placed in the child's file. All travel costs require receipts and/or other documentation as determined by the LDSS. The LDSS shall maintain these receipts/documents per foster care record retention. Reasonable and necessary transportation costs shall be defined as those costs that are equivalent to the state/ federal mileage reimbursement rate. For those situations where the LDSS must negotiate a higher rate, the LDSS should have documentation to support why this is needed to meet the child's needs for school transportation. (For example: flat rates such as \$70 per day without a breakdown of the costs is unacceptable.) Federal language does not define reasonable or set maximum rates, however, monthly amounts that exceed the child's maintenance rate would require justification. Approval of transporters other than foster parents is at the discretion of the LDSS utilizing the local approval standards for this practice. It is the service worker's responsibility to review and approve the transportation costs then provide the supporting documentation (negotiated rate and justification) to the eligibility worker to determine eligibility for title IV-E funds.

For more information on funding transportation costs, see [Section 12.12](#).

Information on funding to support transportation expenses as part of maintenance costs is available in the [Finance Guidelines Manual](#), Section 4.25, LASER Budget Line and Cost Code Descriptions, 811.

12.10.3.3 Using State Pool Funds to purchase transportation

Transportation expenses for a non-title IV-E eligible child to remain in the school in which he or she was enrolled at the time of an initial or change in foster care placement are allowable maintenance costs and shall be purchased from State Pool Funds according to the criteria described in [Section 12.12](#). These payments are made in addition to the basic maintenance payments paid on behalf of the child. The LDSS and school shall have jointly determined that remaining in the same school is in the child's best interests.

State pool funds are not used for the transportation of foster care child or youth who require "specialized" transportation for purposes of special education, i.e. for children or youth who attend private day schools, or children or youth who have transportation accommodations noted within the IEP (require lift bus, special supervision, special restraints, etc). The local school division is responsible for "specialized" transportation.

Transportation purchased with state pool funds must meet all federal and state requirements for the provision of transportation for children and youth in foster care. The appropriate use of state pool funds for transportation of non title IV-E foster care children and youth is determined according to the same

requirements established for use of title IV-E funds for the title IV-E eligible child or youth.

Payment may be made to specific providers as follows:

- Foster parents and employees of child placing agencies and residential facilities using their own cars to transport an eligible child to visitation, to school, or to a visit with parents or siblings are paid at the state mileage rate for actual miles driven. Individual providers shall have a valid driver's license and automobile insurance and shall submit proof of miles driven to the LDSS for reimbursement.
- Public transportation paid at the established rate.
- Friends, relatives, and neighbors of the child or foster parent are paid at the state mileage rate. They shall have a valid driver's license and automobile insurance and shall submit proof of miles driven to the LDSS for reimbursement.

12.11 Health and behavioral health care services

Improving outcomes for children in foster care requires addressing the social and emotional well-being needs of children, including addressing their:

- Maltreatment, trauma, and/or exposure to violence needs.
- Health needs (developmental, physical, medical, and dental needs).
- Behavioral health needs (*needs related to mental health & substance use disorders*).⁶

12.11.2 Consent for medical treatment for children in custody

Where possible, parent(s) of a child who is committed or entrusted to an LDSS should always be involved in the medical planning for the child. When parent(s) are not available, or their consent cannot be obtained immediately, a court order is required for major medical/surgery treatment. If the court order is not readily available, the LDSS director or his designee may consent (§§ [16.1-241](#) and [54.1-2969 A.2](#)). A judge may give blanket authority to the LDSS to give consent. Such blanket authority should be in writing and signed by the judge. Any authorized person who consents to medical/surgical treatment of the child shall make a reasonable effort to notify parent(s)/guardians as soon as possible. Foster parents, adoptive parents prior to the final order, and residential facilities can obtain routine or minor medical care for the child.

⁶ [*Information Memorandum: Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services*](#) (ACYF-CB-IM-12-04; April 17, 2012).

12.11.2.1 Consent for medical treatment for children placed in foster care through non-custodial agreements when parent(s) retain custody

Parent(s) or guardians of children in non-custodial foster care placements shall provide consent for medical treatment, except in those instances where consent has been delegated to the LDSS in the non-custodial foster care agreement.

12.11.2.2 When a minor may consent to medical and health services

A minor's consent is needed to:

- Determine the presence or treatment of venereal disease or any infections or contagious disease reportable to the state health department.
- Receive service for birth control, pregnancy, family planning, and out-patient care.
- Receive services for treatment or rehabilitation for *substance use disorders*, mental illness, or emotional disturbance ([§ 54.1-2969 E](#)).

12.11.2.3 Authority of permanent foster parents to give consent for medical care

The foster parent of a child in a court-approved Permanent Foster Care placement has the right to consent to surgery unless the court order for placement has modified this right ([§ 63.2-908](#)).

12.11.2.4 Consent for treatment for young adults in foster care

Upon reaching the age of 18, the former foster child is an adult and is responsible for consenting to his/her own medical treatment. The young adult should designate someone to make health care treatment decisions on his/her behalf, if the young adult becomes unable to participate in the decisions and does not have or want a relative who would otherwise be authorized by State law to make these decisions. The young adult, after reaching age 18, may designate a health care power of attorney by completing the form, entitled [Virginia Advance Medical Directive](#), on the Virginia Department of Health (VDH) website, which complies with Virginia law ([Patient Protection and Affordable Care Act P.L. 111-148; § 54.1-2995](#)). The LDSS should encourage and assist the youth in seeking guidance from an attorney to address any questions he/she has. The young adult should provide a copy of this document to his/her physician, and close relatives and/or friends.

12.11.1.5 Consent for psychotropic medication

Except in those instances noted in [Sections 12.11.1.1](#) through [12.11.1.4](#), the local department has authority to give informed consent for psychotropic medication for a child in the care of the local department. In order to grant consent for a child to take psychotropic medication, the local department is required to identify a Psychotropic Medication Consenter (PMC). Approved PMCs review the prescription for the medication, gather the necessary information, and make a decision to provide or to deny consent. PMCs are required to complete additional training as outlined in [Section 12.11.8](#). When selecting an individual to serve as a PMC, agencies should select someone who has the experience and knowledge to effectively advocate for the child.

12.11.3 Medical care and treatment to be provided to child in foster care

The service worker shall ensure the child receives:

- A medical evaluation **within 72 hours** of initial placement in foster care, when the child has conditions that indicate such an evaluation is necessary ([22 VAC 40-201-50 C](#)). When the child has urgent health, mental health, or *substance use* needs upon entering foster care, the service worker shall immediately refer the child to a licensed health or mental health professional for an appropriate evaluation to be completed within 72 hours.
- A medical examination **no later than 30 days** after initial placement in foster care ([22 VAC 40-201-50 C](#)). The provider should be a Medicaid provider for the Medicaid eligible child or a provider covered by the child's health insurance.
- Periodic screenings (well-child visits) at regular intervals based on Virginia's EPSDT periodicity schedule. The child shall receive well-child visits while in foster care, including:
 - At birth, at age 3-5 days, and by 1 month of age.
 - At age 2 months, 4 months, 6 months, and 9 months.
 - At age 12 months, 15 months, 18 months, 24 months, and 30 months.
 - Annually at age 3 years up to 18 years.

The Virginia Department of Medical Assistance Services (DMAS) uses the American Academy of Pediatrics and Bright Futures guidelines to develop the schedule. See:

- Well Child Visit Schedule, see [EPSDT Periodicity Chart](#).

- [American Academy of Pediatrics \(AAP\) Recommendations for Preventive Pediatric Health Care.](#)
- [American Committee on Immunization Practices \(ACIP\) Child & Adolescent Immunization Schedules.](#)
- Inter-periodic screenings when any caregiver or professional who interacts with the child requests an unscheduled check-up or problem focused assessment at anytime because of illness or change in the child's condition while in foster care.
 - When it appears the child may have trauma, mental health, or substance use issues, as identified through the medical examination or comprehensive assessment conducted within the first thirty (30) days of entering foster care, the child shall receive a comprehensive mental health evaluation with a licensed mental health professional **within 60 days** of entering foster care.

Medical care shall be provided for the child who is ill or injured and ongoing medical treatment for the child with physical, mental, or emotional needs.

- Dental examinations while the child is in foster care **beginning at whichever is later, six (6) months of age or when the child gets teeth and every six (6) months** thereafter. This schedule is based on guidelines by the American Academy of Pediatric Dentistry, the American Dental Association, and the American Academy of Periodontology. For Medicaid enrolled children, this schedule is in accordance with DMAS' Smiles for Children Program.
 - See Dental Visit Schedule, see [Dental Health Guidelines](#).

Prior to the child being placed on a new psychotropic medication, the child should receive the following inter-periodic screens/assessments:

- A pediatric medical examination to ensure symptoms are not indicative of a medical problem, except in the case of an emergency. In an emergency, a physical examination should be conducted as soon as possible.
- A comprehensive child and adolescent behavioral health evaluation by a licensed mental health professional to identify psychosocial interventions.

Note: When the child's condition has already been evaluated and the doctor is changing treatment or psychotropic medication after a treatment or psychotropic medication did not work, these examinations are not necessary (see [Section 12.11.8.2](#)).

Medical examinations are provided in accordance with the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, whether or not the child has Medicaid

coverage. EPSDT is a comprehensive and preventive child health program for individuals under age 21 through the Medicaid program (see [Section 5.9.3](#)).

The service worker should involve the birth parents in attending the child's medical appointments when appropriate. Participating in these visits helps educate the birth parents on the child's needs and health care and helps provide continuity of care when the child returns home.

The service worker shall document on the Health Information Screens in OASIS and the foster care paper case record that the medical and dental examinations were obtained for the child as required. Documentation shall include the date, type of examination, name and address of health care provider, results, and any follow-up instructions. Bright Futures resources on children's health information

The service worker should inform the child's birth parent or guardian, family members, foster care provider, and/or caregiver of Bright Futures resources that provide comprehensive information and guidelines on children's health.

- Bright Futures is the American Academy of Pediatrics' standard reference book on children's health information for pediatricians. It is a set of principles, strategies and tools that are theory-based, evidence-driven and systems oriented that can be used to improve the health and well-being of children. It provides a comprehensive set of expert guidelines, as well as a practical developmental approach to providing health supervision for children from birth to age 21 in the context of family and community. The guidelines are designed to present a single standard of care and a common language based on a model of health promotion and disease prevention.
 - [American Academy of Pediatrics website on Bright Futures](#).
 - For information about Virginia's Bright Futures, see the [Virginia Department of Health website](#).
 - The [Healthy Futures website](#) is an online version of Bright Futures designed for parents and caregivers of all children, from newborns to older teens. It shares children's health information from Bright Futures through short videos and text. Parents and caregivers can use this website to learn about what to expect at routine doctor's visits, child development milestones, and specific topics like nutrition and mental health. They can also learn how to be active participants in promoting a child's health and well-being.

12.11.4 Trauma focused treatments

Complex trauma affects a child's sense of safety, ability to regulate emotions, and capacity to relate well to others. Since complex trauma often occurs in the context of the child's relationship with a caregiver, it interferes with the child's ability to form a

secure attachment. Consequently, an important goal of service delivery is to help children and youth develop positive social emotional functioning, restore appropriate developmental functioning, and reestablish healthy relationships.⁷

Trauma-informed care redirects attention from treating symptoms of trauma (e.g., behavioral problems, mental health conditions) to treating the underlying causes and context of trauma. Trauma-specific interventions include medical, physiological, psychological, and psychosocial therapies provided by a trained professional that assist in the recovery process from traumatic events. Treatments are designed to maximize a child's sense of physical and psychological safety, develop coping strategies, and increase a child's resilience.⁸

Examples of evidence-based therapies for trauma include:

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS).
- Parent-Child Interactive Therapy (PCIT).
- Child-Parent Psychotherapy (CPP).
- Dialectical behavioral therapy (DBT).
- Trauma and Grief Component Therapy for Adolescents (TGC T-A).

Examples of other types of therapy used with trauma include:

- Behavioral therapy.
- Play therapy.
- Group therapy.
- Parent coaching.

For resources to address trauma, see:

⁷ Excepted from the [Tri-Agency Letter on Trauma Informed Treatment](#) dated July 11, 2012 from the United States Department of Health and Human Services' Administration for Children and Families (ACF), Centers for Medicare & Medicaid Services (CMS), and Substance Abuse and Mental Health Services Administration (SAMHSA).

⁸ Information in this section excepted and adapted from [Implementing Trauma-Informed Practices in Child Welfare](#). Klain, Eva J. White, Amanda R. State Policy Advocacy and Reform Center (SPARC). First Focus. American Bar Association Center on Children and the Law. 2013.

- The [National Child Traumatic Stress Network](#) and the [National Child Traumatic Stress Network Empirically Supported Treatments and Promising Practices](#).
- SAMSHA's [National Registry of Evidence-based Programs and Practices \(NREPP\)](#) searchable online registry of mental health and substance interventions available for implementation.
- National Institute of Justice: [Children Exposed to Violence](#).

Providing trauma-specific interventions is one component of serving children who have experienced traumatic stress. The LDSS and child-serving systems need to collaborate in instituting trauma-informed practices. All stakeholders (e.g., the child, parents, caregivers, service workers, supervisors, administrators, service providers, judges, attorneys) should be involved in recognizing and responding to the impact of traumatic stress on children and their caregivers. They should all be involved in helping to facilitate resiliency and recovery.

12.11.5 Children with Special Health Care Needs Program

The [Children with Special Health Care Needs \(CSHCN\) Program](#) by the Virginia Department of Health promotes optimal health and development of Virginia's children with special health care needs by working in partnership with families, service providers, and communities.

- [Care Connection for Children](#) is a statewide network of Centers of Excellence for children with special health care needs. The [centers](#) provide access to specialty medical services; assistance coordinating care and services; assistance in obtaining health insurance for the child; information and referral to community resources; family-to-family support; and training and consultation with community providers.
- [Child Development Services Program](#) is a specialized program for children and adolescents who are suspected of having developmental and behavioral disorders. A professional team, with a pediatrician, nurse, social worker, educational consultant, and psychologist, provides services. Core services of the [child development clinics](#) include diagnostic assessment and care planning, follow-up care coordination and referral.

12.11.6 Paying for medical care

For the Medicaid eligible child, Medicaid may be used to pay for medical needs including transportation to the Medicaid provider when other transportation is not available.

Other funding can only be used to pay for medical needs not covered under Medicaid, or medical services provided by vendors or in facilities not covered by

Medicaid under fee-for-service or the responsible managed care organization (MCO). (Note: Medicaid will pay for providers that are in the MCO provider network that are not in the DMAS Medicaid provider network.) The foster care provider or service worker should ask the medical provider to verify eligibility prior to services being provided to ensure coverage of services.

Resources for costs of medical care not covered by Medicaid include:

- Child's own income or resources including parents' health insurance and SSI/SSA.
- General relief.
- State pool funds (CSA).

12.11.7 Medicaid services

The [Medicaid Program](#) is managed by the Virginia Department of Medical Assistance Services (DMAS). Medicaid services most related to children and youth in foster care are identified in this section; not all Medicaid services are listed. For a complete listing and description of covered and non-covered services, see the [Medical Assistance for Families and Children Handbook](#).

12.11.7.1 Medicaid eligibility

Children in foster care placement are eligible for Medicaid unless they are not considered Virginia residents, or they have income or other financial resources that make them ineligible for Medicaid.

12.11.7.1.1 Medicaid eligibility under age 26 for children in foster care

Effective January 1, 2014, the young adult who was formerly in foster care in Virginia (title IV-E and non-title IV-E eligible) may be eligible to receive Medicaid up to age 26. Effective July 1, 2014, former foster care youth from other states may also be eligible for Virginia Medicaid up to age 26. Youth must meet the following four (4) requirements. The youth:

- Was under the care and responsibility of any state's foster care agency.
- Was receiving Medicaid until his discharge from foster care upon turning 18 years or older.
- Is not eligible for Medicaid in another mandatory Medicaid covered group; and

- Is under age 26 years.

The young adult does not need to meet financial eligibility requirements. However, the young adult must meet all other Medicaid requirements. An application is not required, unless the youth is no longer receiving Medicaid through foster care or was a former foster care youth from another state. Former foster care status will be verified with documentation by the young adult, agency records, or contact with the LDSS that held custody.

The service worker should provide notification to the benefits program specialist to perform a partial review of eligibility for a youth who is turning 18, is a Virginia resident, and meets eligibility requirements stated above.

The youth's transition plan should address any services related to his/her health care needs including insurance coverage and coordination with the benefits program specialist during the course of the youth's transition out of foster care (see [Section 13.14](#)).

If the eligible youth was:

- In foster care and enrolled in Medicaid during the month foster care ended, the youth is entitled to Medicaid coverage beginning the first day of the month following the month the child was no longer in foster care.
- If the eligible youth was a former foster care youth and Medicaid was previously discontinued when the youth turned 18, the youth may reapply for coverage and be eligible in this covered group when meeting eligibility requirements.

12.11.7.1.2 Residency requirements for Medicaid

Per federal guidance, the SSI eligible child is considered a resident of the state in which he is living. Being a non-title IV-E child does not negate eligibility to receive Medicaid in Virginia. The SSI eligible child is eligible for Medicaid and is not required to meet the Virginia Medicaid residency requirement. Additional residency clarification is listed below:

- A IV-E foster care child receiving a maintenance payment is a resident of the state in which he is living.
- A IV-E adoption assistance child is a resident of the state in which he is living whether or not a maintenance payment is being made.
- An SSI child is a resident of the state in which he is living.

- A non-IV-E foster care child who is not an SSI recipient is a resident of state which holds his custody.

12.11.7.1.3 Medicaid out-of-state

If a title IV-E child is placed out-of-state, information certifying the child's title IV-E status shall be sent to the Interstate Placement Unit in Home Office so that it may be sent to the receiving state. Title IV-E foster children and children receiving title IV-E adoption subsidy are eligible for Medicaid coverage in the state where they reside.

Non-title IV-E children placed out-of-state meet the Virginia residency requirement and may be eligible for Virginia Medicaid; however, providers in other states often do not accept Virginia's Medicaid coverage, and the LDSS will have to pay for uncovered medical expenses out of State Pool Funds.

The non-title IV-E child may or may not receive Medicaid under the receiving state's Medicaid Program. Before a child is placed, the caregiver should consult their local public assistance office to determine whether the child will be eligible to receive medical coverage in the receiving state.

If the child is not eligible to receive Medicaid coverage in the receiving state, the child will continue to be covered under Virginia Medicaid. In this case, medical service providers in the other state will need to register as Virginia Medical providers in order to bill Virginia for services provided to the child. **Prior** to placement, the caregiver should be instructed to find medical service providers who are willing to register as Virginia providers and willing to accept Virginia payment rates. Out of state medical providers should log onto <http://dmas.virginia.gov/> to enroll as Virginia providers.

12.11.7.1.4 Extension of Medicaid for children in adoptive placement

Medical coverage is extended during the adoptive placement until the final order of adoption for children who continue to meet the foster care covered group for Medicaid purposes.

When placing non-title IV-E eligible children for adoption, it is best to have Adoption Assistance in place prior to placement, if possible. In many states, children will be eligible for medical coverage if adoption assistance is in place.

Medical coverage is extended past the final order if:

- The child is title IV-E eligible with a subsidized adoption assistance agreement in effect, regardless of the existence of an interlocutory order or final judicial decree; or
- The adoptive family meets the financial requirements of Medicaid; or
- The child is non-title IV-E eligible, but has special medical or rehabilitative needs referenced in an adoption assistance agreement and meets the financial requirements for the Child Under Age 21 covered group as determined by Virginia's Medicaid program.

12.11.7.2 Using Medicaid providers

Medicaid providers shall be used for the Medicaid eligible child whenever they are available and accessible for the appropriate treatment of children and youth under fee-for-service. For the Medicaid eligible child receiving services under a responsible managed care organization (MCO), providers in that MCO provider network shall be used. (Note: Medicaid will pay for providers in the MCO provider network that are not in the DMAS Medicaid provider network.) The foster care provider or service worker should ask the service provider to verify eligibility prior to services being provided to ensure coverage of services.

State pool funds shall not be spent for any service that can be funded through Medicaid for Medicaid-eligible children and youth except when Medicaid funded services are unavailable or inappropriate for meeting the needs of a child. ([Appropriation Act Item 274E](#))

The needs of the child and family shall take precedence over the use of Medicaid-funded services. For example, a child should not be placed in a group home far away from his or her home just to use a Medicaid facility. Similarly, a child should not be placed in a higher level of care than necessary just to access Medicaid funding.

12.11.7.3 Medicaid's Early Intervention Program

Services under Medicaid's Early Intervention Program include:

- Case management and service coordination.
- Developmental services.
- Family training.
- Counseling.
- Speech-language pathology, including sign language and cued language services.

- Nursing services.
- Occupational therapy.
- Physical therapy.
- Psychological services.
- Social work services.
- Assistive technology related services (such as instruction or training on use of assistive technology).

12.11.7.4 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

[EPSDT](#) is a comprehensive and preventive child health program for children in Medicaid or FAMIS Plus up to the age of 21 that detects and treats health care problems early through:

- Regular medical, dental, vision, and hearing check-ups. See [Section 5.9.3.1](#) on when EPSDT screenings shall be provided for child.
- Diagnosis of problems.
- Treatment of dental, eye, hearing, and other medical problems discovered during check-ups.
- Specialized services that are medically necessary treatment services that are not a routinely covered service through Virginia Medicaid. All such services must be a service that is allowed by the Centers for Medicare and Medicaid Services (CMS), as defined in 42. U.S.C. sec 1396d (r) (5).
- Examples of EPSDT specialized services include:
 - Hearing and audiology.
 - Assistive technology devices.
 - Behavioral therapy and applied behavior analysis services
 - Personal care.
 - Private duty nursing.
 - Medical infant formula and medically necessary nutritional supplements.

- See the (DMAS) website on the [EPSDT program](#) for information on specialized services, including:
 - An overview to EPSDT Specialized Services.
 - EPSDT Fact Sheets on specific services.
 - Information and forms for service authorization.

All EPSDT treatment services must:

- Be deemed medically necessary to correct or ameliorate a health or mental health condition.
- Be documented by a physician when the need is for specialist referral or treatment.
- Not be services that are considered experimental or investigational.

EPSDT services do not require a local match.

For more information on EPSDT services, see the EPSPT manual under [Provider Manuals](#) on the DMAS Web Portal link at www.virginiamedicaid.dmas.gov. The following chapters may be most helpful: Chapter 2 - Provider requirements; Chapter 4 - Covered services; and Chapter 6 - Documentation requirements.

12.11.7.5 Dental services

The Smiles For Children program provides coverage for diagnostic, preventive, and restorative/surgical procedures, as well as orthodontia services for children. DentaQuest is the single dental benefits administrator that will coordinate the delivery of all Smiles For Children dental services. Dental services do not require a local match.

For more information on dental services, see

- [Dental services](#)
- [Dentists who accept Medicaid](#)
- Dental Services Manual under [Provider Manuals](#) on the DMAS Web Portal link at www.virginiamedicaid.dmas.gov. The following chapters may be most helpful: Chapter 2 - Provider requirements; Chapter 4 - Covered services; and Chapter 6 - Documentation requirements.

12.11.7.6 Community Mental Health Rehabilitation Services

Medicaid provides coverage for community mental health rehabilitation services. These services are provided in the child's home or community and provide diagnosis, treatment, or care of children with mental illnesses or intellectual disability. Services shall meet service definitions, eligibility criteria, required activities, and service limitations. Providers of services shall meet qualifications specified under the "Provider Participation Requirements."

Service authorization is the process to approve specific services for an enrolled Medicaid, FAMIS Plus or FAMIS individual by a Medicaid-enrolled provider prior to service delivery and reimbursement. Some services do not require service authorization and some require service registration.

Registering a service with Magellan as the service is being provided ensures that the care coordinator has a complete picture of all the services an individual is receiving. Registration also may assist with identifying gaps in services that may help an individual progress in their recovery.

These services are managed by [Magellan](#). They are provided primarily by Community Services Boards and private providers:

- Crisis Intervention – requires registration.
- Crisis Stabilization – requires registration.
- Mental Health Support Services - requires authorization.
- Intensive In-Home Services for Children and Adolescents - requires authorization.
- Therapeutic Day Treatment for Children and Adolescents - requires authorization.
- Community-Based Residential Services for Children and Adolescents under 21 - Level A.
- Therapeutic Behavioral Services for Children and Adolescents - Level B - requires authorization.
- Services for older youth approved on case by case basis:
 - Day Treatment/Partial Hospitalization - requires authorization.
 - Psychosocial Rehabilitation - requires authorization.
 - Intensive Community Treatment - requires authorization.

- Mental Health Targeted Case Management - requires registration.

For more information, see the Community Mental Health Rehabilitation Services Manual under [Provider Manuals](#) on the DMAS Web Portal link at <http://dmasva.dmas.virginia.gov/>. The following chapters may be most helpful: Chapter 2 - Provider requirements; Chapter 4 - Covered services; and Chapter 6 - Documentation requirements.

12.11.7.7 Medicaid's Addiction and Recovery Treatment Services (ARTS) program

Medicaid's Addiction and Recovery Treatment Services (ARTS) program provides a wide variety of services and treatment for individuals with substance use disorders, including inpatient, outpatient, opioid treatment programs, early intervention/screening, substance use case management, and residential services. Additionally, crisis intervention is covered for both substance use disorder and/or mental health crises through the Community Mental Health Rehabilitation Services (See Section 12.11.7.6). For more information, see the *Addiction and Recovery Treatment Services (ARTS) program manual* under [Provider Manuals](#) on the DMAS Web Portal link at <http://dmasva.dmas.virginia.gov/>. The following chapters may be most helpful: Chapter 2 - Provider requirements; Chapter 4 - Covered services; and Chapter 6 - Documentation requirements.

12.11.7.8 Medicaid Psychiatric Services

- Outpatient Psychiatric Services - Individual therapy, family therapy, or group therapy.
- Inpatient Acute Psychiatric Services (Acute Hospital and Acute Freestanding Hospitals – requires authorization.
- Psychiatric Residential Treatment Facility Level C – requires authorization.
- Treatment Foster Care Case Management – requires authorization

For more information, see the Psychiatric Services Manual under [Provider Manuals](#) on the DMAS Web Portal link at [The Department of Medical Assistance Services/Medicaid for Virginia](#). The following chapters may be most helpful: Chapter 2 - Provider requirements; Chapter 4 - Covered services; and Chapter 6 - Documentation requirements.

12.11.7.9 Medicaid Rehabilitation Services

- Intensive Rehabilitation Services include:

- Physician.
- Rehabilitative Nursing
- Physical Therapy
- Occupational Therapy
- Speech-Language Pathology
- Cognitive Rehabilitation Therapy
- Psychology
- Social Work
- Therapeutic Recreation
- Prosthetic/Orthotic Services
- Durable Medical Equipment
- Outpatient Rehabilitation Services

For more information, see the Rehabilitation Services Manual under [Provider Manuals](#) on the DMAS Web Portal link at [The Department of Medical Assistance Services, Medicaid for Virginia](#). The following chapters may be most helpful: Chapter 2 - Provider requirements; Chapter 4 - Covered services; and Chapter 6 - Documentation requirements.

12.11.7.10 Medicaid Durable Medical Equipment

- Listing of covered supplies can be found in the “Appendix B” documents under [Provider Manuals](#) on the DMAS Web Portal link at <http://dmasva.dmas.virginia.gov/>.
- Wheelchairs.
- Communication devices.
- Diabetic supplies.
- Incontinence supplies.

12.11.7.11 Medicaid Long-Term Care Services

Medicaid pays for long-term care services in some institutional settings, such as in nursing facilities and Intermediate Care Facilities, and in communities through Home and Community Based Care Waivers.

Medicaid Waivers provide funds to serve people who are eligible for long-term care in institutions, such as hospitals, nursing facilities, and intermediate care facilities. Through Medicaid Waivers, certain requirements are “waived,” including the requirement that individuals live in institutions in order to receive Medicaid funding. Waiver services do not require a local match.

The service worker shall notify the appropriate community services board as soon as it is known that a child in foster care has a developmental disability so that the community services board may screen the child for placement on the developmental disability waiver waiting list ([2019 Acts of Assembly Chapter 301](#)). It is imperative that children are placed on this waiting list as soon as possible so that they are able to receive services offered through the waiver more quickly. Additionally, these services can be beneficial in supporting the child’s family and caregivers after discharge from foster care and providing services to youth who are transitioning to adulthood.

Children may be eligible for the following waivers:

- Intellectual Disabilities (ID) Waiver.
 - Eligibility: An individual shall be age 6 or older and have a diagnosis of ID or be under age 6 and at developmental risk. The person should be eligible for placement in an intermediate-care facility for persons with intellectual disabilities or other related conditions (ICF-ID).
 - Services available: Residential support services, day support, supported employment, prevocational services, personal assistance (agency and consumer directed), respite (agency and consumer directed), companion services (agency and consumer directed), assistive technology, environmental modifications, skilled nursing services, therapeutic consultation, crisis stabilization, transitional services, and personal emergency response systems (PERS). Support coordination is also provided.
 - Visit the [Department of Behavioral Health and Developmental Services \(DBHDS\)](#) website for additional information on this waiver.
- Individual and Family Developmental Disabilities Support (IFDDS or DD) Waiver.

- Eligibility: The DD Waiver provides services to individuals 6 years of age and older who have a diagnosis of a developmental disability and do not have a diagnosis of intellectual disability. Individuals also should require the level of care provided in an intermediate-care facility for persons with intellectual disability or other related conditions (ICF/MR). Children who do not have a diagnosis of intellectual disability, and have received services through the ID Waiver, become ineligible for the ID Waiver when they reach the age of 6. At that time, they can be screened for eligibility for the DD Waiver; if found eligible they will receive a DD waiver slot without being placed on the DD waiver waiting list.
- Services available: Day support, companion services (agency and consumer directed), supported employment, in-home residential support, therapeutic consultation, personal care services (agency and consumer directed), respite care (agency and consumer directed), skilled nursing services, attendant services, family and caregiver training, crisis stabilization, environmental modifications, assistive technology, personal emergency response system (PERS), and prevocational services. Case management is also provided.
- Contact the [Department of Behavioral Health and Developmental Services \(DBHDS\)](#) for additional information on this waiver.
- Elderly or Disabled with Consumer Direction (EDCD) Waiver
 - Eligibility: This waiver serves the elderly and persons of all ages with disabilities. An individual must meet nursing facility eligibility criteria, including both medical needs and functional capacity needs (assistance with activities of daily living). An individual can remain on the waiting list for another waiver while being served by the EDCD Waiver and then transfer to the preferred waiver once a slot becomes available.
 - Services available: Personal care aide services, adult day health care, respite care, skilled respite care, personal emergency response system (PERS), and medication monitoring.

For more information on these and other waivers, see the DMAS Guide on [“Virginia’s Medicaid Waivers for Persons with Disabilities, Their Parents, and Caregivers.”](#)

Waivers are funded per “slot.” A slot is an opening of waiver services available to a single individual. For some waivers, there are waiting lists of persons who have already applied or who have been assessed as eligible and are still waiting to receive a waiver slot. It is important to put the child on the waiting list

as early as possible, even if no slots are currently available. Waiting lists also help document the unmet need for services when funding priorities are decided.

Receiving a waiver slot also does not guarantee that a child or youth will be able to access services included in the waiver. Services can be provided only by approved agencies in each locality. There may be a limited number of approved persons or agencies in a particular area.

12.11.8 Preventing misdiagnosis of children in foster care

When children in foster care are given a diagnosis it is important to ensure that the diagnosis is accurate and that any diagnoses made are periodically reviewed for continued accuracy. To ensure accurate diagnosis, the service worker should:

- Involve the child, parents or guardians, and caregivers in assessments and appointments with professionals treating the child.
- Arrange for the child to have a medical examination prior to the child receiving mental health treatment and/or being given a mental health diagnosis to ensure symptoms are not indicative of a medical problem.
- Arrange for a comprehensive child and adolescent mental health evaluation by a licensed mental health professional. Request that the evaluation address:
 - The child's previous diagnosis (if applicable)
 - Psychosocial supports and/or behavioral health services to help meet the child's needs, build on the child's strengths, and help create resiliency in the family, as appropriate.
 - The appropriate sequencing of psychosocial and/or pharmacologic interventions.
- Help prepare the child and family members, as appropriate, for doctor visits, including how they might:
 - Share information on the child's emotions, behavior, and symptoms with the doctor.
 - Ask questions about the child's medication and treatment.
 - Seek a second opinion, if necessary.
- Ensure that the providers working with the child, including caregivers, are trained to recognize trauma symptoms and are able to provide trauma informed care.

- Keep the child's team informed of the child's mood and behaviors as one component of the overall foster care plan for the child and the family.

For additional information regarding mental health diagnosis and treatment for children see:

- American Academy of Child and Adolescent Psychiatry, Family Resources: https://www.aacap.org/AACAP/Families_and_Youth/Family_Resources/Home.aspx
- Find Youth Info, Youth Mental Health website at: <https://youth.gov/youth-topics/youth-mental-health>
- National Institute of Mental Health, Publications about Children and Adolescents website at: <https://www.nimh.nih.gov/health/publications/children-and-adolescents-listing.shtml>

12.11.9 Psychotropic Medication Oversight Protocol

For some children in foster care who have complex mental health needs, psychotropic medications can be one important component of comprehensive care. There has been a steady increase nationally in the use of psychotropic medications to address the emotional and behavioral problems of children in foster care over the past decade. Data reported from empirical studies show that children in foster care:

- Have higher rates of psychotropic medication use compared to other children in Medicaid and in the general population.
- Are more likely to be prescribed psychotropic medications as they age.
- Often receive more than one class of psychotropic medications when they take such medications.
- Are most likely to receive psychotropic medications in the most restrictive placements, such as group homes or residential treatment programs.

Children in foster care have disproportionately high rates of emotional, behavioral, and mental health needs that require intervention. They also use disproportionately more behavioral health services. Therefore, the higher use of psychotropic medications may in part reflect the increased emotional and behavioral distress for children in foster care.

However, the dramatic increase in use of psychotropic medications may at times exceed clinical practice standards supported by empirical research. There are concerns that when children in foster care are prescribed too many or too much psychotropic medication or prescribed medications when they are too young. There are also significant geographic variations within and across states in the prevalence

of psychotropic use. While some children in foster care may be prescribed too many medications, others may not have access to needed medications.⁹

12.11.8.1 Responsibilities of service worker in managing child's medications

The service worker is responsible for ensuring that psychotropic medications are documented in OASIS (using the health information screen) and administered and monitored for the child in foster care, including:

- Involving the child, parents or guardians, and caregivers in ongoing decision-making as appropriate, including obtaining appropriate consents (See [Section 12.11.1](#)).
- Encouraging the foster parent, TFC worker, or other caregiver to communicate with the MCO about the child's needs and any services or resources the MCO can provide to assist the child.
- Keeping the child's team informed of the child's psychotropic medications as one component of the overall foster care plan for the child and family.
- Ensuring that each child prescribed psychotropic medications is receiving and participating in all recommended behavioral health services (i.e. non-pharmacological interventions).
- Arranging for the child to have the examinations outlined in [Section 12.11.8.1](#).
- Identifying the specific individual where the child is living who is responsible for the management, administration, and monitoring of the child's medications.
- Helping prepare the child and family members, as appropriate, for doctor visits, including:
 - Sharing information on the child's emotions, behavior, and symptoms with the doctor.
 - Asking questions about the child's medication and treatment.
- Ensuring caregivers and providers are informed about the child's medication. Sources of information for caregivers and providers include:

⁹ Excerpted and adapted from [Promoting the Safe, Appropriate, and Effective Use of Psychotropic Medication for Children in Foster Care](#) (ACYF-CB-IM-12-03; April 11, 2012).

- The drug information provided by the doctor or pharmacist.
- Any black box warning labels with potential adverse effects placed on the prescription medication by the Food and Drug Administration (FDA).
- The [Medication Guide](#) for the specific medication on the FDA website. These guides are the paper handouts included with many prescription medicines. They address issues specific to particular drugs and drug classes, and they contain FDA-approved information that can help patients avoid serious adverse events.
- Calling the doctor's office or pharmacist with any questions or concerns.
- Ensuring that a written plan is developed and implemented for administering and monitoring each of the child's medications. The medication plan should include:
 - The name, addresses, and contact information of the doctor prescribing the medication.
 - The name of the medication.
 - The purpose of the medication.
 - The dose and how often the child should take the medication.
 - The maximum dose the child should take.
 - Whether the medicine should be taken with food or on an empty stomach.
 - Any foods, medications, or activities the child should avoid while taking the medication.
 - What to do if the child misses a dose.
 - When to change the dose, if applicable.
 - When to stop the medication and how to stop taking it.
 - Strategies to prevent or minimize side effects.
 - Dates of follow-up visits for tests and doctor appointments.

- When to call the doctor.
- The child's adherence to the medication regimen.
- All side effects the child experiences.
- Information on how the medication is working (e.g., child reports, family reports, teacher reports).
- Communicating to the child, family, foster care provider, other caregivers, and other significant individuals (e.g. teacher), as appropriate, the importance of:
 - The child adhering to the medication regimen prescribed by the doctor.
 - Monitoring the child's emotions, behavior, and symptoms.
 - Reporting any side effects and issues related to the medication.
- Discussing the child's medication with the child and caregivers during ongoing monthly visits, including:
 - How does the child feel about being on the medication?
 - Is the child taking the medication as prescribed? If not, what are the issues and how are they being resolved?
 - Have there been any changes in the child's behavior, mood, appetite, sleep, school performance, and relationship with others?
 - Is the child having any side effects? How are they being managed? Are these strategies working or not?
 - Has the child attended all medical appointments? What are the dates of upcoming appointments with the doctor?
- Arranging for the child to obtain all necessary tests and attend all medical appointments.
- Contacting the prescribing doctor when there are concerns about the medication. May also contact the pharmacist and the primary care provider. Should contact a child and adolescent psychiatrist when there are significant concerns.
- Reviewing how the child's medications are working and any concerns identified regarding continued use at every FPM held for the child and

ensuring the PMC has the Family Partnership Team's feedback to guide a review of the consent as outlined in [Section 12.11.8.3.5](#).

12.11.8.2 Assessment

Accurate assessment is essential to preventing barriers to least restrictive placements as outlined in [Section 12.11.7](#). Accurate assessments ensure that children in care are receiving the appropriate services and treatment targeted to their needs. An inappropriate diagnosis may delay them getting the services and treatment that they need, thus exacerbating or prolonging symptoms they may be experiencing. They may also be placed on medication that they will not benefit from and may cause significant side effects.

Prior to the child being placed on a new psychotropic medication, the child should receive the following inter-periodic screens/assessments:

- A pediatric medical examination to ensure symptoms are not indicative of a medical problem, except in the case of an emergency. In an emergency, a physical examination should be conducted as soon as possible.
- A comprehensive child and adolescent behavioral health evaluation by a licensed mental health professional to identify psychosocial interventions. Information should be requested on:
 - The child's diagnosis.
 - Psychosocial supports and/or behavioral health services to help meet the child's needs, build on the child's strengths, and help create resiliency in the family, as appropriate.
 - The appropriate sequencing of psychosocial and/or pharmacologic interventions.

Note: When the child's condition has already been evaluated and the doctor is changing treatment or psychotropic medication after a treatment or psychotropic medication did not work, these examinations are not necessary.

When children enter care with prescriptions for psychotropic medications, they are required to receive (as part of the evaluations required when a child enters care) a medical examination within 30 days of their placement into care and a mental health evaluation within 60 days of entering care ([Section 12.11.2](#)). These evaluations should address the same categories listed above and should be completed with input and collaboration from the child's current providers. Additionally, information should be gathered from the birth parents or prior custodian, the current caregiver, and the child about how the medication is

working and any side effects. Unless there is an immediate safety concern, the service worker can provide consent for the medication to continue until the next medication appointment. At that time, the PMC will review all available information and provide the consent for the medication to continue or change. This will allow time for the assessments to be completed to provide a more comprehensive understanding of the child's needs.

12.11.8.3 Interventions

Non-pharmacological interventions are any therapies or behavioral strategies that don't involve medicine that are designed to manage the child's behavior or symptoms. Non-pharmacological interventions should be considered prior to beginning a psychotropic medication, except in emergency situations when the child's safety or health is in immediate danger. Non-pharmacological interventions should begin before or concurrently with psychotropic medication.

Interventions should be trauma-informed and evidence-based whenever possible. Resource links are included in [Section 12.3](#) and [Section 12.11.3](#) to registries and databases of trauma-informed and/or evidence-based interventions.

The child's service providers, including the Primary Care Physician (PCP), should be involved in the decision-making process regarding use of psychotropic medication and their input should be considered as a member of the child's treatment team. Service providers should be informed of the medication the child is on and be part of the ongoing monitoring effort. As psychotropic medications can have significant impacts on the mental and physical health of the child, collaboration with the child's PCP and other service providers is essential. Additionally, care coordination should include the MCO efforts and resources. Coordinating care with the MCO will prevent duplication of effort and ensure that the child is getting the most comprehensive case management.

12.11.8.4 Informed consent

Except in the instances described in Sections [12.11.1.1](#) through [12.11.1.4](#), the local department shall give informed consent for psychotropic medication for a child in the care of the local department. In order to grant consent for a child to take psychotropic medication, the local department is required to identify a Psychotropic Medication Consenter (PMC). Approved PMCs review the prescription for the medication, gather the necessary information, and make a decision to provide or deny consent.

Informed consent is the process of receiving complete information about the proposed treatment or medical procedure (including risk, benefits, side effects) prior to making a decision. There are multiple components to informed consent, especially as it pertains to psychotropic medication.

In order to give informed consent, a PMC is required to have complete information on the proposed medication before making a decision. The PMC must understand:

- The child's diagnosis and symptoms,
- Details regarding the proposed medication (i.e. how that medication will help, how long the child might be taking it, procedures to follow, etc.),
- What may happen without the medication,
- The risks and benefits of the medication,
- Non-pharmacological interventions, which may be helpful,
- Side effects of the medication, and
- Why the doctor recommends the medication.

In addition to these elements, the PMC should also consider;

- Age of the child,
- Input from the child, family, and foster parents,
- Whether a second opinion is warranted, and
- Child and family medical history.

Approval of psychotropic medication for youth should always be made thoughtfully, considering all relevant information and involving the family and caregivers in the decision-making process. The family has historical information and valuable insight. By involving the family, this helps support the continuity of services when the child achieves permanency.

Informed consent may also be withdrawn at any time after consultation with the prescriber. If informed consent for a specific medication is being withdrawn, instructions regarding how to safely discontinue the medication should be gathered from the prescriber, provided to the caregiver, and documented in the child welfare information system.

12.11.8.4.1 Psychotropic Medication Consenter (PMC)

A Psychotropic Medication Consenter (PMC) is an employee of a local agency who has completed psychotropic medication consenter training according to the training curriculum and has been designated by the local agency director.

PMCs are typically senior workers, supervisors, director's designees, or directors. As these individuals can carry caseloads, the child's assigned caseworker is not precluded from being the child's PMC. Agencies can develop as many PMCs as needed to meet their agency's demands.

Individuals selected as PMCs are required to possess the following skills and knowledge:

- Ability to facilitate a focused dialogue that results in all information being made available to be utilized in the consenting process.
- Understanding of child development and norms for child and youth behavior, as well as the effects of abuse, neglect, and other trauma on childhood development.
- Understanding and discernment of the short and long-term impact of placement in foster care and subsequent events such as: a change in placement, termination of parental rights, visitation with parents and other family members, a change in permanency goal, etc.
- Understanding of psychotropic medication, side effects, short and long-term impacts, and effective non-pharmacological interventions.
- Ability to use such information to determine whether the approval of psychotropic medication is in the best interest of the child.

The agency is required to certify that any PMC for their agency meets these competencies and has completed the required training through the use of the Psychotropic Medication Consenter (PMC) Certification Form.

The PMC should know the child well enough to make medical decisions, such as knowing the child's medical and case history, current medical condition, allergies, and medication.

The PMC is responsible for granting consent for the child's psychotropic medications through the use of the Psychotropic Medication Informed Consent Form.

12.11.8.4.2 Engaging the family and caregivers

The child's family (i.e. parents, relatives) should participate in medical appointments for the child, including psychotropic medication appointments. A child's family has valuable insight into the child as well as historical information that would be useful at the appointment. As the majority of children in foster care achieve permanency through reunification or custody transfer to a relative, involving family helps support the child's transition as they achieve permanency. The service worker should have ongoing

conversations with the family about psychotropic medication to ensure they understand the child's current medical needs.

Additionally, the current caregiver's input is vitally important. The caregiver has knowledge regarding the day-to-day needs of the child and is able to share how the medication is working and any side effects observed. By involving the caregiver, the local department also helps to support the stability of the placement.

12.11.8.4.3 Engaging the child/youth

Until the child turns 18, they are not legally able to provide informed consent. However, they are able to provide assent which means they are agreeing to the treatment. When psychotropic medication is prescribed for children in foster care, it is important that they are provided an opportunity for input regarding the medication as well as an explanation of the medication in language that is appropriate for their age and development. Children in care should be provided the opportunity to participate in their medical care and medical decisions with the ultimate goal of helping prepare them to make their own decisions when they reach adulthood. PMCs are still responsible for making the decisions regarding psychotropic medications for the child, but the child should be given the opportunity to participate in and understand the decisions made on their behalf. As appropriate for the child's age and development, the child should provide their assent or dissent for the medication. The child should have a say in the decision regarding taking psychotropic medication as they get older. Involving the child in the discussion early on may help them to make better decisions later. However, the PMC is ultimately responsible for the final decision based on what is best for the child.

Involving the child in the discussion is important because of the following:

- Allows the child to feel more in control and helps build trust.
- Helps the child invest in the treatment and may make the treatment more successful.
- Supports the child's decision making once they are an adult.

If a child refuses to provide assent for the treatment, service workers should consult with the child, the prescribing doctor, and the child's treatment team. Depending on the rationale for the refusal, it may be helpful to explore with the child and doctor alternative treatment options, a lower dosage, or a non-pharmacological option. The child should also be provided information regarding the possible effects of refusing the treatment as well as the rationale behind the proposed treatment.

12.11.8.4.4 Transition to adulthood

Once the youth turns 18, they gain the ability to consent or refuse their own medical treatment, including psychotropic medication ([Section 12.11.1.4](#)). The service worker, along with the PMC, should support the youth as they transition to making these medical decisions. The youth's transition plan should contain steps to ensure the youth is educated regarding their prescribed psychotropic medications, elements of informed consent, and applicable resources.

Additional ways to help support the youth as they become their own medical consenters:

- Attach a copy of their current medications and prescribers to their transition plan or provide it to the youth at the time of discharge from care, including a copy of the most recent Psychotropic Medication Informed Consent Form;
- Assist the youth in scheduling their next psychotropic medication appointments, develop a plan for how they will get there, and identify individuals who may be a support to them during these appointments; and
- Provide them additional resources to assist in navigating the decisions around psychotropic medications.

12.11.8.4.5 Reviewing Consents

PMCs provide the initial consent for psychotropic medications and when new medications are added. When the prescriber recommends dosage changes or terminating a psychotropic medication, the service worker may provide consent for those activities. The service workers should use the PMC as an expert resource in discussing concerns and questions, including if the child is still experiencing the referring symptoms or if the child is experiencing side effects. When children are psychiatrically hospitalized, service workers can provide consent for short-term medication in response to an immediate safety threat; however, consent for any changes to the child's ongoing medications needs to be provided by the PMC.

The child's psychotropic medication should be reviewed at every FPM for the child. The FPM provides an opportunity to have a team review process. The PMC may be present at the FPM or use the feedback from the FPM to help inform the review of their consent. The PMC should use the review section on the Psychotropic Medication Informed Consent Form to indicate that a review of the consent has been conducted. If the child's information has changed substantially from the initial consent form, it may be necessary to update the form entirely.

At a minimum, the PMC should be conducting a review of the consent every six months.

12.11.8.5 Resources

For information on psychotropic medications, see:

- [Promoting the Safe, Appropriate, and Effective Use of Psychotropic Medication for Children in Foster Care](#) (ACYF-CB-IM-12-03; April 11, 2012).
- [A Guide for Community Child Serving Agencies on Psychotropic Medications for Children and Adolescents](#) (2012) by the American Academy of Child & Adolescent Psychiatry.
- [Mental Health Medications](#) by the National Institute of Mental Health.
- [Facts For Families](#) by the American Academy of Child and Adolescent Psychiatry
- [Making Healthy Choices](#): A Guide for Caregivers and Caseworkers on Trauma, Treatment, and Psychotropic Medications.

12.12 School placements and education

For children and youth in foster care, a change in foster care placement has frequently resulted in a change in school placement. The educational impact of every school change is significant. Each time children enter new schools they must adjust to different curricula, different expectations, new friends, and new teachers. These changes may create several negative outcomes for children placed in foster care:

- They may make less academic progress, falling behind their peers.
- They may experience less opportunity for academic achievement, increasing the risk for dropping out of school.
- They may face challenges in developing and sustaining supportive relationships with teachers and peers.

Keeping children in the same school:

- Provides continuity in education.
- Maintains important relationships at school.
- Provides stability during a traumatic time for the children.

- Improves educational and life outcomes.

After the LDSS determines the most appropriate home for a school age child (see [Section 6.3](#) through [Section 6.7](#)), the LDSS and the school division shall have a Best Interest Determination (BID) meeting to work together to jointly determine the child's best interest for school placement. The joint guidance document, [Virginia Department of Education and Virginia Department of Social Services Fostering Connections: Joint Guidance for School Stability of Children in Foster Care](#), represents collaboration of these two State departments to promote school stability for children in foster care. The joint guidance may also be found on the Virginia Department of Education's website under [Enrollment of Students in Foster Care](#).

The joint guidance applies to all school age children in both initial and subsequent foster care placements. The joint guidance requirements also apply when the parent retains custody of the child and has entered into a noncustodial foster care agreement with the LDSS to voluntarily place the child in foster care. The updated Client Education Report from OASIS shall be printed and attached to Part A of the youth's foster care plan or the review document each time there is a court hearing.

12.12.1 Communicating with school on child's education

The CPA, in collaboration with the birth parent(s) or prior custodians as appropriate, and the foster and adoptive parent or current placement provider, should:

- Refer the child for an evaluation for determination of eligibility for special education services if he or she is suspected of having a disability.
- Communicate any other special needs or issues the child may have related to school.
- Inform school personnel of foster care requirements, such as regular court dates, the child's permanency plan, and the child's foster care plan, as appropriate.
- Monitor the child's educational progress through attending conferences with school personnel, report cards, performance evidence, and IEP meetings as appropriate, and through maintaining contact with the foster care placement and birth parent(s) or prior custodians.
- Inform the school at any time the child is a subject of a petition alleging the child committed, or was adjudicated delinquent for, any criminal acts listed in [§ 16.1-260 G](#) and provide the nature of the offense.

LDSS may contact the [School Division Foster Care Liaison](#). The Virginia Department of Education's [Superintendent's Memo #306](#) dated December 10, 2010 recommended that each school division designate a point of contact for students in foster care.

12.12.2 School nutrition programs

The Healthy, Hunger Free Kids Act of 2010 provides categorical eligibility for free meals, without further application for foster care children. The school division should obtain documentation indicating the status of the child as a child in foster care in the placement and care responsibility of the state or that the child in foster care has been placed with a caretaker household by a court.

Prior to the Act, a separate application for free and reduced lunch price meals was submitted for a foster child who was considered a household of one. Now, a foster care child is categorically eligible and may be certified without an application with the appropriate documentation.

Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes the non-foster care children. Information should be relayed to the foster family that the presence of a foster child in the home does not convey eligibility for free meals to all children in the household in the same manner as Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF).

When the LEA is processing a household application, the foster care child will be certified for free meals and then an eligibility determination will be made on the remainder of the household based on the household's income (including personal income earned by the foster child).

Foster payments received by the family from the placing agency are not considered income and do not need to be reported.

12.12.3 Regular education services

The local school division shall provide free textbooks required for courses of instruction for children attending public schools ([§ 22.1-243](#)). Other educational services needed by the child and not provided by local school divisions may be purchased using state pool funds. Some educational services may be purchased from independent living funds for youth ages 14 and over.

12.12.3.1 When regular education services may be purchased

- To achieve an educational goal;
- They are not the responsibility of state and/or local education agencies;
- Services are not available without cost; or
- Charges for services are the same to all residents regardless of income.

12.12.3.2 Educational services that may be purchased

- Normal school expenses such as school trips, summer school, gym suits, fees for labs, art classes, etc., and school supplies.
- Tutoring.
- Training for employment if no other resource exists.
- Tuition and fees, school supplies, textbooks required for college degree or vocational education.
- Tuition and fees, etc., for placement in a private school or private day school for the child who is not eligible for special education. In this instance, the child's foster care paper case record shall document that:
 - All other resources to meet the child's specific need have been explored.
 - These resources have been determined to be inadequate to meet the child's needs.

Note: Students receiving special education services shall be placed in a school setting in accordance with their IEP.

12.12.3.3 Other school-related expenditures

Expenses related to school activities that are not necessary to meet an educational goal such as class rings, club dues, and prom fees may be purchased from Chafee Independent Living Funds for youth ages 14 years and older, private donations, and local only funds. After all other funding sources are pursued and determined not available, state pool funds may be used based on CPMT procedures.

12.12.3.4 Additional education requirements

The most recent information available regarding the child's educational status, including:

- The child's State Testing Identifier (STI) Number for the child of compulsory age for school attendance, meaning the child was age five (5) on or before September 30 of the school year through his or her 18th birthday ([§ 22.1-254 A](#)). The sole purpose of documenting the STI number is to allow VDSS to obtain educational outcome information on children in foster care from the Virginia Department of Education.

- If an STI number cannot be entered despite reasonable efforts to obtain the number, document the reasons on the foster care plan. Younger children or older youth may have an STI number which shall be entered.
 - The STI number is confidential by law and shall be protected by LDSS as all confidential child information is maintained (§ [63.2-104](#)). The STI number shall only be entered into OASIS. The STI number will only appear on the OASIS screen; it does not appear on the previewed or printed foster care plan. Do not write the number on the printed foster care plan or include it in the body of the foster care plan.

- How to get the number:
 - The STI number is located on the student's SOL Report or the LDSS may contact the person responsible for student records at the child's school to obtain the number.
 - For the child who entered foster care through a non-custodial foster care agreement, the LDSS shall request the child's parent who has legal custody of the child to obtain the child's STI number from the school.

- A summary of activities demonstrating that during initial and subsequent placements of a child, the LDSS:
 - Took into account the appropriateness of the child's current educational setting and the distance from potential placements to the school in which the child was enrolled (e.g., talked with representative from current school, the conclusions reached on the appropriateness of the educational setting, and the distance from potential placements).
 - Made the placement decisions and immediately coordinated with the child's school to ensure the child remained enrolled in the same school in which he or she was enrolled prior to the placement change, unless contrary to the child's best interests (e.g., met with key partners to determine child's best interest, the determination made at the meeting, the best interest determination form placed in the child's case record).
 - Immediately and appropriately enrolled the child in his or her new school when it was in the child's best interest to change schools (e.g., child was presented to school with all required documents; immediate enrollment form placed in the child's case record).

- Statement that the school-aged child is either enrolled as a full-time student and is:
 - Enrolled in elementary, middle, or high school;
 - Instructed at home in elementary or secondary education, in accordance with home schooling laws and requirements;
 - Instructed in an independent study program for elementary or secondary education that is administered by the local school division, in accordance with education laws; or
 - Incapable of participating in school full-time due to a medical condition that is documented by a qualified professional and updated quarterly or more frequently based on the child's condition;
 - Or, the school-aged child has completed secondary school:
 - Graduated from high school;
 - Earned a Board of Education-approved career and technical education certification.
- And whether the older youth:
 - Is enrolled full-time in an institute of higher education, technical college, or community college; or
 - Has completed two year or four year college/university.
- List of information available in the child's case record, including:
 - The names and addresses of the child's educational providers.
 - The child's school record, including attendance, and Individualized Education Plans (IEP), 504 plans, or gifted status, as appropriate.
 - The child's performance in school, including report card and standards of learning tests results.
- Any other relevant educational information concerning the child.

12.12.4 Special education services

- School divisions are mandated by law to provide, without cost, instruction specifically designed to meet the unique needs of children with disabilities, ages 2 through 21 ([§ 22.1-214](#)).

- A child is determined eligible for special education and related services by an eligibility team at the school. This team uses data gathered through a comprehensive evaluation. The school division may use data provided by the LDSS or other source (e.g., psychological, medical, hearing or vision screenings/evaluation, and sociocultural evaluations). This team makes its decision for such services no later than 65 business days after the referral for the evaluation is received by the division.
- The school division shall develop an individualized education program (IEP) **within 30 calendar days** after eligibility has been determined.

If the child's parent cannot be found or parental rights have been terminated, school divisions are required by law to train and appoint surrogate parents to represent the educational interests of the children, which may include those in the custody of the LDSS. When a surrogate parent is appointed, that individual holds the same rights and responsibilities relative to the child's education as are afforded to parents. Local school divisions may appoint the foster parent as the surrogate parent under certain circumstances. The school division may recognize the foster parent as parent when the child is in permanent foster care. Additionally, the permanent foster care parent shall have an ongoing, long-term relationship with the child, is willing to make the educational decisions required of the parent under the regulations governing special education, and has no interest that would conflict with the child's interests.

- A surrogate parent is not required for a child in a non-custodial placement. The parent or guardian is responsible for requesting services and signing IEPs. The federal Individuals with Disabilities Education Act ([P.L. 108-446](#)) prohibits LDSS staff from serving as parents (or surrogate parents) for children in custody.
- If the child's parents (which includes birth parents, adoptive parents, permanent foster parents in the situation described above, or surrogate parent) disagree with the evaluation conducted by the school division, they may request an independent evaluation at public expense.
- If the LDSS or foster parents have any concerns or disagreements about a foster care child's special education program or implementation of the special education procedures, the service workers should first contact the director of special education in the local school division for resolution. If resolution is not achieved at the local level, the LDSS may contact the Virginia Department of Education's Dispute Resolution and Administrative Services unit in the [Division of Special Education and Related Services](#) for more information about mediation, complaints, and due process hearings.

12.12.4.1 Local school responsibility

Local school divisions are responsible for paying for special education services identified on the child's Individual Education Program (IEP) when the child is placed within the school system or regional special education program.

When a child is placed in another jurisdiction, the receiving local school division should seek reimbursement for education costs from the Virginia Department of Education for any children receiving foster care services. (§§ [22.1-101.1](#) and [22.1-215](#)).

12.12.4.2 Length of time child is eligible for special education services

A child is eligible for special education services until he or she:

- Is found to be no longer eligible by an eligibility team;
- Graduates with a regular or advanced diploma; or
- Reaches age 22 by September 30 of the year.

The local school division where the LDSS is located that has custody of the child is responsible for the child's special education services. In the event that a child is placed in foster care in a different jurisdiction and the child can be educated in the public school or a regional program that includes that jurisdiction, the school division where the child is placed is responsible for the child's education.

12.12.4.3 Use of state pool funds for special education services

- State pool funds are to be used to purchase special education and related services for a child placed in a residential facility approved for special education or private special education day school in accordance with the child's IEP. Related services include such services as developmental day programs, infant/child stimulation, training to maximize independence, and sheltered workshops. Procedures to access state pool funds for these placements will be based upon CPMT policies. Maintenance for title IV-E eligible children would be paid from title IV-E funds and from state pool funds for non-title IV-E children.
- In addition, the [CSA Manual](#) (Section 4.3.3a) specifies how state pool funds may be used to keep a child in a less restrictive special education environment, when the FAPT makes such a determination and includes it on the IFSP.
- If a child is placed in a facility for special education and is subsequently determined ineligible for special education, removal of the child from the

facility or continued funding of services for that child in the facility will be based on local CPMT procedures. The LDSS, in coordination with the FAPT, is responsible for ensuring that an appropriate placement is provided for the child.

12.12.4.4 Cross-jurisdictional placements

The cost of purchasing special education and related services, where applicable, for children in cross-jurisdictional placements will be covered by the placing agency's school division through the policies of the CPMT. This also applies to children in permanent foster care placements or adoptive placements prior to the final order. If a child is served in a public school, the receiving school division pays for the services. All special education needs shall be included on the IEP in accordance with federal law.

12.13 CSA services

The Children's Services Act (CSA) establishes a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the needs of troubled and at risk youth and their families. One of the targeted populations is children and youth for whom foster care services, as defined by [§ 63.2-905](#), are being provided.

12.13.1 CSA foster care services

Foster care services are the provision of a full range of casework, treatment and community services including but not limited to independent living services, for a planned period of time to a child or youth who has been abused or neglected, or in need of services, or a family who a child or youth has been identified as needing services to prevent or eliminate the need for foster care placement, a youth or child who has been placed through an agreement between the LDSS or the public agency designated by the CPMT and where legal custody remains with the parents or guardians, or has been committed or entrusted to an LDSS or licensed child placing agency. Foster care services also include the provision and restoration of independent living services to a person who is over the age of 18 years but who has not reached the age of 21 years who is in the process of transitioning from foster care to self-sufficiency.

Access to CSA funds is governed by state and local policies which require multi-agency planning, uniform assessment, utilization review, and authorization of funds. The LDSS service worker should become familiar and comply with policies established by their local Community and Policy Management Team for access to CSA funding.

12.13.2 Role of LDSS when collaborating with FAPT

The LDSS shall refer the child and family to the Family Assessment and Planning Team (FAPT) or approved multi-disciplinary team, consistent with CMPT policies. As part of this process, the LDSS shall ensure the child is assessed using the mandatory uniform assessment instrument (§ [2.2-5212](#)). See [Section 5.9.1](#) for information on the Child and Adolescent Needs and Strengths (CANS) tool.

The LDSS shall assist the FAPT, consistent with CPMT policies, in:

- Engaging the family to participate in all aspects of assessment, planning, and implementation of services.
- Assessing the unique strengths and needs of the child and family.
- Identifying and/or creating the services and/or supports to be provided to the child and family. This process involves exploring:
 - Family and community based services first.
 - Placements with extended family and individuals who can effectively care for the child whenever possible, if family based services are not in the child's best interest.
 - Family like homes when there are no viable placements for the child with extended family and individuals.
 - Short term residential treatment programs when these are the most appropriate, least restrictive, and cost effective services for the child.
- Ensuring all appropriate community services for the child have been explored before placing the child across jurisdictional lines (§ [2.2-5211.1 2](#)).
- Maximizing and pooling resources across agencies and sectors by helping to explore all available family, private insurance, community, LDSS, and other public resources that may assist in funding the services and supports.
- Developing the individual family services plan (IFSP) or using the foster care plan.
- Referring the child and family to services delineated in the plan, when appropriate.
- Helping to coordinate services with the child and family, when designated to serve this role by the FAPT (§ [2.2-5208](#)).

- Helping to conduct ongoing utilization management to assess the effectiveness and appropriateness of services provided, when requested by the FAPT ([§ 2.2-2648 D15](#)).

The LDSS shall include the Foster Care Plan or the Individual Family Service Plan (IFSP) developed by the FAPT or approved multidisciplinary team in the child's foster care paper case record.

13

ACHIEVING PERMANENCY FOR OLDER YOUTH: WORKING WITH YOUTH 14-17

TABLE OF CONTENTS

13.1	Introduction	3
13.2	Framework	4
13.2.1	Practice principles	4
13.2.2	Legal citations.....	5
13.2.3	Outcomes	8
13.3	Clarification of terms	9
13.4	Achieving permanency for older youth.....	10
13.4.1	Maintaining connections with siblings and birth families.....	11
13.5	Life skills assessment	11
13.5.1	The CLSA	12
13.5.2	Who benefits from the CLSA	13
13.5.3	Frequency of administering CLSA.....	13
13.5.4	What happens after youth takes assessment.....	13
13.6	Independent living services for youth age 14 and older	13
13.7	Preparing youth for adulthood.....	17
13.7.1	Youth-driven planning.....	18
13.7.2	Engaging families and working with the youth’s team	19
13.7.3	Chafee Program Transition Plan (Transition Plan) for youth age 14 and older	20

13.7.4	Youth rights	21
13.8	Paying for independent living services.....	22
13.9	Credit checks and freezes	23
13.9.1	Credit freezes and youth 16 and older	24
13.10	Transitioning youth over age 16 to adulthood	25
13.11	ETV Program for youth	26
13.11.1	ETV funding	27
13.11.2	Eligible youth	27
13.11.3	Student application process for LDSS	28
13.11.4	OASIS Education Screen	28
13.11.5	Higher education criteria.....	29
13.11.6	Cost of attendance	29
13.11.7	Serving out of state youth	30
13.12	Referring and transitioning youth to Adult Services	31
13.12.1	Assessing for benefits programs and other supports	32
13.12.2	Adult Foster Care Services.....	32
13.13	Conducting NYTD outcomes survey with youth at age 17.....	33
13.13.1	Engaging youth to participate in the NYTD Outcomes Survey	35
13.13.2	Administering the baseline NYTD Outcomes Survey	35
13.13.3	Technical assistance	36
13.14	90-day Transition Plan prior to youth turning age 18	36
13.15	Youth Exit Survey Initiative	38
13.15.1	LDSS notifications and administration protocols	38
13.15.2	Informing youth about the survey and distributing survey materials.....	39
13.15.3	Engaging youth to participate in the Youth Survey Initiative.....	39
13.16	OASIS documentation for independent living services	39
13.17	Program monitoring and case reviews	41
13.18	Resources to help serve older youth	42
13.18.1	Engaging youth.....	42
13.18.2	Resources for youth	42
13.18.3	Education and training resources for youth	42
13.18.4	Other resources	44

13

ACHIEVING PERMANENCY FOR OLDER YOUTH: WORKING WITH YOUTH 14-17

13.1 Introduction

Permanency should be the goal for every child regardless of age. While there may be delays or challenges to achieving permanency, efforts to establish permanent connections for all children in foster care continue. Virginia practice and philosophy regarding older youth in care includes a strong focus on the need for permanent connections to responsible adults, as well as improved skills to manage adulthood in a successful manner at the point at which they exit foster care.

Serving youth over the age of 14 in foster care involves the same planning, procedures, and services that are provided with all youth in foster care and their families. Local departments of social services (LDSS) shall continue to focus on achieving permanency for the older youth with a sense of urgency. In addition, the LDSS shall assist the older youth in preparing for and transitioning to adulthood.

Research shows that youth who age out of the foster care system without a permanent family are more likely to experience poverty, homelessness, early parenthood, incarceration, and mental health and medical problems. They also often lack the necessary educational and life skills to be successful adults. These challenges result in significant economic, emotional, and social costs for the youth and society.

To improve outcomes for older youth, it is essential to have an integrated approach to both achieve permanent connections, ideally with a family which will be a lifelong resource for the youth, and also to offer comprehensive preparation for adulthood for all children and youth in foster care. LDSS should focus their efforts on finding families, establishing permanent lifelong connections with significant adults, and providing services and supports in areas such as education, employment, finances, health, housing, and home management.

13.2 Framework

The LDSS shall meet federal and state legal requirements and should use sound practice principles to achieve desired outcomes and to guide decision making in providing foster care services for children of all ages and their families.

13.2.1 Practice principles

Fundamental principles inherent in Virginia's Children's Services System Practice Model guide service delivery:

First, we believe in youth and family-driven practice.

- Older youth are treated with dignity and respect.
- Older youth and families have the right to say what will happen to them. Their voices are heard, valued, and considered in all decision making, including safety, permanency, and well-being as well as in service and educational planning and in placement decisions. Each youth's right to self-determination is respected within the limits of established community standards and laws.
- Older youth and family members are the experts about their own families. It is our responsibility to understand youth and families within the context of their own family rules, traditions, history, language, and culture.
- Older youth have a right to connections with their biological family and other caring adults with whom they have developed emotional ties.
- We engage older youth and families in a deliberate manner. Through collaboration with youth and families, we develop and implement creative, individualized solutions that build on their strengths to meet their needs. Engagement is the primary door through which we help older youth and families make positive changes.

Second, we believe all older youth need and deserve a permanent family and lifelong adult and family connections.

- Lifelong family connections are crucial for older youth and adults. It is our responsibility to promote and preserve kinship, sibling, and community connections for each youth. We value past, present, and future relationships that consider the youth's hopes and wishes.
- Permanency for older youth is best achieved through a legal relationship such as parental custody, adoption, or kinship care. Placement stability is not permanency.

- Planning for older youth is focused on the goal of preserving their family, reunifying their family, or achieving permanency with another family.
- Permanency planning for children and youth begins at the first contact with the children's services system. We proceed with a sense of urgency until permanency is achieved. We support families after permanency to ensure that family connections are stable.

13.2.2 Legal citations

The legal framework and specific requirements for providing services for youth in foster care are delineated in federal and state law. See the law for complete language by clicking on the citation.

- **The Preventing Sex Trafficking and Strengthening Families Act of 2014 (P.L. 113-183)**
 - Requires states to develop and implement policies and procedures related to children and youth at risk of sex trafficking as well as policies and procedures encouraging normalcy for children in foster care, supporting successful transitions to adulthood for older children in foster care, and working towards achieving permanency for children entering or at risk of entering foster care. The Preventing Sex Trafficking and Strengthening Families Act requires that:
 - Children age 14 and older are included in the development of their foster care plan;
 - Children age 14 and older are given the opportunity to choose up to two (2) members to be part of their case planning team;
 - The foster care plan for a child age 14 and older include a document identifying the youth's rights pertaining to education, health, visitation, court participation, and the right to stay safe and avoid exploitation. The plan shall also include a signed acknowledgement by the youth that the document was provided to them and that those rights have been explained in an age-appropriate way;
 - Children age 14 and older receive a free annual copy of their credit report and assistance to fix any inaccuracies; and,
 - All youth aging out of foster care, unless they have been in care less than six months, be given or have certain documents including their social security card, a driver's license or state identification, certified birth certificates and a copy of their medical records. All

youth aging out of foster care shall also be provided the [Proof of Foster Care](#) form printed on agency letterhead.

- **John H. Chafee Foster Care Independence Act of 1999**
 - Establishes the Chafee Foster Care Independence Program (CFCIP). The 2018 Family First Prevention Services Act amended this legislation by renaming the program to John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee Program) and making changes to the program purposes and populations of youth eligible to receive services. The Chafee program provides federal funds to help eligible youth:
 - Transition to self-sufficiency by providing services such as assistance in obtaining a high school diploma, career exploration, vocational training, job placement and retention, training in daily living skills, training in budgeting and financial management skills, prevention of *substance use disorder*, and preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention).
 - Receive the education, training, and services necessary to obtain employment.
 - Prepare for and enter post-secondary training and educational institutions.
 - Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults.
 - Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 23 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood.
 - Establishes the Education and Training Voucher Program

The Promoting Safe and Stable Families amendments to the Chafee Act of 2001 established the Education and Training Vouchers (ETV) Program. It provides federal and state funds to help foster youth with expenses associated with college and post-secondary vocational training programs.

- Clarifies that independent living activities should not be seen as an alternative to permanence for children/youth and can be provided concurrently regardless of permanency goal.
- Imposes penalties for misuse of funds or non-compliance with data reporting requirements.
- Increases accountability and performance standards for states in providing independent living services and improving outcomes.

The Chafee Program and ETV focus on collaborating and coordinating independent living services with other federal, state and community based agencies and providers that serve youth. There are six outcomes used for the purpose of evaluating efforts in preparing youth for adulthood, self-sufficiency, and interdependence as they transition from foster care.

The six outcomes are:

- Youth financial self-sufficiency;
- Youth educational (academic or vocational) attainment;
- Youth positive connections with adults;
- Experience with homelessness among youth;
- High-risk behavior among youth; and,
- Youth access to health insurance.

- **National Youth in Transition Database**

Federal regulation requires states to report specific information in the National Youth in Transition Database (NYTD) ([45 CFR 1356.80 through 1356.86](#)). States are required to report two types of information beginning October 1, 2010. This data includes:

- Outcomes on cohorts of youth who are aging out and have aged out of foster care.
- Independent living services that youth receive that have been provided and/or paid for by Chafee agencies (i.e. LDSS and United Methodist Family Services (UMFS) [Project LIFE.](#))

- **Foster care services**

- [§ 63.2-905](#)

- Independent living services
 - [§ 63.2-905.1](#)
- **Foster care and transition plans for youth over age 14**
 - [§ 16.1-281](#)
 - [§ 63.2-905.1](#)
 - [Social Security Act, Title IV, § 475 \(5\) \(H\) \[42 USC 675\]](#)

13.2.3 Outcomes

The LDSS shall strive to achieve the same outcomes for older youth in foster care as any other youth, as required in the federal Child and Family Services Review. Some specific outcomes and specific measures are listed below:

Outcome 1: Children have permanency in their living situations.

- More children leave foster care and achieve permanency.
- Children achieve permanency with shorter lengths of stay.
- Increased timeliness to permanency.
- Fewer placement moves and disruptions.
- Fewer children in out-of-home care.
- More children placed in family-based care.
- More children placed in relative foster homes.
- Fewer children placed in residential care.
- Fewer children re-enter out-of-home care.

Outcome 2: The continuity of family relationships and connections is preserved for children.

- More children in foster care placed in close proximity to families and communities.
- More children in foster care placed with their siblings.

In addition, federal regulations require the tracking of outcomes for cohorts of youth in foster care who are aging out and have aged out of foster care. The six NYTD outcome areas include:

- Youth financial self-sufficiency.
- Youth education (academic or vocational) attainment.
- Youth positive connection with adults.
- Experience with homelessness among youth.
- High risk behavior among youth.
- Youth access to health insurance.

13.3 Clarification of terms

Several terms are used in serving older youth that sound similar but are distinct and should not be used interchangeably.

- “Independent living arrangement” means that a youth is living independently under a supervised arrangement. A youth in an independent living arrangement is not supervised 24 hours a day by an adult. The youth is provided with opportunities of increased responsibility; such as paying bills, assuming leases, and working with a landlord. Examples include living in one’s own apartment or living in a college dorm.
- “Independent living goal” means a planned program of services designed to assist persons who are currently or formerly in foster care between the ages of 18 and 21 in preparing for adulthood.
- “Independent living services” are services and supports that are designed with and provided to the youth. They build upon the strengths and meet the unique needs of the youth in preparing for adulthood.
- “Life skills” (also known as “independent living skills”) are skills the youth develops to achieve self-sufficiency and interdependence. These skills prepare and enable the youth to be successful in adulthood.
 - “Self-sufficiency” means the youth becomes skilled in accomplishing and being responsible for daily life tasks.
 - “Interdependency” means the youth becomes skilled in being resourceful and connected with others to meet his or her needs and to contribute to society.

- These terms all represent different, and sometimes complementary, strategies for helping the youth prepare throughout their journey and successfully transition to adulthood.

All older youth need to develop self-sufficiency and interdependency skills in preparation for adulthood, regardless of their permanency goal or living arrangement. Older youth in foster care may live in a variety of placements (e.g., relative homes, foster homes, group homes, residential facilities, or independent living arrangements.) They remain eligible for independent living services, regardless of placement type or permanency goal.

13.4 Achieving permanency for older youth

Permanence is both a value and a goal of practice. For youth to be successful in adulthood, they should leave the foster care system in a planned manner that connects them to a lifelong family.

Youth tend to operate in the realm of concrete thinking and permanence is an abstract idea. How a youth feels about his current situation will influence their decision, especially when they are not involved in the planning of their own permanency goals. It is imperative that the service worker uses work practices that rely on respectful family and youth engagement, strength-based approaches, team planning and decision making and the use of relevant, structured assessments.

The priority for LDSS and the youth's team shall be establishing permanency for the older youth. Permanency involves finding a permanent family and establishing enduring family relationships and lifelong connections with adults who are significant to the older youth.

The permanency goal for older youth shall be return home with custody returned to the parent or prior custodian. If reunification is not possible, then adoption by a relative or non-relative, or placement with subsequent transfer of custody to a relative shall be pursued based on the best interests of the youth. If these priority goals are not in the child's best interest, an alternative goal may be used, although these goals do not achieve permanency for the child ([see Section 11](#)).

Conducting diligent searches for relatives and establishing enduring family connections and lifelong connections with significant adults are essential from the day a youth first enters foster care and shall continue throughout the youth's time in care (see [Section 2.5](#) and [Section 2.6](#)). Youth entering care at an older age should be involved in discussions about permanent adult connections and when ready, the youth should be engaged in ongoing discussions about adoption. If relatives or other individuals who are significant to the youth had been located in the past but ruled out as a placement resource, the service worker should continue to discuss options for these individuals to have permanent connections with the youth. This includes remaining in contact with these relatives, or other individuals who had been ruled out, to explore other roles they may take in supporting the youth. It is also important to revisit the reasons why

individuals were ruled out as a permanent placement for a youth as changes to those circumstances over time may make the individual a feasible placement in the future (See [Section 9.6](#) for information about the Permanency Pact and its use in building kin connections). The service worker should utilize a person locator tool to locate relatives and significant adults as potential permanent connections for the youth.

Older youth should be connected with at least one adult before leaving foster care, and preferably several adults. These adults are individuals the youth can go to for advice or guidance when making decisions or resolving problems, or for companionship when celebrating holidays, special occasions, and personal achievements. The adults should be easily accessible to the youth, either by telephone or in person. They may include, but are not limited to, adult relatives, parents, foster parents, neighbors, family friends, coaches, and teachers. These adults should be in addition to the youth's spouse, partner, boyfriend, girlfriend, and current caseworker.

Services to find a permanent family and to establish lifelong connections for the older youth should be provided regardless of the youth's permanency goal, or previous unsuccessful attempts to establish enduring connections, or the youth's own perceived need for permanency. While most youth try to assert their independence before or at age 18, they will need permanent adult connections after leaving foster care, as well as the option to resume foster care services.

13.4.1 Maintaining connections with siblings and birth families

When older youth in foster care have siblings, all reasonable steps shall be taken to place the youth and siblings together in the same resource or permanent home. When placing the siblings together is not in the best interest of the youth or sibling, a plan that establishes frequent and regular visitation or communication shall be made to help the youth maintain sibling connections (see [Section 6.4](#)).

The service worker, in collaboration with the youth, should continually re-examine and maintain the "optimal level of connectedness" with the youth's birth family¹. Family situations change over time and the youth's ability to maintain safety increases as the youth matures physically. Since most youth return home when they leave foster care, the service worker should help the youth while he or she is in foster care identify ways to connect positively with the birth family, as appropriate, and to make wise decisions while at home.

13.5 Life skills assessment

A life skills assessment shall be conducted to assess the strengths and needs of youth in preparation for adulthood. The assessment shall be driven by the youth. It should be

¹ "[Optimal level of connectedness](#)" is part of family reunification definition by Pine, Warsh, and Maluccio. Research Roundup on Family Reunification, March 2002, Child Welfare League of America.

strength-based and collaboratively involve the birth parents and caretakers of the youth. Information from the assessment should complement the information obtained during the comprehensive child and family assessment (see [Section 5](#)), of which this assessment is one component.

Federal regulation describes a life skills assessment as “a systematic procedure to identify a youth’s basic skills, emotional and social capabilities, strengths and needs to match the youth with appropriate independent living services. A life skills assessment may address knowledge of basic living skills, job readiness, money management abilities, decision-making skills, goal setting, task completion, and transitional living needs” ([45 CFR 1356.83\(g\)\(20\)](#)).

The Virginia Department of Social Services (VDSS) recommends use of the Casey Life Skills Assessment (CLSA), however LDSS may choose to use another appropriate assessment tool that identifies the youth’s skills, capabilities, strengths and needs as stated above. The Daniel Memorial Independent Life Skills Assessment has been verified to meet these requirements. Any other life skills assessment instrument or strategy needs to be approved by VDSS prior to use. The independent living needs assessment shall be reported to the federal government as a service provided to older youth.

13.5.1 The CLSA

The CLSA is a free tool that assesses the behaviors and competencies youth need to achieve their long term goals. It aims to set youth on the way toward developing healthy, productive lives. Examples of the life skills CLSA helps youth self-evaluate include:

- Maintaining healthy relationships;
- Work and study habits;
- Planning and goal setting;
- Using community resources;
- Daily living activities;
- Budgeting and paying bills;
- Computer literacy; and,
- The youth’s permanent connections to caring adults.

To preview the CSLA, click this link: [CLS Assessment](#).

13.5.2 Who benefits from the CLSA

CLSA is designed to be used in a collaborative conversation between an educator, mentor, service worker, or other service provider and any youth between the ages of 14 and 21. It is appropriate for all youth regardless of whether they are in foster care, live with biological parents, or reside in a group home.

13.5.3 Frequency of administering CLSA

The assessment must initially be administered:

- For youth in foster care, **within 30 days** after the youth's 14th birthday.
- For youth entering foster care after the age of 14, **within 30 days** after the youth's entry into the system.

The assessment must be re-administered at least once every 12 months for youth age 14 and older and prior to the annual update of the Transition Plan.

Completion of the assessment must be documented in OASIS on the IL checklist.

13.5.4 What happens after youth takes assessment

Youth typically will require 30-40 minutes to complete the CLSA. Their answers are available instantly for the adult to review with the youth in a strength based conversation that actively engages the youth in the process of developing goals.

The CLSA also offers a [resource guide](#) that helps when working with the youth to gain the skills that they need for successful transition to adulthood.

13.6 Independent living services for youth age 14 and older

All youth age 14 and older shall be provided independent living services for a planned period of time, based on the life skills assessment. The services shall assist the youth in developing the skills necessary for self-sufficiency and interdependence in adulthood, regardless of the youth's permanency goals ([§ 63.2-905](#)).

Independent living services include a broad range of activities, education, training, and direct services. The following types of services and skills development shall be considered to help the youth prepare for self-sufficiency: counseling, education, housing, employment, and money management. Access to essential documents, such as assistance in obtaining a birth certificate or Social Security card, and other appropriate services shall be provided consistent with the needs assessment ([§§ 16.1-228](#) and [63.2-100](#)). Additional services and skill development include daily living, social relationships, and communication skills.

As required by Chafee Program, the U.S. Department of Health and Human Services in consultation with other stakeholders developed outcome measures to assess the performance of each state and the effectiveness of its independent living services. The NYTD was established via regulation in 2008 and implemented October 2010. The Chafee Program and federal regulation requires states to report specific information to NYTD ([45 CFR 1356.80 through 1356.86](#)). In Virginia, all NYTD defined independent living services (including ETV) that are paid for and/or provided by LDSS on behalf of youth **must be documented on the OASIS independent living services screen by the LDSS.**

An independent living service is provided by LDSS if it is delivered by LDSS staff or an agent of the LDSS, including a foster parent, group home staff, or child care institution staff; or provided pursuant to a contract between a local department of social services or VDSS and a provider, agency, or any other entity regardless of whether the contract includes funding for the particular service.

The service worker and youth's team shall consider the types of services listed below for all youth over age 14 and older who are in foster care. Any of these services, as well as any other services and supports the youth requires, shall be provided, if indicated by the comprehensive assessment process and consistent with funding requirements. When a youth receives any of the services listed below, as well as the required life skills assessment, the services shall be identified in OASIS ([45 CFR 1356.83\(g\)\(20\) through 1356.83\(g\)\(30\)](#)).

The Virginia NYTD categories are:

- **Academic support.** Academic supports are services designed to help a youth complete high school or obtain a GED. Such services include the following: academic counseling; preparation for a GED, including assistance in applying for or studying for a GED exam; tutoring; help with homework; study skills training; literacy training; and help accessing educational resources. Academic support does not include a youth's general attendance in high school.
- **Post-secondary education support.** Post-secondary educational supports are services designed to help a youth enter or complete college, and include the following: classes for test preparation, such as the Scholastic Aptitude Test (SAT); counseling about college; information about financial aid and scholarships; help completing college or loan applications; or tutoring while in college. The list is not all-inclusive; other supports such as college tours paid for or provided by the agency could fall within this definition.
- **Career preparation.** Career preparation services focus on developing a youth's ability to find, apply for, and retain appropriate employment. Career preparation includes the following types of instruction and support services: vocational and career assessment, including career exploration and planning, guidance in setting and assessing vocational and career interests and skills, and help in

matching interests and abilities with vocational goals; job seeking and job placement support, including identifying potential employers, writing resumes, completing job applications, developing interview skills, job shadowing, receiving job referrals, using career resource libraries, understanding employee benefits coverage, and securing work permits; retention support, including job coaching; learning how to work with employers and other employees; understanding workplace values such as timeliness and appearance; and understanding authority and customer relationships.

- **Employment programs or vocational training.** Employment programs and vocational training designed to build a youth's skills for a specific trade, vocation, or career through classes or on-site training. Employment programs include a youth's participation in an apprenticeship, internship, or summer employment program and do not include summer or after-school jobs secured by the youth alone. Vocational training includes a youth's participation in vocational or trade programs in school or through nonprofit, commercial or private sectors and the receipt of training in occupational classes for such skills as cosmetology, auto mechanics, building trades, nursing, computer science, and other current or emerging employment sectors.
- **Budget and financial management.** Budget and financial management assistance includes the following types of training and practice: living within a budget; opening and using a checking and savings account; balancing a checkbook; developing consumer awareness and smart shopping skills; accessing information about credit, loans and taxes; and filling out tax forms.
- **Housing education and home management training.** Includes assistance or training in locating and maintaining housing, including filling out a rental application and acquiring a lease, handling security deposits and utilities, understanding practices for keeping a healthy and safe home, understanding tenant's rights and responsibilities and handling landlord complaints. Home management includes instruction in food preparation, laundry, housekeeping, living cooperatively, meal planning, grocery shopping and basic maintenance and repairs.
- **Health education and risk prevention.** Health education and risk prevention includes providing information about: hygiene, nutrition, fitness and exercise, and first aid; medical and dental care benefits, health care resources and insurance, prenatal care and maintaining personal medical records; sex education, abstinence education, and HIV prevention, including education and information about sexual development and sexuality, pregnancy prevention and family planning, and sexually transmitted diseases and AIDS; *substance use* prevention and intervention, including education and information about the effects and consequences of substance use (alcohol, drugs, tobacco) and substance avoidance and intervention. Health education and risk prevention does not include

the youth's actual receipt of direct medical care or treatment *of a substance use disorder*.

- **Family support and healthy marriage education.** Such services include education and information about safe and stable families, healthy marriages, spousal communication, parenting, responsible fatherhood, childcare skills, teen parenting, and domestic and family violence prevention.
- **Mentoring.** Mentoring means that the youth has been matched with a screened and trained adult for a one-on-one relationship that involves the two meeting on a regular basis. Mentoring can be short-term, but it may also support the development of a long-term relationship.
- **Independent living arrangement.** An independent living arrangement means that the youth is living independently under a supervised arrangement approved by the LDSS or Licensed Child Placing Agency. A youth in independent living is not supervised 24-hours a day by an adult and often is provided with increased responsibilities, such as paying bills, assuming leases, and working with a landlord, while under the supervision of an adult.
- **Room and board financial assistance.** Room and board financial assistance that is paid for or provided by the VDSS, LDSS and/or Children's Services Act (CSA) to assist with a youth's room and board, including rent deposits, utilities, and other household start-up expenses. (Includes the independent living stipend).
- **Education financial assistance.** Education financial assistance is a payment that is paid for or provided by the VDSS and/or LDSS for education or training, including allowances to purchase textbooks, uniforms, computers, and other educational supplies; tuition assistance; scholarships; payment for educational preparation and support services (i.e., tutoring), and payment for GED and other educational tests. This financial assistance also includes vouchers for tuition or vocational education or tuition waiver programs paid for or provided by the VDSS and/or LDSS (ETV program).
- **Other financial assistance.** Other financial assistance includes any other payments made or provided by the VDSS, LDSS, and/or the local Family Assessment and Planning Team (FAPT) to help the youth live independently.
- **Other financial assistance (incentives and stipends for youth).** Monetary incentives or stipends to acknowledge or reward eligible youth who successfully completed:
 - A life skills training;
 - Other independent living services that are designed to help the youth successfully transition to adulthood; and/ or,

- If part of the follow-up population, the NYTD Follow-up Survey.

Incentives and stipends must not exceed what is reasonable and necessary to accomplish the purpose of needing to provide such incentives and/or stipends. The local director or his/her designee must approve in writing all monetary incentives and stipend methods (i.e. gift cards, money cards, certificates, and/or stipends), purpose of incentives/stipends, and the amount paid from the VDSS Chafee Program and/or ETV funds for each youth. Also, youth receiving an incentive/stipend must have a clear understanding of purpose, cash value of incentive/stipend, and sign a document stating that he/she acknowledges receiving the monetary incentive. The document acknowledging youth receipt must be kept in the youth's case record and documented in OASIS as "Other financial assistance" within 30 days from the purchase date. Each transaction for an incentive/stipend must be recorded individually on the Chafee Program Quarterly Report for the applicable report period.

- **Other financial assistance (outreach services).** Efforts to attract eligible youth to participate in independent living services and formalized programs (i.e. covering transportation expenses so that eligible youth may attend Independent Living conferences and other youth conferences, meetings, retreats, and workshops designed to help the youth successfully transition to adulthood).

13.7 Preparing youth for adulthood

All youth shall have the opportunity to be engaged in directing their own life and to be engaged in the community around them. In order to provide youth in and transitioning from foster care opportunities to be listened to, to be informed, to be respected and to exert control over their lives, the service worker should:

- Prepare/train youth to lead in the development of their case planning, including permanency planning and transition planning that addresses education and employment goals.
- Provide youth opportunities for leadership and community involvement, including opportunities for advising LDSS and community partners on policy and practice.
- Maintain contact with the youth to find out how they are doing when they leave care so that policy and practice can be improved.²

Preparing youth in foster care for adulthood is similar to preparing all children and youth for the transition to adulthood. Successful adults are self-sufficient in accomplishing daily life skills, while also being resourceful and connected with others in meeting their own needs while contributing to society. Regardless of the permanency goal, service

² Adapted from Jim Casey Youth Opportunities Initiative

workers should deliberately plan and prepare youth over time to be increasingly self-sufficient, resourceful, and contributors to society.

Preparation for adulthood is a life-long process that begins at birth. It initially involves informal learning by observing and participating in day-to-day activities with birth parents and substitute caregivers. Then, as children mature, it includes formal instruction and activities. For older youth, it requires increasing opportunities for them to practice life skills and build competencies with support from caregivers, service workers, and significant others.

During adolescence, the movement to self-sufficiency and resourcefulness is not linear, but rather a dynamic process based on the youth's evolving maturity, strengths, and needs. An adolescent's search for identity and transition to adulthood can be a turbulent process, particularly for youth who have experienced abuse, neglect, separations, and/or trauma in their lives.

Developmentally, adolescents are striving to gain control over their lives. Adults need to provide opportunities for adolescents to practice resolving problems, seeking out and using resources, making decisions, and contributing to society. These are essential skills for self-sufficiency and success in adulthood.³

Serving older youth and preparing them for adulthood requires a planned, dynamic, strengths-based process. Service planning and decision making shall be driven by the youth, in collaboration with the youth's family and team. Services shall be based on the strengths and needs of the youth, as identified in the comprehensive assessment. The service worker and youth's team should focus on achieving permanency and ensuring the youth develops the skills necessary for self-sufficiency and interdependency. They should assist the youth in managing the transition to adulthood and then follow up to ensure success.

13.7.1 Youth-driven planning

Youth shall have a central role in all service planning and decision making. Involving the older youth increases his or her motivation to participate in and complete services. It also helps the youth increase self-awareness and learn how to develop goals, use networks, and resolve problems – essential skills for adulthood.

The service worker should encourage and support the youth in taking responsibility for becoming increasingly self-sufficient and interdependent over time. The service worker should help the youth:

- Understand his or her responsibility for developing and achieving a plan;
- Develop personal goals;

³ Adapted from Illinois Department of Children and Family Services Best Practice Manual, Characteristics of Adolescent Development.

- Identify strengths, interests, and needs; and,
- Use these goals, strengths, and interests to design services, use networks, and access services and resources to meet his or her needs.

13.7.2 Engaging families and working with the youth's team

The service worker should diligently search, pursue, and engage the youth with extended family members and other appropriate individuals the youth defines as significant, while keeping the safety and best interests of the child at the forefront in decision making (see [Section 2.5](#) and [Section 2.6](#)). These individuals can provide diverse roles and resources for the youth during and after his or her stay in foster care ([see Section 2.4](#)).

The service worker shall engage appropriate family members and other significant individuals to work collaboratively as a team to help prepare the youth for adulthood. Since critical decision points, including goal and placement decisions, are made through Family Partnership Meetings, the LDSS may decide that this team should continue working together as the youth's team to prepare for and transition the youth into adulthood (see [Section 2.9](#)).

The youth shall be an active and central participant on the team. The youth shall be provided with the opportunity to identify up to two (2) members of the team who are neither a foster parent of nor a case/service worker of the youth ([P.L. 113-183](#)) and who he or she wants to involve with the team to help represent the youth's needs and provide support during the process. One of the individuals selected by the youth may serve, as necessary, as an advocate with respect to normalcy for the youth. The LDSS may only reject the member(s) selected by the youth if there is good cause to believe that the individual(s) would not act in the best interest of the youth.

Team members may include birth parents, siblings, family members, prior custodians, primary caregiver(s), service worker, adult services worker for appropriate older youth, Independent Living coordinator, professionals involved with the youth (e.g., teacher, counselor, coach), service providers, community members (e.g., friend, neighbor, mentor, minister), and any other individuals identified by the youth and family as important.

The service worker and team should actively assist the youth in:

- Assessing strengths, interests, and needs, including life skills;
- Identifying significant adults who may be willing to assist the youth in carrying out identified tasks;
- Identifying services, resources, supports, and networks;
- Developing or enhancing their skills;

- Making decisions;
- Planning and supporting the youth through the transition to adult living; and,
- Maintaining contact and following up after the youth leaves foster care.

13.7.3 Chafee Program Transition Plan (Transition Plan) for youth age 14 and older

All youth age 14 and older, regardless of their permanency goal, shall have a written transition plan personalized to their individual needs based on their life skills assessment; specifying the independent living services, activities, and supports to be provided to help the youth transition to adulthood. The youth shall be involved in the development of the initial transition plan and any revisions or additions made to it. The Chafee Program Transition Plan (hereafter known as the Transition Plan) shall be:

- Youth-driven;
- Based on a formal life skills assessment;
- Developed through a team process; and,
- Coordinated with the Individual Education Program (IEP) developed by the school district for all youth in special education.

The Transition Plan for youth age 14 and older shall be personalized to the individual youth and describe in writing:

- The activities to be undertaken to establish a permanent family and lifelong connections with family members and significant adults.
- The strengths, goals, and needs of the youth, based on the assessment of life skills, and including the areas of counseling, education, housing, employment, and money management skills.
- The specific independent living services to be provided and activities undertaken to assist the youth in meeting these goals and needs, building on the youth's strengths.
- The programs and services to be provided and activities undertaken to help the youth prepare for his or her future life as an adult, including but not limited to, specific options to be pursued in education, career preparation, and work.
- The responsibilities of the child placing agency, the youth, the service provider, and any other involved individuals in achieving the planned services and activities.

- Information on the youth's right to appeal LDSS decisions on services in the Transition Plan (See [Section 15.12](#)).

The service worker may use the transition plan template developed by VDSS or the Foster Club's Transition Toolkit to document the youth's transition plan (see below.) Any other transition plan template needs to be approved by VDSS before use.

- The VDSS [Chafee Program Transition Plan](#) addresses independent living services, incorporates the domains from the Casey Life Skills Assessment, and complies with state and federal requirements for serving and transitioning older youth.
- The [FosterClub's Transition Toolkit](#) is designed for youth and their team of adult supporters to identify their assets and resources and map out a plan for the challenges after foster care.

13.7.3.1 Development and maintenance of the Transition Plan

The Transition Plan shall be printed and attached to the foster care plan which is filed with the court for distribution and placed in the paper case record. The service worker, youth, and youth's team shall implement and modify the Transition Plan over time, while continually assessing the youth's progress.

- The Transition Plan must be completed **within 30 days** of the youth turning 14 years old in foster care or entering foster care when they are 14 years of age and older.
- The Transition Plan shall be updated at least every 12 months or for each Permanency Planning and/or Review Hearing as a best practice. The updated Transition Plan will be submitted at the next scheduled hearing.
- Completion of the Transition Plan shall be documented in OASIS on the IL Checklist.

13.7.4 Youth rights

As a requirement of the Preventing Sex Trafficking and Strengthening Families Act of 2014 ([P.L. 113-183](#)), youth age 14 and older shall be provided a document that describes certain rights with respect to their care. The LDSS shall be responsible for explaining to the youth his/her rights in an age-appropriate way and obtaining a signature from the youth acknowledging that the youth has received them. A description of the youth's rights follows:

- Appeals: the youth has the right to appeal LDSS decisions regarding the delay, denial or termination of services identified in the transition to independent living plan and foster care plan (See [Section 15.12](#)).
- Education: the youth has the right to go to school and get an education that is consistent with his or her age and any special needs. The youth also has the right to stay in the school he or she was enrolled in before coming into foster care if this is in the youth's best interest.
- Health: the youth has the right to be regularly taken to doctors and dentists, including eye doctors, for medical evaluation, medical care, and/or treatment as needed.
- Visitation with siblings: the youth has the right to have regular contact and visitation with siblings, if separated. Contact may include, but not be limited to, face-to-face visits, telephone calls, emails, and video conferencing.
- Court participation: the youth has the right to attend court hearings involving his or her care; be consulted in the development of and any revisions to his or her case and permanency plan. The youth also has the right to tell the judge what is happening to him or her and what the youth wants regarding the plan for permanency.
- Documentation: when exiting foster care, the youth shall be provided with an official or certified copy of the youth's (1) birth certificate; (2) social security card; (3) health insurance information; (4) medical records; (5) driver's license or state-issued identification card; and, (6) [Proof of Foster Care](#) form.
- Safety: the youth has the right to be safe and free from exploitation.

The list of youth rights is included in the Rights and Responsibility section of the VDSS Chafee Program Transition Plan template. The completed Transition Plan shall be attached to the printed foster care plan when it is submitted to court for distribution and also placed in the paper case record. The Rights and Responsibilities section and the youth's signature shall be submitted to court, even if an alternative transition plan template is used. This document shall be reviewed and signed at least annually or for each Permanency Planning and/or Review Hearing as a best practice.

13.8 Paying for independent living services

Independent living services are paid for from the LDSS' allocation of the Chafee Program funds. VDSS must approve the LDSS funding application for Chafee Program funds before funds are expended.

Independent living services may also be paid for with CSA funds. CSA establishes a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the needs of troubled and at risk youth and their families. One of the targeted populations is children and youth for whom foster care services, as defined by [§ 63.2-905](#), are being provided.

Foster care services are the provision of a full range of casework, treatment and community services including but not limited to independent living services, for a planned period of time to a child or youth who has been abused or neglected, or in need of services, or a youth or child who has been placed through an agreement between the LDSS and parent(s) where legal custody remains with the parents or guardians, or has been committed or entrusted to an LDSS or licensed child placing agency. Foster care services also include the provision and restoration of independent living services to a person who is over the age of 18 years but who has not reached the age of 23 years who is in the process of transitioning from foster care to self-sufficiency. However, independent living services are not maintenance and cannot be paid for with title IV-E funds.

Access to CSA funds is governed by state and local policies which require multi-agency planning, uniform assessment, utilization review, and authorization of funds. If it is assessed that these funds are needed to access independent living services, the service worker shall refer the youth to the FAPT, in accordance with local Community Policy and Management Team (CPMT) procedures, in order to request funding for services. The LDSS service worker should become familiar and comply with policies established by their local CPMT for access to CSA funding.

13.9 Credit checks and freezes

Identity theft is a national problem and is becoming more common among the foster care population. Children in foster care are at greater risk to become victims of identity theft due to the number of people who have access to their social security numbers and other identifying information. Many times, it is not until the young adult is applying for credit that it is discovered that credit information has been compromised.

With the passage of the Preventing Sex Trafficking and Strengthening Families Act ([P.L. 113-183](#)), the age for annual credit checks now begins at 14, thereby allowing LDSS to identify credit problems earlier and provide assistance to the youth in correcting identity theft or other fraudulent use of the youth's identity by others. The Administration of Children and Families (ACF) requires that credit checks be conducted for each foster youth through the three nationwide Credit Reporting Agencies (CRAs) which are Equifax, Experian and TransUnion.

VDSS will provide the youth's credit reports to the LDSS annually following the month of the youth's birthday. The LDSS shall sign the [Release of Information and Permission to Run Credit Checks for Minor Child in Foster Care](#) allowing VDSS to conduct the credit check on the child's behalf. The LDSS shall provide the credit reports to the youth

whether or not any fraudulent activity has taken place. These reports will be provided without cost to the youth. A copy of the reports should also be kept in the youth's case record file. The LDSS shall help the youth interpret the reports and resolve any credit problems identified, including negotiating debt incurred and work with the credit bureaus to remove problematic credit information from the report(s).

Refer to the [Chafee Program Credit Checks for Foster Youth Guidebook](#) for complete information on VDSS and LDSS responsibilities; procedures to resolve discrepancies for youth under 18; assist youth 18 to 21 with obtaining their credit report, discussing the results of the credit report with youth, and contacting the CRAs to have credit information corrected.

In the event that the LDSS is unable to help the youth in foster care resolve any credit issues, the LDSS should contact the Independent Living Coordinator. The Independent Living Coordinator will provide additional technical assistance as appropriate, refer to an appropriate legal resource as necessary, and/or work with that legal resource to determine the necessity and feasibility of asking the court to appoint an advocate to assist the youth in resolving credit issues.

The provision of the credit reports to the youth should be documented in OASIS as a contact. "Annual Credit Check" will be selected as the purpose of the contact. The steps taken to correct the credit report(s) should also be documented as a contact in OASIS with "Annual Credit Check" selected as the purpose. Additionally, the credit check should be added to the annual IL checklist in OASIS. A hard copy of the credit reports and letters of dispute shall be maintained in the hard copy of in the youth's case file.

In addition to discussing credit checks with youth 14 and older, service workers should also discuss with youth age 14 and 15 whether a credit freeze has been placed on their credit in accordance with [Section 4.13](#). By discussing this with the youth, service workers can help assess if any changes need to be made with the credit and can help prepare the youth to make decisions regarding their identity protection when they turn 16.

13.9.1 Credit freezes and youth 16 and older

Youth who are 16 years of age and older have the authority to make decisions regarding their identity protection. Just as LDSS assist youth in navigating the credit check process, so too should they assist older youth in navigating the credit freeze process.

- For any youth in foster care with an active security freeze at the time of their 16th birthday, the LDSS shall discuss security freeze removal processes and review related options with the youth no later than 90 days after the youth's 16th birthday. If requested by the youth, the LDSS shall assist with submitting a security freeze removal request in the youth's name. Security freeze removal processes and documentation requirements for youth 16 years of age or older (but less than 18 years of age) vary according to each credit

reporting agency (CRA). See Credit Freezes for Children and Youth in Foster Care for additional information.

- For all youth 16 years of age and older, the LDSS shall, during each annual Transition Plan meeting, discuss the status of the security freeze and review options for placing, continuing, or removing the security freeze. When any youth 16 years of age or older with an active security freeze leaves foster care, the LDSS shall provide to the youth and/or family a written record of the PINs assigned by each CRA.

13.10 Transitioning youth over age 16 to adulthood

The service worker and the youth's team should engage the youth over age 16 in discussions about the activities necessary to successfully prepare for and transition to adulthood. These discussions may occur earlier as well, but are of increasing importance when the youth turns 16.

Conversations should include, but are not limited to:

- Describing the purpose and importance of developing a plan for transitioning to adulthood.
- Communicating clear expectations that the youth actively participates in developing the transition to independent living plan, including any individuals they would like involved.
- Exploring any wishes, concerns, or issues the youth identifies that need to be resolved and/or he or she would like included in the plan.
- Referring and transitioning the youth who may become an "impaired adult," if the service worker and adult services worker believe the youth may be eligible for and need supportive services into adulthood (see [Section 13.12](#)).

The Transition Plan should:

- Build upon and complement earlier efforts.
- Prepare and transition the youth for adulthood, including but not limited to the following areas:
 - Finding a permanent family.
 - Establishing permanent life-long connections with significant adults.
 - Education plans.
 - Employment plans.

- Plans for obtaining financial self-sufficiency, including information regarding their credit as outlined in [Section 13.9.1](#).
- Ensuring the youth has all necessary documents, at no charge to the youth, to support his transition to adulthood including but not limited to health and education records.

This transition planning should be based on the life skills assessment ([see Section 13.5](#)) and part of the service planning for older youth ([see Section 13.7](#)). It should be youth-driven, engage the youth's family and youth's team maintain connections with the youth's birth family as appropriate, and identify needed independent living services.

The service worker, youth, and youth's team should update the youth's foster care plan and Transition Plan, if it is a separate document, reflecting the different or additional services to be provided based on the youth's evolving goals, strengths and needs ([see Section 13.7.3](#)).

13.10.1 Services available to youth adopted or entering the Kinship Guardianship Assistance Program (KinGAP) at age 16 or older

Youth adopted from the foster care system or entering KinGAP at age 16 years and older are eligible for independent living services. These youth are eligible to participate in any independent living programs, clinics, or classes offered by the LDSS, VDSS, or Project LIFE. If there is a fee, the youth or parent will be responsible for payment of the fees required to participate. The youth is not eligible for an independent living stipend. The youth is eligible for the ETV program if criteria are met and the youth was adopted or entered KinGAP at age 16 years or older from the foster care system.

13.11 ETV Program for youth

The purpose of the ETV Program is to fund goods and services designed to assist eligible youth in successfully completing a "post-secondary" educational or vocational training program by covering up to a maximum of \$5,000 or the total cost of attendance (whichever is less) per state fiscal year of the following expenses:

- Tuition and fees;
- Room and board;
- Rental or purchase of required educational equipment, materials, or supplies (including computer, software, and computer related accessories);
- Allowance for books and transportation;
- Required residential training related to an educational or vocational program;

- Special study projects related to education;
- Child care; and/or,
- Other related expenses.

Expenses not covered by ETV include:

- Doctors' visits;
- Dentist services;
- Apartment or dorm room set-up (i.e., comforters, sheets, microwave, cleaning supplies); and,
- Food (separate from the school meal plan.)

13.11.1 ETV funding

ETV Program provides federal and state funding to help eligible youth with expenses associated with college and post-secondary vocational training programs. Funding of up to \$5,000 per year OR the total cost of attendance per year (whichever is less), per eligible youth. LDSS do not receive \$5,000 per youth in their initial allocation because the Virginia ETV program does not receive enough federal and state funds to allocate the full amount per student. Although the ETV program is integrated into the overall purpose and framework of the CFCIP, the program has a separate budget authorization and appropriation from the general program.

13.11.2 Eligible youth

13.11.2.1 Eligible youth ages 14-26 years

Youth ages 14-26 who are eligible to receive vouchers under this program must meet the following eligibility criteria:

- Have had their most recent foster care episode provided by the Commonwealth of Virginia;
- Eligible for services under Virginia's Chafee Program, or would otherwise be eligible except that they have reached the age of 23;
- Have received their high school diploma or equivalent, or GED certificate;
- Have applied for financial aid through the post-secondary school or training program, if applicable, they wish to attend or participate in; and

- Make satisfactory academic progress by maintaining at least a cumulative grade point average of 2.0 on a 4.0 scale or have an academic standing consistent with the institution's graduation requirements for the federal student financial aid program. LDSS should monitor all ETV recipients' progress and review grades to ensure compliance prior to disbursing additional ETV funds for each semester.

13.11.2.2 Eligibility for adopted youth and youth in KinGAP

Youth adopted from Virginia's foster care system or entering KinGAP after attaining age 16 are eligible for the ETV Program as long as they meet the same eligibility requirements for foster youth and would have been otherwise eligible for services under Virginia's ILP.

13.11.3 Student application process for LDSS

LDSS should assist youth in completing both their financial aid and ETV forms in order to coordinate funding sources (e.g. federal student financial aid programs, grants, etc.), to maximize the use of ETV funding and to avoid duplication. The following steps are required in processing the application for the student:

- The student's completed application should be processed by the LDSS within two weeks of receiving the student's application.
- A copy of each and every ETV student application completed and approved by the LDSS must be kept in the youth's file along with copies of any and all supporting documents, such as; financial aid award letter, transcripts, grades, progress reports, registration form, and statement of accounts or invoices.

All youth applying for ETV services who will be attending a community college, university, or a vocational program that accepts financial aid must complete a financial aid application prior to receiving an education voucher. The youth's financial aid application shall be filed in the youth's case record. If a youth will be attending a vocational program that does not accept financial aid, the youth is not required to apply.

13.11.4 OASIS Education Screen

The Education Screen within the "IL" tab of OASIS should be reviewed and updated within 30 days of any changes. LDSS should ask the youth about ETV services at the monthly home visits and this information should coincide with the educational services that were provided and entered into OASIS. LDSS should enter the following educational data in OASIS:

- School status;
- Contact person;

- Current school;
- Current grade;
- Last grade completed;
- School address;
- Telephone number;
- STI number;
- Special Education status;
- Service provided;
- Cost of the educational service; and,
- Date last updated.

13.11.5 Higher education criteria

All schools that meet the federal eligibility criteria have been assigned a Title IV school code number. Two websites provide this school code verification and can be searched by state or specific school. If the program is listed, they meet the Higher Education Act criteria and have been assigned a federal school code. Students enrolled in these schools are eligible to receive ETV dollars. The websites are:

- [FAFSA.gov](https://fafsa.gov)
- [FinAid.org](https://finaid.org).

Vocational training programs include youth's participation in vocational or trade programs in school or through nonprofit, commercial or private sectors and the receipt of training in occupational classes for such skills as cosmetology, auto mechanics, building trades, nursing, computer science, and other current or emerging employment sectors. Youth attending vocational programs should be gainfully employed after completion. All vocational programs that foster youth attend should be licensed or accredited facilities. Vocational programs serving foster youth should be in business for 2 years or more. LDSS agencies should request a copy of the business license and file it in the youth's case record.

13.11.6 Cost of attendance

The total cost of attendance is an estimate of what it costs a typical student to attend college. Cost of attendance (COA) does not only cover college tuition but it also takes into account a student's basic living expenses. The government website

www.nces.ed.gov lists the standard tuition and fees plus room and board cost for any institution that receives federal Pell Grant funding. Funding up to \$5,000 per year OR the total cost of attendance per year (whichever is less), per eligible youth.

Allowable COA Includes:

- Tuition and fees;
- Equipment;
- Computers;
- Housing;
- Internships;
- Child care;
- Room and Board;
- Healthcare; and,
- Student Loans.

LDSS must use ETV funds for post-secondary educational expenses for eligible youth and document educational services in OASIS as an “Education Financial Assistance.” ETV request shall be “directly” related to education. For example, a transportation request for ETV would not support car repairs for youth who lives on campus. This youth does not require transportation services for educational purposes.

No funds shall be distributed directly to the youth, except in special circumstances. The youth should not submit receipts to LDSS without prior approval for payment. Otherwise, only direct payments to vendors (institutions, book stores, computer distributors, licensed child care providers, and rental facilities etc.) shall be allowed.

13.11.7 Serving out of state youth

For a youth in foster care, the local department of social services with placement and care responsibility is responsible for providing a voucher to an eligible youth, even when the youth attends an institution of higher education out of state. In that instance, it is expected that the youth’s original state of residence will continue to provide a voucher to the youth for as long as the youth remains eligible for the program. However, former foster care youth who become residents in a different state and who wish to begin attending school there may be eligible to access ETV in the new state. Prior to providing services to a former foster care youth who received

services in another state, contact the VDSS ETV Program Specialist via email for additional assistance.

13.12 Referring and transitioning youth to Adult Services

Adult Services are provided to impaired adults age 18 or older, and to their families when appropriate. “Impaired” means any person whose physical or mental capacity is diminished to the extent that he needs counseling or supervisory assistance or assistance with activities of daily living such as feeding, bathing, and walking, or instrumental activities of daily living such as shopping and money management ([Adult Services Chapter 1, Definition Section 1](#)). Adult Services are designed to help the adult remain in the least restrictive setting and function as independently as possible. Services may include case management, home-based care, transportation, adult day services, or assessment for the need for long-term care service such as nursing facilities, Medicaid-funded home and community based waivers, or assisted living facilities.

If the service worker believes an older youth in foster care may be eligible and need supportive services into adulthood, the service worker should discuss the youth’s situation with an Adult Services worker. While Adult Services workers work only with adults age 18 and over, early discussions and collaboration between the foster care and Adult Services workers are essential for a successful, smooth, and timely transition for the youth. At minimum, these conversations should begin at age 16, when there is first indication that the youth may require long-term services and supports and may not have the resources or adequate assistance from other sources to meet his or her needs. At age 17, the service worker should begin the application process for adult services.

In addition to collaborating with the Adult Services worker, the foster care worker should:

- Explore the extent to which the youth needs assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) or requires support for mental health, intellectual disability, or cognitive issues.
- Assess the older youth’s interest in receiving Adult Services.
- Consult with the youth’s family members on their opinions regarding the suitability of these services for the youth.
- Collaborate with the youth’s school to ensure that the IEP services are being appropriately accessed and will be available to the youth as long as necessary or to age 23.

For more complete information, see the [DARS Adult Services Manual webpage](#) on the DSS internal website. Additional Information may be found under [Virginia Department of Social Services Transition for Foster Care Youth with Disabilities](#).

13.12.1 Assessing for benefits programs and other supports

The foster care services worker should work with an eligibility worker to evaluate the youth's potential eligibility for Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI), Medicaid, and Auxiliary Grant (if the individual will be residing in an assisted living facility or adult foster care home).

Applying for these benefit programs can take several months, so it is critical to begin the process as early as possible. While the Adult Services worker can provide information on these programs, the foster care services worker or independent living coordinator should begin the application process. Starting early provides sufficient time for determining the youth's eligibility for services and for either smoothly transitioning the youth to Adult Services or finding alternative resources for assisting the youth who is not eligible for these services.

The Social Security Administration (SSA) allows youth with disabilities who are eligible for Supplemental Security Income (SSI) to file an SSI application up to 90 days before federal foster care payments are expected to end. This change in SSA policy helps older youth in foster care who have disabilities to transition to adult life by helping to ensure that they have income and health benefits in place. For additional information about SSI applications for foster care youth with disabilities see [Section DI 25201.011](#) in the Social Security Administration's Program Operations Manual System (POMS).

Some youth may not have the capacity to meet their health or safety needs or to manage their financial affairs. The foster care service worker should discuss this need with the Adult Services worker early in the transition planning to explore the options available for the youth. The youth may need a guardian and/or conservator appointed or an alternative option instituted to provide substitute decision making for the youth. (See Adult Services [Guardianship Chapter](#) for additional information).

13.12.2 Adult Foster Care Services

LDSS often struggle in transitioning youth who have complex service needs, require placements, and will continue to need significant support after they age out of foster care. Placement for a young adult with special needs may be difficult, as most adult long-term care facilities focus on the elderly with significant medical and nursing needs.

An Adult Foster Care (AFC) program may be an appropriate option to meet the needs of these youth in transition. The foster care service worker should discuss with the Adult Services worker whether this program is offered locally. Many LDSS do not offer this program since it is an optional program. Additionally, while some LDSS provide an AFC program, the program may only serve individuals age 60 and older.

If an AFC setting is being explored, the foster care service worker, the eligibility worker, and Adult Services worker should collaborate in developing an appropriate post foster care plan to provide a seamless transition for the older youth from foster care services to an AFC setting. While permanency is the goal for all youth in foster care, early planning needs to occur for these youth, particularly when they do not have permanent families.

A resource parent may be approved as an Adult Foster Care Home or receive dual approval as a resource parent and an Adult Foster Care Home, depending on the needs of the young adult and other children residing in the home. This situation may allow siblings living with a resource parent to remain together if an older sibling with a disability ages out of foster care. Dual approval or conversion to an Adult Foster Care Home may be considered if it is determined to be in the best interest of the young adult, the other children residing in the home, and the resource family.

For more information on AFC, see the [Adult Foster Care Manual](#) on the DSS internal website.

13.13 Conducting NYTD outcomes survey with youth at age 17

[Public Law 106-169](#) established the Chafee Program (formerly, CFCIP), providing states with flexible funding to carry out programs that assist youth in making the transition from foster care to self-sufficiency. The law also mandated that ACF develop a data collection system to track the independent living services states provide to youth and develop outcome measures that may be used to assess each state's performance in operating their Chafee Programs. This data collection system is known as NYTD. The law requires ACF to impose a penalty of between one and five percent of the state's annual allotment on any state that fails to comply with the reporting requirements. Pursuant to the regulation ([45 CFR 1356.80 through 1356.86](#)), states report data to ACF semiannually.

NYTD requires all states to engage in two data collection activities. First, states are to collect information on each youth who receives independent living services paid for or provided by the state agency that administers the Chafee Program. Second, states are to collect demographic and outcome information on certain youth in foster care whom the state will follow over time to collect additional outcome information. This information allows ACF to track which independent living services states provide and assess the collective outcomes of youth.

The LDSS shall conduct NYTD surveys on specific cohorts of youth in foster care beginning at age 17. A cohort is a group of people who are followed over time. A new cohort of youth begins every three (3) years. The same youth population, survey questions, and longitudinal outcomes data are used nationally.

	Baseline: all youth after 17 th birthday (Survey is due within 45 days after attaining 17 years of age)	Follow-up: Same youth On or around the 19 th birthday	Follow-up: Same youth On or around the 21 st birthday
Cohort 1	FFY 2011	FFY 2013	FFY 2015
Cohort 2	FFY 2014	FFY 2016	FFY 2018
Cohort 3	FFY 2017	FFY 2019	FFY 2021
Cohort 4	FFY 2020	FFY 2022	FFY 2024

The federal fiscal year (FFY) is October 1 through September 30.

For baseline data, LDSS shall conduct the outcomes survey on all youth in foster care during the 45 days after their 17th birthday in specified years. Thus, youth in foster care who turn 17 years old are surveyed in FFY 2011 for cohort 1, in FFY 2014 for cohort 2, in FFY 2017 for cohort 3, and in FFY 2020 for cohort 4.

The youth who participated and are a part of the baseline survey will be identified by VDSS and confirmed by the ACF. Once confirmed, this information will be communicated to the LDSS Chafee Program and NYTD contacts to ensure that the youth are served in a timely manner. The LDSS shall survey the same youth around their 19th birthday in the applicable reporting period as identified by VDSS (in FFY 2013 for cohort 1; in FFY 2016 for cohort 2; in FFY 2019 for cohort 3; and in FFY 2022 for cohort 4) and when they turn age 21 (in FFY 2015 for cohort 1; in FFY 2018 for cohort 2; in FFY 2021 for cohort 3; and in FFY 2024 for cohort 4). The youth shall be surveyed regardless of whether they continue receiving independent living services or age out of foster care. In the month (usually September) prior to the beginning of a survey year, VDSS will communicate with each LDSS Chafee Program and/or NYTD contact providing a list of youth who need to be surveyed and what survey (i.e. baseline, follow-up at 19, or follow-up at 21) to administer, the time frame for administration of the survey, as well as other pertinent information.

The six outcome areas include:

- Youth financial self-sufficiency;
- Youth education (academic or vocational) attainment;
- Youth positive connection with adults;
- Experience with homelessness among youth;
- High risk behavior among youth; and,
- Youth access to health insurance.

See the [NYTD Outcomes Chart](#) that delineates for each outcome, the federal measures, definitions, and legal citations for tracking progress on the cohorts of youth who are aging out and have aged out of foster care.

13.13.1 Engaging youth to participate in the NYTD Outcomes Survey

LDSS should inform and discuss with youth, before they turn age 17, about:

- The purpose of the survey;
- The importance of their participation in the survey as a means to improve the foster care system to better address and meet the needs of youth to be successful in life;
- Who will contact the youth to complete the survey;
- How the survey will be administered;
- When the survey will be administered; and,
- The importance of keeping the agency informed of their current address and contact information for several people who will always know how to contact them after they leave foster care.

Strategies may include:

- [“Engaging Youth in NYTD”](#) through the Capacity Building Center for States provides strategies for involving youth in meaningful ways to enhance the collection and use of data, including several examples from various states on how they engage youth in NYTD.
- [“Practical Strategies for Planning and Conducting the National Youth in Transition Database \(NYTD\) Youth Outcome Survey”](#) provides practical strategies for gathering and maintaining contact information, contacting and engaging youth before after they leave foster care and additional resources for locating youth.

13.13.2 Administering the baseline NYTD Outcomes Survey

The baseline NYTD Outcomes Survey shall be administered within 45 days following the youth’s 17th birthday. The survey shall not be administered prior to the youth’s 17th birthday.

To administer the baseline survey, the LDSS shall:

- Review SafeMeasures monthly the list of youth that need to be surveyed.

- Contact each youth:
 - Explain the purpose, importance, and process of the survey.
 - Answer any questions or concerns the youth may have.
 - Determine an appropriate time and location to meet the youth to:
 - Obtain his or her assent to participate in the survey. The informed assent is part of the survey document for the baseline population.
 - Administer the survey.
- Provide the youth with the paper forms to fill out the survey (see [Survey Form](#)). The youth shall fill out the survey form. If the youth is physically unable to complete the form, but can provide answers to the survey, the service worker may assist the youth by completing the forms. The service worker shall not consult any source other than the youth when administering the survey.
- Enter the data from the paper survey into the NYTD Baseline Survey screen in the OASIS when documenting the monthly visit. The survey data shall be entered exactly as the youth responded to the survey. The service worker or data entry staff shall not “correct” or change the survey responses – even if he or she has knowledge about the youth’s benefits, financial circumstances, or health insurance.

13.13.3 Technical assistance

- Frequently Asked Questions (FAQs) – Children’s Bureau in the Administration for Children and Families of the U.S. Department of Health and Human Services.
 - [NYTD FAQs](#)
- Surveying youth with special needs and limited English proficiency:
 - [“NYTD Technical Assistance Brief #3: Surveying Youth with Special Needs or Limited English Proficiency.”](#) June 2010. Discusses accommodations that enable these youth to fully participate in the survey.

13.14 90-day Transition Plan prior to youth turning age 18

The service worker, youth, and youth’s team shall create a Transition Plan during the 90 day period immediately prior to the youth choosing to leave foster care or to terminate independent living services any time before his or her 21st birthday ([§ 63.2-905.1](#)).

For all youth approaching age 18, a Family Partnership Meeting (FPM) or Child and Family Team Meeting (CFTM) should be held to facilitate the development of a 90-day Transition Plan whether there is reason to believe the youth will exit care at 18 or not. The transition planning process should include discussion about the benefits to the youth of continuing to receive services beyond age 18. Information about the Fostering Futures program and the opportunity for the youth to participate upon turning 18 or at any point prior to turning 21 should be provided to the youth in writing.

The Transition Plan shall be directed by the youth, and shall be as detailed as the youth chooses. This plan shall document the specific goals and needs for the youth to successfully transition from foster care services to independence. The planning process should engage the youth's family and the youth's team. See [Section 13.7](#) on service planning for older youth.

The service worker and the youth's team shall help the youth understand the importance of including specific areas in the 90-day Transition Plan. These areas include, but not limited to:

- Transition activities identified in [Section 13.10](#).
- Housing.
- Options for health insurance.
 - Former foster care youth under age 26 years may be eligible to receive Medicaid if they were under the care and responsibility of any state's foster care agency and receiving Medicaid until discharged from foster care upon turning 18 years or older, meet all Medicaid requirements, and are not eligible for Medicaid in another mandatory Medicaid covered group (see [Section 12.11.6.1.1](#)). Virginia Code ([§ 63.2-905.4](#)) requires LDSS to ensure that any youth in foster care on his 18th birthday is enrolled in Medicaid, unless he objects or is otherwise ineligible.
 - Youth under age 19 who are not eligible for Medicaid may be eligible for the Family Access to Medical Insurance Security (FAMIS) program and receive health insurance until their 19th birthday. The youth must not have other health insurance, and must not have not had health insurance in the past 4 months (some exceptions apply.) There are no enrollment fees or monthly premiums. For some services, there may be a small co-payment. Covered services include: doctor visits, well-baby checkups, hospital visits, vaccinations, prescription medicine, tests, x-rays, dental care, emergency care, vision care, and mental health care.
 - Designating someone to make health care treatment decisions on the youth's behalf, if the youth becomes unable to participate in the decisions and does not have or want a relative who would otherwise be authorized by State law to make these decisions. The youth, after reaching age 18, may

designate a health care power of attorney by completing the form, entitled [Virginia Advance Medical Directive](#), on the Virginia Department of Health (VDH) website, which complies with Virginia law ([Patient Protection and Affordable Care Act P.L. 111-148; § 54.1-2995](#)). The LDSS should encourage and assist the youth in seeking guidance from an attorney to address any questions. The youth should provide a copy of this document to his or her physician, close relatives, and/or friends.

- Educational and/or vocational training opportunities
- Local opportunities for mentors.
- Workforce supports and employment services ([Social Security Act, Title IV, § 475 \(5\) \(H\) \[42 USC 675\]](#)).

For youth in care at least six months, prior to the youth's leaving care, the LDSS shall also provide the youth with an official or certified copy of the youth's (1) birth certificate; (2) social security card; (3) health insurance information; (4) medical records; (5) driver's license or state-issued identification card; and (6) proof of having been in foster care. Provision of these documents should be documented in OASIS on the IL Checklist.

The 90-day transition planning process should be documented by creating a Transition Plan (see [Section 13.7.3](#)) and the FPM or CFTM with the purpose of preventing placement disruption should be entered in OASIS.

13.15 Youth Exit Survey Initiative

In 2017, the Virginia General Assembly directed the Virginia Department of Social Services (VDSS), in collaboration with the Virginia Commission on Youth, to develop and administer a survey to gather feedback from youth exiting Virginia's foster care system. The purpose of the Youth Exit Survey is to collect information about the relationships, resources, activities, and overall experiences of youth who have been in foster care.

13.15.1 LDSS notifications and administration protocols

Youth may take the Youth Exit Survey on or after their 18th birthday. Eligible youth are grouped according to LDSS agency and birth month. VDSS will provide survey instructions and materials for youth cohorts in regular intervals.

Approximately 60 days before the first day of the month of each youth cohort's 18th birthday, VDSS will provide eligibility lists for each agency to identify youth who will be eligible to take the survey. VDSS will also provide general information flyers and instructional documents.

Approximately 15 days before the first day of the month of each youth cohort's 18th birthday, VDSS will send a reminder email containing instructions for the upcoming cohort and personalized reminder flyers for each eligible youth.

13.15.2 Informing youth about the survey and distributing survey materials

The LDSS shall discuss the Youth Exit Survey with each identified youth and distribute a general information flyer prior to the youth's 18th birthday. The LDSS shall distribute a personalized reminder flyer to each eligible youth no later than 30 days after the youth's 18th birthday.

The Youth Exit Survey is available in electronic (online) and paper format. The LDSS shall provide paper survey materials to eligible youth upon request.

13.15.3 Engaging youth to participate in the Youth Survey Initiative

LDSS shall discuss with eligible youth, before they turn 18, the following items:

- The purpose of the survey;
- The importance of their participation in the survey as a means to share their experiences and improve the foster care system; and
- Directions for how to access the survey after they turn 18.

LDSS shall provide to eligible youth the following items:

- A general information flyer (prior to the youth's 18th birthday);
- A personalized survey reminder (no later than 30 days after the youth turns 18); and
- Paper survey materials (if requested).

13.16 OASIS documentation for independent living services

Independent living service(s) that are offered or provided to any youth shall be documented in OASIS on the "IL" services screen consistent with guidance requirements (as soon as possible but no later than **30 days** after each activity or event). This information is part of the data submitted to the NYTD twice a year. Both services participated in and declined shall be entered on the correct screen. Services a youth needs, but there is no funding for, shall also be entered on the screen. The independent living services that should be documented are listed below:

- Independent living needs assessment;
- Academic support;

- Post-secondary educational support;
- Career preparation;
- Employment programs or vocational training;
- Budget and financial management;
- Housing education and home management training;
- Health education and risk prevention;
- Family support and healthy marriage education;
- Mentoring;
- Independent living arrangement;
- Room and board financial assistance;
- Education financial assistance; and,
- Other financial assistance.

The service worker is responsible for updating IL services screens including the start date and end date of the service offered. If a service is declined, the start date and end date may be the same date. In the comments section, the service worker should define the type of service provided, consistent with definitions in guidance and OASIS, and whether or not the service met the youth's needs.

As part of the data submitted twice a year to NYTD, the service worker shall review and update the IL screens. These updates should be done consistent with guidance requirements for documentation. These screens should be reviewed at a minimum, every other month, so that data submitted to the federal government will be both accurate and timely.

- **Education Screen.** If a youth received special education services this shall be identified on the OASIS screen. Special education as defined by NYTD means specifically designed instruction, at no cost to parents, to meet the unique needs of a child with a disability. The service worker should select the box that states special education at the bottom of the education screen.
- **Adjudicated Delinquents.** If a youth has ever been adjudicated delinquent, this status shall be documented in the IL screen of OASIS. The federal NYTD definition of an adjudicated delinquent is one where a state or Federal court of competent jurisdiction has adjudicated the youth as a delinquent.

- Post independent living. If the youth's case is closed in OASIS and the youth receives at least one independent living service after the case is closed, the type of service provided shall be documented in OASIS.

13.17 Program monitoring and case reviews

Independent living (including ETV) services that are paid for and/or provided by the LDSS are subject to monitoring and evaluation via submission of quarterly reports, OASIS data, LASER reports, and case reviews. VDSS will conduct quality assurance onsite visits and request additional information as necessary for program monitoring. VDSS staff may conduct case reviews of youth receiving independent living services. These reviews may be done by comparing data in OASIS and NYTD screens with documentation in the paper case record for the youth. These activities are consistent with VDSS' role of ensuring the proper administration of all foster care activities and services, including any action taken or not taken.

OASIS is the approved child welfare system for Virginia and all required documentation shall be input into this system. However, there are components of the case record that are required consistent with guidance in [Section 4.4](#). The service worker should review this section to determine that hard copies of required items are in the youth's case file. In addition to those items required in [Section 4.4](#), the service worker shall be responsible for providing for the record of the youth receiving independent living services the following:

- A copy of any documentation from a state or federal court of competent jurisdiction that the youth was adjudicated delinquent. Note: for NYTD purposes, the youth is considered an adjudicated delinquent no matter when the youth was adjudicated in his lifetime;
- Copy of IEP (if any);
- Copy of life skills assessment;
- Copy of written Transition Plan(s);
- Copy of approved student ETV Application(s) and supporting documentation;
- Documentation that verifies the youth received any or all of the independent living services that were paid for and/or provided by the LDSS on behalf of the youth;
- Documentation to define who, how, and when the youth was invited to participate in the NYTD survey (if part of the NYTD baseline population); and,
- Copies of completed NYTD surveys (i.e. baseline and follow-up), if applicable.

13.18 Resources to help serve older youth

13.18.1 Engaging youth

- [Child Welfare Information Gateway](#) –Promotes the safety, permanency, and well-being of children, youth, and families by connecting child welfare, adoption, and related professionals as well as the public to information, resources, and tools covering topics on child welfare, child abuse and neglect, out-of-home care, adoption, and more. The section on [youth](#) provides guidelines, protocols, and resources for service providers and other stakeholders to build partnerships with families and youth to achieve permanency and promote positive outcomes for youth.
 - [Positive youth development](#)
 - [Engaging and involving youth](#)

13.18.2 Resources for youth

- **Foster Care Alumni of America**

The mission of [Foster Care Alumni of America](#) (FCAA) is to connect the alumni community of youth who were in foster care and to transform policy and practice, ensuring opportunity for people in and from foster care.

The vision of [Virginia's Chapter of FCAA](#) is to be the leader in Virginia in connecting the alumni community so that youth can be heard. We envision alumni and allies working together to help truly transform Virginia's Child Welfare System to ensure a high quality of life for those in and from foster care.

- **FosterClub**

The FosterClub is a national network for young people in foster care. The [website](#) serves as a primary communication tool for young people to connect in a safe, monitored environment. It also provides information related to foster care, including books, posters, and forms specifically designed for youth transitioning out of care. Publications are developed specifically for kids in care and are written in collaboration with foster youth. The FosterClub also is involved in teen conferences and workshops.

13.18.3 Education and training resources for youth

- **ETV Program**

The ETV Program (See [Section 13.11](#) for additional information) assists eligible youth (as defined in [13.11.2](#)) with post-secondary education and

training expenses. It is designed to help youth aging out of foster care with the education, training, and services needed for employment and self-sufficiency. Funding for the program is supplied in the form of vouchers. These can be applied toward, but not limited to, colleges, universities, community colleges, and other vocational training institutions. Youth are encouraged to visit the [Free Application for Federal Student Aid \(FAFSA\)](#) website and utilize the FAFSA Tips for completing the application.

- **Virginia Community College System (VCCS)**

- **Great Expectations Program**

The VCCS Great Expectations Program provides transitional support to youth in foster care to help them complete high school and gain access to a community college education. The goal is to provide education and employment opportunities to improve the likelihood of life success for foster youth.

[Great Expectation programs](#) are offered in several community colleges across the state. Coaches and mentors can provide assistance, offer encouragement, and help youth reach their goals.

- **Tuition Grant Program**

The [Tuition Grant Program](#) provides tuition and fees at any Virginia Community College for youth who graduated from high school or completed their GED and who:

- Were in foster care when they received their diploma or equivalency certificate;
- Were in the custody of LDSS when they turned 18 and subsequently received their diploma or equivalency certificate; or
- Were considered a special needs adoption at the time they received their diploma or equivalency certificate.

Assistance is based on financial need. The Tuition Grant may be offered at 4 year institutions of higher education, depending on the institution's preferences.

- **Other Funding and Scholarship Opportunities**

The Great Expectation programs offer additional resources to funding and scholarship opportunities on the specific community college's Great Expectation websites. Locate a Great Expectation program [here](#).

- **Vocational Rehabilitation (VR) Transition Services with Virginia Department of Aging and Rehabilitative Services**

The Department of Aging and Rehabilitative Services (DARS) provides services to help Virginians with significant disabilities, including youth in transition, become more independent and self-sufficient. Transition Services help youth with disabilities develop skills and formulate plans to move from high school to an adult life that includes opportunities for employment, higher education, independent living, and community involvement.

Referrals of students for DARS services often come from school personnel to the VR Counselor assigned to their school district. Referrals should be made three years prior to the youth leaving school and written into the student's IEP.

- [DARS Transition Services Guide](#)
- [DARS office locations](#)

- **Foster Care to Success Program (FC2S)**

FC2S is the largest national nonprofit organization dedicated entirely to helping former foster youth obtain the academic and technical skills and competencies needed to thrive in today's economy. To that end, FC2S provides [scholarship and grant money](#) to former foster students in colleges and specialized training programs across the country. Every FC2S student receives care packages and coaching and is eligible to participate in mentoring and internship programs.

13.18.4 Other resources

- **Jim Casey Youth Opportunities Initiative**

Private foundation with the vision that every youth aging out of foster care should have access to the opportunities and supports needed for a successful transition to adulthood. Brings people and resources together to help youth and young adults make the connections they need for permanence, education, employment, housing, health care, and supportive personal and community relationships. Supports community-based efforts that create opportunities and build assets for youth leaving foster care through grant making, technical assistance, and advocacy.

- [Website](#)

- **You Gotta Believe!**

Pat O'Brien's organization, [Older Child Adoption and Permanency Movement, Inc.](#), in New York State seeks to prevent homelessness by finding permanent moral and legal adoptive homes for teens and preteen children in foster care. Stresses unconditional commitment to all children who come into care as the essential ingredient in preventing both placement disruption and foster care drift. Website provides links to articles, blogs, and live stream on the Internet for radio and television broadcasts.

14

FOSTERING FUTURES PROGRAM FOR YOUNG ADULTS 18 to 21

TABLE OF CONTENTS

14.1	Introduction	4
14.2	Framework	5
14.2.1	Practice principles	5
14.2.2	Legal citations.....	7
14.2.3	Outcomes	12
14.3	Clarification of terms	13
14.4	Entry into Fostering Futures extended foster care.....	14
14.4.1	Identification of eligible youth	14
14.4.2	Responsible agency	14
14.4.3	Eligible youth	14
14.4.4	Determination of continued eligibility	16
14.4.5	Service planning	26
14.4.6	Medical coverage	27
14.5	Case management in Fostering Futures.....	28
14.5.1	Services	28
14.5.2	Funding maintenance costs.....	29
14.5.3	Participants who receive social security benefits.....	31
14.5.4	Monthly worker visits	31
14.5.5	Administrative panel reviews	32
14.5.6	Additional case reviews	33
14.6	Termination from Fostering Futures	34

14.6.1	Termination by the participant	34
14.6.2	Termination by the LDSS	35
14.7	Appeal procedures.....	36
14.8	Re-entry into foster care through Fostering Futures.....	36
14.8.1	Procedures for re-entry.....	37
14.8.2	Re-entry team meeting	37
14.9	Life skills assessments	39
14.9.1	Independent living services for youth	40
14.9.2	The Virginia NYTD categories are:.....	41
14.10	Preparing youth for adulthood.....	44
14.10.1	Youth-driven planning.....	45
14.10.2	Engaging families and working with the youth’s team	46
14.10.3	Chafee Program Transition Plan (Transition Plan) for youth age 18 and older	47
14.10.4	Youth rights	49
14.11	Paying for Independent Living Services	50
14.12	Education and Training Voucher (ETV) Program for youth	51
14.12.1	ETV funding	52
14.12.2	Eligible youth	52
14.13	Credit checks for youth age 18 to 21.....	53
14.14	Conducting NYTD outcomes survey with youth at ages 19 & 21	54
14.14.1	Administering follow-up NYTD Survey with 19 and 21 year olds.....	55
14.14.2	Technical assistance	57
14.15	Referring and transitioning youth to Adult Services.....	57
14.15.1	Assessing for benefits programs and other supports	58
14.15.2	Adult Foster Care Services.....	59
14.16	90-day Transition Plan for youth exiting services	60
14.17	OASIS documentation for independent living services	61
14.18	Program monitoring and case reviews	63
14.19	Resources to help serve older youth	64
14.19.1	Engaging youth.....	64

14.19.2	Resources for youth	64
14.19.3	Education and training resources for youth	65
14.19.4	Other resources	67

14

FOSTERING FUTURES PROGRAM For YOUNG ADULTS 18-21

14.1 Introduction

In Virginia, there is one primary authority under which local departments of social services (LDSS) can continue to serve youth over age 18:

- The federal Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections, P.L. 110-351; P.L. 111-148) allows states to use title IV-E funding to extend foster care services up to 21 years of age for youth who turn 18 in foster care. In Virginia, the 2016 Appropriations Act (item 346 #3c) authorized the extension of foster care to age 21, in a program known as Fostering Futures, for youth who reach age 18 on or after July 1, 2016.

Traditionally, foster care has ended when the youth reaches the age of 18, the legal age of adulthood, with limited independent living services available to age 21. The federal legislation enabling the extension of foster care maintenance and services (and adoption and kinship guardianship assistance) to age 21, known in Virginia as the Fostering Futures program, is intended to provide support and guidance into young adulthood recognizing this distinct developmental stage during which the brain continues to develop gradually in ways that affect decision-making ability. Patterns of the socio-economic transition of youth to adulthood are not predictable, are often extended, and for youth who age out of foster care, significantly more challenging. There is great variability in the timing, sequencing and content of the tasks that youth must master in the transition to adulthood. Parents generally expect to continue to offer active parenting to their offspring well beyond age 18, typically providing both financial and social support.

Fostering Futures enables LDSS to extend foster care financial support and services up to age 21 for two groups of young adults who reach age 18 on or after July 1, 2016:

- Youth who are in foster care when they reach age 18; and,
- Youth who were in foster care at the time of commitment to the Virginia Department of Juvenile Justice (DJJ) and are released from DJJ after age 18 and prior to turning 21.

In addition, adoption and kinship guardianship assistance may be extended for adopted youth who reach 18 on or after July 1, 2016 who were subject to a kinship guardianship or adoption assistance agreement that became effective after the youth reached age 16.

Virginia Department of Social Services (VDSS) and all LDSS shall implement Fostering Futures effective July 1, 2016.

While many of the requirements and resources in Fostering Futures mirror existing requirements for foster care or independent living, many other requirements are unique to Fostering Futures. Provisions articulated in this section of guidance, Section 14 Fostering Futures, supersede any statements or requirements to the contrary which may be found in other sections of VDSS guidance.

14.2 Framework

LDSS and community partners are bound by federal and state legal mandates as well as by existing and evolving knowledge of effective practice with youth in this developmental stage. A unique factor in serving these young adults is the individual's autonomy and rights as an adult. The Fostering Futures program is voluntary on the part of the young adult, driven by the desire to cooperate in exchange for services and support. The contents of this section should be applied in concert with the more extensive practice guidance elsewhere in Chapter E to the extent that nothing in Section 14 is contradicted.

14.2.1 Practice principles

Fundamental principles inherent in Virginia's Children's Services System Practice Model guide service delivery:

First, we believe in youth and family-driven practice.

- Older youth are treated with dignity and respect.

- Older youth and families have the right to say what will happen to them. Their voices are heard, valued, and considered in all decision making, including safety, permanency, and well-being as well as in service and educational planning and in placement decisions. Each youth's right to self-determination is respected within the limits of established community standards and laws.
- Older youth and family members are the experts about their own families. It is our responsibility to understand youth and families within the context of their own family rules, traditions, history, language, and culture.
- Older youth have a right to connections with their biological family and other caring adults with whom they have developed emotional ties.
- We engage older youth and families in a deliberate manner. Through collaboration with youth and families, we develop and implement creative, individualized solutions that build on their strengths to meet their needs. Engagement is the primary door through which we help older youth and families make positive changes.

Second, we believe all older youth need and deserve a permanent family and lifelong adult and family connections.

- Lifelong family connections are crucial for older youth and adults. It is our responsibility to promote and preserve kinship, sibling, and community connections for each youth. We value past, present, and future relationships that consider the youth's hopes and wishes.
- Permanency for older youth is best achieved through a legal relationship such as parental custody, adoption, or kinship care. Placement stability is not permanency.
- Planning for older youth is focused on the goal of preserving their family, reunifying their family, or achieving permanency with another family.

Permanency planning for children and youth begins at the first contact with the children's services system. We proceed with a sense of urgency until permanency is achieved. We support families after permanency to ensure that family connections are stable

14.2.2 Legal citations

The legal framework and specific requirements for Fostering Futures are contained in federal and state legislation. Key citations are provided below.

The federal Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections, P.L. 110-351; P.L. 111-148) allows states to use title IV-E funding to extend foster care services up to 21 years of age for youth who turn 18 in foster care or to extend adoption assistance up to 21 for adopted youth who turn 18 and are subject to an adoption assistance agreement effective after age 16. Fostering Connections provides for extending maintenance payments as well as a program of supports, oversight and opportunities for former foster youth as they transition to independent adulthood. Conditions specified in the federal statute are reflected in the Virginia Fostering Futures program.

In 2016, the Virginia General Assembly authorized implementation of the Fostering Futures program (2016 Appropriations Act, Item 346 #3c), specifically:

- Directing VDSS to develop guidance for local implementation including eligibility and requirements for participation, a voluntary agreement, six (6) month case reviews, and reasons for termination;
- Defining supervised independent living to exclude group homes or residential facilities;
- Re-defining “child” for the purposes of Fostering Futures as a person who has reached the age of 18 years but not yet 21 years; and,
- Limiting eligibility to youth reaching age 18 on or after July 1, 2016 who were either in foster care at 18, exiting DJJ commitment after age 18 if in foster care when committed, or adopted and subject to an adoption assistance agreement that became effective after the youth reached age 16.

The legal framework and specific requirements for providing services for youth in foster care are set out in federal and state law. See the law for complete language by clicking on the citation.

- **The Preventing Sex Trafficking and Strengthening Families Act of 2014 (P.L. 113-183)**
 - Requires states to develop and implement policies and procedures related to children and youth at risk of sex trafficking as well as policies and

procedures encouraging normalcy for children in foster care, supporting successful transitions to adulthood for older children in foster care, and working towards achieving permanency for children entering or at risk of entering foster care. The Sex Trafficking Act requires that:

- Children age 14 and older are included in the development of their foster care plan;
 - Children age 14 and older are given the opportunity to choose up to two (2) members to be part of their case planning team;
 - The foster care plan for a child age 14 and older include a document identifying the youth's rights pertaining to education, health, visitation, court participation, and the right to stay safe and avoid exploitation. The plan shall also include a signed acknowledgement by the youth that the document was provided to them and that those rights have been explained in an age-appropriate way;
 - Children age 14 and older receive an annual copy of their credit report and assistance to fix any inaccuracies; and
 - All youth aging out of foster care, unless they have been in care less than six (6) months, be given or have certain documents including their social security card, a driver's license or state identification, certified birth certificates and a copy of their medical records.
- **Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351)**
 - Provides important supports for children and youth in foster care by promoting permanent families, improving education and health care, and extending federal support for youth to age 21. The Act requires that states:
 - Work to ensure permanent placements with relatives.
 - Increase adoptive families for children. This includes additional supports for children who are adopted or exited foster care to live with a relative guardian at age 16 and older.

- Maintain sibling ties and other family connections. This includes reasonable efforts to place siblings in the same foster care, kinship guardianship, or adoptive placements when appropriate.
- Improve outcomes for older youth in foster care by continuing federal support in foster care after age 18. These outcomes include:
 - The provision of care and support to youth until the age of 19, 20, or 21 at the state's option. States may also extend adoption assistance and/or guardianship payments.
 - Helping older youth successfully transition from foster care to independence by requiring LDSS to assist youth in making a transition plan in the 90 days immediately before a youth exits from foster care at 18, 19, 20, or when turning 21.
- **John H. Chafee Foster Care Independence Act of 1999**
 - Establishes the Chafee Foster Care Independence Program (CFCIP). The 2018 Family First Prevention Services Act amended this Act by renaming the program the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee Program) and making changes to the program purposes and populations of youth eligible to receive services. The Chafee program provides federal funds to help eligible youth:
 - Transition to self-sufficiency by providing services such as assistance in obtaining a high school diploma, career exploration, vocational training, job placement and retention, training in daily living skills, training in budgeting and financial management skills, *substance use* prevention, and preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention).
 - Receive the education, training, and services necessary to obtain employment.
 - Prepare for and enter post-secondary training and educational institutions.

- Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults.
 - Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care youth currently or formerly in foster care recipients between 18 and 21 23 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood.
- Establishes the Education and Training Voucher Program
- The Promoting Safe and Stable Families amendments to the Chafee Act of 2001 established the Education and Training Vouchers (ETV) Program. It provides federal and state funds to help foster youth with expenses associated with college and post-secondary vocational training programs.
- Clarifies that independent living activities should not be seen as an alternative to permanence for children/youth and can be provided concurrently regardless of permanency goal.
 - Imposed penalties for misuse of funds or non-compliance with data reporting requirements.
 - Increased accountability and performance standards for states in providing independent living services and improving outcomes.
 - The Chafee Program and ETV focus on collaborating and coordinating independent living services with other federal, state and community based agencies and providers that serve youth. There are six outcomes used for the purpose of evaluating efforts in preparing youth for adulthood, self-sufficiency, and interdependence as they transition from foster care.

The six outcomes are:

- Youth financial self-sufficiency;
- Youth educational (academic or vocational) attainment;
- Youth positive connections with adults;
- Experience with homelessness among youth;

- High-risk behavior among youth; and,
- Youth access to health insurance.
- **National Youth in Transition Database (NYTD)**

Federal regulation requires states to report specific information in the NYTD ([45 CFR 1356.80 through 1356.86](#)). States are required to report two types of information beginning October 1, 2010. This data includes:

 - Outcomes on cohorts of youth who are aging out and have aged out of foster care.
 - Independent living services that youth receive that have been provided and/or paid for by Chafee agencies (i.e. LDSS and United Methodist Family Services (UMFS) [Project LIFE](#))
- **Foster care services**
 - [§ 63.2-905](#)
- **Independent living services**
 - [§ 63.2-905.1](#)
- **Foster care and transition plans for youth over age 14**
 - [§ 16.1-281](#)
 - [§ 63.2-905.1](#)
 - [Social Security Act, Title IV, § 475 \(5\) \(H\) \[42 USC 675\]](#)
- **Court review of VCSSA for former foster youth**
 - [§ 16.1-283.3](#)
- **Fostering Futures Program**
 - [§§ 63.2-917 – 63.2-923](#)

14.2.3 Outcomes

The LDSS shall strive to achieve the same outcomes for older youth in foster care as any other youth, as required in the federal Child and Family Services Review. Some specific outcomes and specific measures are listed below:

Outcome 1: Children have permanency in their living situations.

- More children leave foster care and achieve permanency.
- Children achieve permanency with shorter lengths of stay.
- Increased timeliness to permanency.
- Fewer placement moves and disruptions.
- Fewer children in out-of-home care.
- More children placed in family-based care.
- More children placed in relative foster homes.
- Fewer children placed in residential care.
- Fewer children re-enter out-of-home care.

Outcome 2: The continuity of family relationships and connections is preserved for children.

- More children in foster care placed in close proximity to families and communities.
- More children in foster care placed with their siblings.

In addition, federal regulations require the tracking of outcomes for cohorts of youth in foster care who are aging out and have aged out of foster care. The six (6) NYTD outcome areas include:

- Youth financial self-sufficiency;
- Youth education (academic or vocational) attainment;
- Youth positive connection with adults;

- Experience with homelessness among youth;
- High risk behavior among youth; and,
- Youth access to health insurance.

14.3 Clarification of terms

Several terms used in the Fostering Futures program are distinct and should not be used interchangeably with similar terms.

- “Child” for the purpose of Fostering Futures, is a person who has reached the age of 18 years but has not reached the age of 21.
- “Extended adoption assistance” refers to the continuation of adoption assistance to adopted youth ages 18-21 under the conditions of Fostering Futures.
- “Extended foster care” refers to the continuation of foster care services and maintenance payments to former foster youth ages 18 to 21 under the conditions of Fostering Futures.
- “Fostering Futures” is Virginia’s program implementing provisions of the federal Fostering Connections to Success and Increasing Adoptions Act of 2008 that permit states to utilize federal title IV-E funding to provide foster care maintenance payments and services and adoption assistance for youth ages 18 to 21. The program offers services and support to youth transitioning to adulthood and self-sufficiency regardless of funding source.
- “Independent living arrangement”) means that the youth is living independently under a supervised arrangement. The youth is not supervised 24 hours a day by an adult. The youth is provided with opportunities of increased responsibility such as paying bills, assuming leases, and working with a landlord. Examples include living in one’s own apartment or living in a college dorm.
- “Participant” or “program participant” refers to a youth who has signed a Voluntary Continuing Services and Support Agreement (VCSSA) and been determined to meet the requirements for continued eligibility for Fostering Futures.
- “Supervised independent living (SIL) setting” refers to the allowable living situations of a participant in Fostering Futures. Supervision includes, at a minimum, monthly visits by the service worker or contracted supervision. In

Fostering Futures a SIL setting shall not include group homes or residential facilities. SIL settings include but are not limited to an agency-approved foster home or treatment foster home, an independent living apartment program, and independent living arrangements such as an adult foster home, assisted living facility, dormitory, or apartment or room rented independently from a landlord or shared with a family member, former caregiver, spouse, friend or other roommate/housemate.

- “Voluntary Continuing Services and Support Agreement” (VCSSA) is the written agreement the youth and a LDSS representative sign to establish the youth’s participation in Fostering Futures by entrustment to extended foster care. The document, when voluntarily signed by a youth age 18 or older acting as his or her own guardian and approved by the court, meets the IV-E eligibility removal criteria and authorizes LDSS placement and care responsibility. The agreement does not place the participant in the custody of the LDSS.

14.4 Entry into Fostering Futures extended foster care

14.4.1 Identification of eligible youth

Planning for extension of foster care beyond age 18 begins with the initiation of independent living services at age 14. Youth who may qualify for Fostering Futures at age 18 should be concurrently prepared for permanency and extended foster care through planning and services between the ages of 14 and 18 (see [Section 13](#)).

- Refer to Section 14.9 for guidance on extending adoption and kinship guardianship assistance under Fostering Futures.

14.4.2 Responsible agency

All LDSS shall implement the Fostering Futures program for youth who reach age 18 on or after July 1, 2016. The LDSS responsible for determining eligibility for and providing extended foster care is the agency holding custody of the youth at age 18 or which held custody at the time of the youth’s commitment to DJJ.

14.4.3 Eligible youth

Youth who qualify for Fostering Futures are those who reach age 18 on or after July 1, 2016; and,

- Were in foster care in custody of a Virginia LDSS at the time they turned 18 years old but have not yet turned 21, including those who were in care under an entrustment and those who were in non-custodial foster care; or,
- Were in Permanent Foster Care (PFC) when they turned 18. They will remain in PFC and concurrently qualify for Fostering Futures; or,
- Were released from DJJ between ages 18 and 21 and who were in foster care in custody of a Virginia LDSS immediately prior to the commitment to DJJ.

All foster youth who reach age 18 on or after July 1, 2106, while in custody of a LDSS, and all youth upon release from DJJ who turned 18 after July 1, 2016, shall be in the Fostering Futures programs on their 18th birthday (or on release from DJJ) with the following **exception**:

- Youth who are full-time students expected to complete secondary schooling or equivalent training before reaching age 19 and who are appropriately placed in a group home or residential placement at age 18 and expected to continue in such a placement, will continue in their current foster care status and placement until they complete school or it becomes clear that they will not complete school prior to their 19th birthday in accordance with Section 406(a) of the Social Security Act. At the time of completion of or withdrawal from secondary schooling, these young adults shall be immediately transitioned into the Fostering Futures program. See [Section 18.1.5](#) for more information.
 - For youth turning 18 while placed in a group home or residential placement and who are not expected to complete secondary schooling or equivalent training before reaching 19, funding may continue until the last day of the month that the youth turned 18.
 - For youth who are full-time students expected to complete secondary schooling or equivalent training before reaching 19 while placed in a group home or residential placement, funding may continue until the last day of the month the child turns 19 or completes school.
- Young adults who are full time students expected to complete secondary schooling or equivalent training before reaching age 19 and who are not placed in a group home or residential placement, or who are not expected to

continue in a group home or residential placement after age 18, shall be enrolled in Fostering Futures at age 18.

- The eligible 18 year old child is considered to be enrolled full-time, regardless of the number of courses or length of time in school.

14.4.4 Determination of continued eligibility

Upon the youth's entering the Fostering Futures program, the LDSS shall assist the youth to meet the requirements for continued eligibility in the program by meeting one (1) of five (5) participation conditions and signing the VCSSA. The service worker is responsible for documenting in OASIS all efforts to transition enrolled youth to continued eligibility for Fostering Futures whether successful or not.

14.4.4.1 Participation conditions

To meet the requirements for continued eligibility in Fostering Futures a participant shall meet at least one (1) of the following five (5) criteria either by current participation or by evidence of intent and planning to engage in the activity in the immediate future:

- Completing secondary education or a program leading to a General Education Diploma (GED).
 - Examples include enrollment in a secondary school, e.g. public high school, alternative high school, private school, adult education classes, program leading to GED, or special education activities described in the Individual Education Plan (IEP).
 - The service worker should document by unofficial transcript, electronic course schedule, or letter from the institution.
- Enrolled full-time or part-time (at least half-time) in an institution that provides post-secondary or vocational education.
 - Examples include remedial courses, coursework without formal admission to the institution, attendance at multiple institutions, or on-line courses affiliated with a licensed institution.
 - Courses dropped mid-term voluntarily or involuntarily do not automatically disqualify youth from extended foster care and a reasonable time should be allowed for the youth to engage in another participation condition.

- The service worker should document by unofficial transcript, electronic course schedule, or letter from the institution.
- Participating in a program or activity designed to promote employment or remove barriers to employment.
 - Examples include individualized activities based on an assessment of the youth's needs. These may be self-directed, completed on a one-on-one basis with the service worker or a caregiver, or part of an organized program. They may also include but are not limited to internships, volunteering, vocational rehabilitation, counseling, driver's education, less than half-time secondary education, or participation in a program *for the treatment of a substance use disorder*. Qualifying activities should clearly move the youth toward developing skills to help transition to education or employment leading to independence, and/or meet goals in the service plan.
 - Documentation will vary depending on the activity, ranging from a certificate of completion in a class to notes by the service worker about seeing a revised resume or discussion of job search and interviews.
- Employed at least 80 hours per month.
 - Youth shall be engaged in paid employment full or part-time, scheduled to work at least 80 hours per month (even if holidays, illness or other circumstances beyond the youth's control reduce actual hours worked), including paid internships, apprenticeships, or work study programs.
 - The service worker should document by copy of work schedule, pay stubs, employer's hiring statement or documentation of acceptance into an apprenticeship or internship.
- Incapable of engaging in any of the above activities due to a medical condition.
 - A medical condition is a short-term or long-term physical health impairment or a mental/emotional or behavioral health, developmental, or cognitive disability or impairment that serves as a barrier that prevents the youth from consistently participating in

employment and education. The youth does not have to be currently receiving or seeking treatment or remediation for the condition.

- The service worker should document by a statement from at least one medical doctor that documents the medical condition that prevents the youth from performing education or work activity and the doctor's conclusion that specifies the activities of daily living that the youth is incapable of performing as a result of the medical condition, OR an award letter or notice of action or benefit identification card of disability from the Social Security Administration.
- For youth whose eligibility is contingent on this participation condition based on a long-term disability or impairment, Fostering Futures should only be considered a short-term safety net while other resources are put into place. Service workers should collaborate with their Adult Services program and other adult serving agencies to develop a long-term plan for the youth beginning well in advance of age 18, in anticipation of implementing a plan as soon as the youth reaches adulthood. Key resources in planning include the Virginia Department of Aging and Rehabilitative Services and the local Community Services Board. Financial support is limited and may involve long waiting lists. Service workers should consult the VDSS document "[Virginia Department of Social Services Transition Planning For Foster Care Youth With Disabilities](#)" for more information about this.
- The service worker should document ongoing efforts to coordinate with adult serving programs in an effort to transition the youth to long-term support.

14.4.4.2 Voluntary Continuing Services and Support Agreement (VCSSA)

A youth who reaches age 18 after July 1, 2016, in foster care (or in DJJ and was in foster care upon DJJ commitment) and expects to meet one (1) of the five (5) participation conditions shall be determined to meet the requirements for continued eligibility for Fostering Futures by entering into a VCSSA with the responsible LDSS. By signing a VCSSA the youth is exercising his adult status as his own guardian to voluntarily authorize the LDSS to have placement and care responsibility for him.

The LDSS shall use the [VCSSA](#) to document all of the following:

- The youth's agreement to voluntarily re-enter foster care through self entrustment.
- The requirement that the youth must continue to meet one (1) of the five (5) participation conditions (secondary or postsecondary education, vocational training, employment preparation, employment, or medical exception).
- The youth's agreement to participate in specific services and support to be provided (to be documented in a foster care plan and Transition Plan.)
- The youth's legal status as an adult.
- The youth's agreement to report changes to the worker, be supervised by the LDSS, reside in a qualified setting, and comply with program requirements and eligibility conditions.
- The youth's agreement to provide the LDSS with information and documents which verify compliance with participation conditions or other information which describes the youth's condition, progress or status (e.g. medical, academic, financial or legal records, leases, insurance coverage, etc.), or otherwise provide consent for the LDSS to receive such information directly since the LDSS cannot access personal information because the youth is an adult.
- An explanation of the voluntary nature of program participation and termination.
- The specific conditions that may result in termination by the LDSS.
- That services and support are to be provided to the youth no later than 30 days after both the youth and local department sign the VCSSA,
- That the youth agrees to regular contact with service worker,
- That the youth agrees to timely payment of housing fees and other requirements deemed necessary based on the unique circumstances and needs of the youth related to a specific safety concern,

- Steps to support youth regarding timely payment of housing fees are outlined in Section 14.5.2.
- The additional requirements outlined in the VCSSA should not become a barrier to the youth's participation but instead support the youth's transition to independence. They need to be focused on the specific and unique safety concern. Youth in Fostering Futures often have limited natural supports and resources and the program provides youth a safety net to make choices as a young adult. These choices have natural consequences, which provides youth a variety of valuable learning opportunities. There are times when youth make choices that are potentially life-threatening or dangerous and it is appropriate, in those instances, to require in the VCSSA a service participation to address the dangerous behavior. The VCSSA should not include non-safety related items that are a young adult's choice, such as with whom they may wish to live, friends and family they may have contact with, etc. It is important not only that youth have a voice but that they also have a choice in making their everyday life decisions.
- The right to appeal program termination or denial or delay of a service required in the service plan.

The youth shall have already reached 18 to sign a VCSSA. The service worker should plan in advance with the youth so that the VCSSA document can be executed as quickly as practicable on or after the youth's 18th birthday. The LDSS director or director's designee should sign the document as the LDSS representative.

- Youth with a long-term medical condition may lack capacity. A person over age 18 who is unable to manage his or her personal affairs without assistance, including making decisions and acting on support, care, health, safety, habilitation, education, and therapeutic treatment, may be considered to lack capacity and in need of a court appointed guardian (see Department for Aging and Rehabilitative Services, Adult Protective Services Division Manual, Section 7).
- The service worker should identify well in advance any youth who may lack capacity and make efforts to have a guardian appointed by the court effective at age 18. The service worker should consult with the LDSS

Adult Services program to assess capacity and take appropriate steps towards arranging guardianship.

- A youth who lacks capacity cannot sign a VCSSA. If the youth has a guardian, that individual shall sign the VCSSA for the youth. The LDSS cannot sign on behalf of the youth. Without a fully executed VCSSA, the youth does not meet the requirements for continued eligibility for Fostering Futures.

At the time a VCSSA is signed by the youth, the LDSS service worker must complete an Application and Evaluation for title IV-E for Fostering Futures and secure necessary information about resources and income from the youth. Resource information required includes the value of: cash, checking account, and savings account; IRA (Individual Retirement Account), CD (certificate of deposit), stocks, bonds, trust fund, and/or burial fund; life insurance; and vehicles or other resources. Income information required includes amount of earned income, Social Security benefits (SSA or SSI) military allotment, unemployment, worker's compensation or other income.

At this time, the services worker should also ensure that the youth is enrolled in Medicaid to age 26.

Maintenance payments would begin once both the last required signature is obtained on the VCSSA and the IL arrangement agreement/placement agreement were signed. Youth cannot be in the program without receiving the maintenance payment. If youth are enrolled in Fostering Futures they must be in a supervised independent living setting (see [section 14.4.4.3](#) below). Maintenance will be paid using IV-E funds (if the youth is IV-E eligible) or Children's Services Act (CSA) funds. Maintenance payments can not be suspended.

If the agreements are not signed within 30 days of the youth's birthday (unless the youth is placed in a group home or residential and on track to graduate before turning 19), neither IV-E nor CSA funding can be utilized to pay maintenance expenses.

14.4.4.3 Supervised independent living (SIL) settings

Participants in Fostering Futures may reside in a variety of SIL settings. Supervision includes, at a minimum, monthly visits by the service worker or contracted supervision. SIL settings include but are not limited to independent

living arrangements. The purpose of a SIL setting is to meet the needs of the youth for supervision and support as he or she moves toward independence.

- Selection of a SIL setting should be based on availability, the participant's preference, and his or her skills and readiness to manage the chosen level of living independently (e.g. ability to budget and manage funds, etc.).
- The service worker should assist the participant in assessing appropriateness and safety of the setting. However, the service worker does not have to approve an independent living arrangement.

SIL settings include, but are not limited to:

- Foster family home placement in agency-approved or licensed child-placing agency home.
 - If the youth will remain in a current foster home placement, a new placement agreement with the foster parents, and a new financial agreement should be completed at the time that the youth signs the VCSSA. This documentation reflects that the participant is entering a new foster care episode. The changing role of the youth as an adult in the home should be addressed. The service worker should facilitate a discussion between the participant and the foster parents to address expectations regarding curfew, communicating schedules, household responsibilities, etc.
 - The foster home shall meet all requirements for agency-approved or licensed child-placing agency foster homes. The youth's service worker should coordinate in advance with the foster home worker to ensure that all requirements are addressed, including obtaining a criminal records check on the youth. The results of the background checks on the youth shall only be used to determine whether other children should be placed in the home or remain in the home and shall not impact the approval of the home ([§ 63.2-901.1](#)).
- A licensed independent living apartment program.
 - An independent living agreement between the program and the youth, and a new financial agreement, should be completed at the time that the youth signs the VCSSA. This documentation reflects that the participant is entering a new foster care episode. The changing role of the youth as an adult should be addressed. The

service worker should facilitate a discussion between the participant and the program to address expectations regarding curfew, communicating schedules, household responsibilities, etc.

- The independent living program shall meet all requirements for licensed independent living programs.
- Independent living arrangements.
 - The participant should sign a [Fostering Futures Independent Living Arrangement Agreement](#) when choosing one of these settings. The Agreement should be completed at the time that the youth signs the VCSSA even if the youth is not changing living situations. This documentation reflects that the participant is entering a new foster care episode.
 - A participant may reside in a foster home as a boarder paying rent if the LDSS agrees and the foster parents choose to accept this arrangement. If children in foster care are also placed in the foster home, the foster home shall continue to meet all requirements for agency-approved or licensed child-placing agency foster homes. The youth's service worker should coordinate in advance with the foster home worker to ensure that all requirements are addressed, including obtaining a criminal records check on the youth.
 - This setting constitutes an independent living arrangement for the youth, and the usual expectations, benefits and protections for foster parents do not apply.
 - A participant may reside in an adult foster home in which all requirements of the adult foster home program shall be followed.
 - A participant may reside in a dormitory such as a college dormitory or lodging provided as part of a place of training or employment.
 - A participant may reside in a room or apartment rented independently from a landlord or shared with a family member, spouse, friend or other roommate.
 - A participant may reside in the home of a family member or former caregiver, including the home from which the youth was removed.

Certain settings are **not** allowable in Fostering Futures.

- Participants in Fostering Futures may not reside in group homes or residential treatment facilities.
- Youth may not participate in Fostering Futures while on active duty military status. An eligible youth may participate before and after active duty. (Youth serving in the National Guard or military reserves who are not deployed may participate if all other eligibility conditions are met.)

14.4.4.4 Court approval

Within 30 days of signing the VCSSA the LDSS must file a petition with the juvenile and domestic relations court for review of the agreement and approval of the foster care plan. The LDSS must identify to the court any individuals who may have a legitimate interest in the hearing. The court must schedule a hearing no later than 45 days from receipt of the petition.

The court may appoint legal counsel for the youth, possibly the previous guardian ad litem. The youth may choose to waive counsel. The court may also, with the youth's consent, appoint a Court Appointed Special Advocate (CASA), possibly the previously assigned CASA. Regardless of the appointment of counsel, the the court must consult with the youth in an age-appropriate manner at all hearings.

The signed VCSSA, the foster care plan (Part A), and the Transition Plan shall be submitted to the court. Upon hearing the case, the court will determine whether remaining in foster care is in the best interests of the youth and will approve, revise or deny the foster care plan. If revisions are ordered or the foster care plan not approved, the LDSS must file a petition **within 30 days** of the hearing for a judicial review of the revised VCSSA and foster care plan.

If the court does not approve the foster care plan, the VCSSA remains in place and the youth remains in foster care. The LDSS should consider facilitating a Child and Family Team Meeting to discuss concerns regarding the foster care plan. Along with the youth, the team should explore the concerns that were raised in court and revise the foster care plan and the Transition Plan to ensure the concerns are addressed appropriately.

The judicial determination regarding whether remaining in foster care is in the youth's best interests must be made within 180 days of the execution of the

VCSSA or the youth will not be eligible for title IV-E funding *beginning on the 181st day*.

Once the initial court hearing is completed and the foster care plan is approved, the court may retain jurisdiction and conduct a review every six months or close the court case ending judicial jurisdiction over the current foster care episode.

14.4.4.5 Title IV-E eligibility

- The service worker shall refer all youth for whom a VCSSA is executed to the appropriate eligibility program specialist within **ten days** of signing the VCSSA for determination of title IV-E eligibility.
- The service worker shall complete the [Title IV-E Application and Evaluation for Fostering Futures](#) with the youth, including information on all of the youth's resources and income.
- When a youth enters and each time a youth re-enters Fostering Futures, the LDSS shall conduct a new determination of eligibility for title IV-E based only on the income and resources of the youth. Income of a spouse, parents or others is not counted.
- The VCSSA document, voluntarily signed by a youth age 18 or older acting as his or her own guardian and approved by the court, meets title IV-E eligibility removal criteria and authorizes LDSS placement and care responsibility.
- The service worker is responsible for providing the benefits program specialist with all information and documents needed for eligibility determination and any information that would affect the youth's continuing eligibility and receipt of payments ([per Chapter E, Section 4.5](#)). At the time of each bi-annual review, the service worker should send to the benefits program specialist documentation for the youth's compliance with all participation conditions that were met over the six (6) month period.
- Participants who are determined eligible for title IV-E funding shall have a maintenance payment funded with title IV-E funding. Participants who are determined ineligible for title IV-E funding shall have a maintenance payment funded with state funds.
- There will be no differences in program services or support based on funding source.

- The LDSS is required to obtain a judicial determination regarding whether remaining in foster care is in the youth's best interests. If the court does not make this determination within 180 days of execution of the VCSSA, title IV-E funding is not allowable for the *remainder of the* foster care episode and an alternative funding source shall be used.
- Once title IV-E eligibility is determined for a participant it will not be re-determined unless the youth is discharged from foster care and then re-enters foster care through Fostering Futures. Each time the youth re-enters foster care, a new judicial determination regarding whether foster care is in the youth's best interest is required.

14.4.5 Service planning

An initial foster care plan for extended foster care needs to be developed and implemented to supplement the VCSSA and Transition Plan. The foster care plan shall be developed jointly between the service worker and the program participant, recognizing the participant's status as an adult.

The foster care plan should describe the complement of services and supports required to ensure the participant's successful transition to adulthood and independence, focusing on the upcoming six (6) month period. The latest Transition plan should be attached to the service plan. Both documents must be submitted to the court with the fully executed VCSSA for the court hearing.

14.4.5.1 Foster care plan

The foster care plan is developed in OASIS using Part A of the Foster Care Service Plan, addressing at a minimum the following with expected target dates:

- Details of the planned activity which makes the participant eligible (i.e. secondary or postsecondary education, vocational training, employment preparation, employment, or medical exception) and requirements for documenting same.
- Both short-term and long-term goals with measures for progress towards achieving self-sufficiency.
- The youth's planned living arrangement.
- Health care resources and preventive and therapeutic health care.

- Mental health resources and needed care.
- Participant's responsibilities, including support which the youth will seek from others in the youth's social support network.
- Expectations for the participant's conduct (e.g. avoiding illegal behavior, maintaining good driving record, etc.)
- Identification of the team of individuals who will engage in supporting the participant (e.g. foster parents, relatives, attorney, CASA, friends, mentor, etc.)
- Permanency and life-long connections with caring adults efforts (e.g. plans for visits or communication with birth parents, siblings, other relatives, other supportive adults).
- Expectations for communication with and required visits with a service worker.
- Budget and finances (e.g. planned expenditures, income, expected maintenance payment).
- LDSS responsibilities including financial payments, case reviews, eligibility monitoring, visits and other means of support.

14.4.5.2 Goal selection

Unless the youth is in PFC, the foster care goal for the new foster care episode under Fostering Futures should be Independent Living. For youth in PFC, the goal should remain Permanent Foster Care.

14.4.6 Medical coverage

Upon entry to Fostering Futures the youth should be moved to the Medicaid coverage group for former foster youth. Young adults who were in Virginia foster care and receiving Medicaid when they turned 18 may receive Medicaid to age 26. Youth who have been determined to meet the requirements for continued eligibility in Fostering Futures may access Children's Services Act (CSA) funding for medical costs not covered by Medicaid. If it is assessed that these funds are needed, the service worker shall refer the youth to the Family Assessment and Planning team (FAPT), in accordance with local Community Policy and Management team (CPMT)

procedures, in order to request funding for services. The service worker should assist the youth in promptly notifying Medicaid of any address changes.

14.5 Case management in Fostering Futures

Ongoing case management in Fostering Futures requires tasks similar to those in ongoing foster cases but with some additional program-specific requirements.

14.5.1 Services

Youth who have been determined to meet the requirements for continued eligibility for Fostering Futures are entitled to the full array of foster care services. Services identified in the service plan must begin **no later than 30 days** after the VCSSA has been executed. Services specifically relevant to participants in Fostering Futures include the following:

- An LDSS service worker who has completed required training in transition services and support for young adults and is knowledgeable of resources available in the community should provide case management services, including assessment and case planning.
- The service worker should ensure the participant maintains access to medical care under Medicaid to 26.
- The service worker should assist the participant in accessing educational, vocational or employment readiness programs; resources to support employment; or, in arranging medical documentation of inability to engage in those activities, to fulfill the participation requirements.
- The service worker should assist the participant in arranging appropriate, affordable housing in a supervised independent living setting, particularly in foster homes or with relatives.
- The service worker should engage the participant in budgeting and financial planning.
- The service worker should continue to promote permanency for the participant through lasting relationships with caring adults.
- Participants in Fostering Futures may access state funding for services through the CSA. The service worker should facilitate securing approval for needed services through the local FAPT process.

- The responsible FAPT is in the locality where the youth was last in foster care before reaching 18.
- The service worker should assist the youth in accessing all available resources to supplement the financial benefit and assist the youth in working towards independence.
- Most of the resources of traditional Independent Living Services are also applicable to participants in Fostering Futures, including the Chafee Program, Casey Life Skills Assessment (CLSA), and the ETV program, outlined later in this section.

14.5.2 Funding maintenance costs

Maintenance payments are intended to cover the participant's costs for food, shelter, clothing, supplies and personal incidentals. The participant is eligible to receive the total maintenance payment rate and annual supplemental clothing allowance in effect for the age group 13 and over.

The LDSS shall not initiate maintenance payments until the VCSSA is fully executed and the youth has a signed IL arrangement agreement or placement agreement.

If the participant has been determined title IV-E eligible following execution of a VCSSA, maintenance payments shall be funded from title IV-E. If the participant is not title IV-E eligible, maintenance payments shall be funded from State Pool Funds. In communities where the Community Policy and Management Team (CPMT) has an established policy to this effect, FAPT action is not required to initiate maintenance payments for either category. (Services costs for youth in both categories are funded from State Pool Funds and are contingent on approval by FAPT and the CPMT).

Fostering Futures maintenance payments may be made directly to the youth with responsibility to pay for rent, groceries and other basic expenses.

- The LDSS and the participant should decide jointly whether to make all or part of a maintenance payment directly to the youth or directly to a vendor such as the landlord.
- If the participant resides in the removal home, maintenance payments are not paid directly to the parents or guardians from whom the child was removed.

- If the participant resides in a foster home after reaching age 18, maintenance payments are made directly to the foster parent.
 - Enhanced maintenance payments determined by VEMAT are allowed when the participant resides in a foster home placement.
 - If the participant resides in a LDSS approved foster home, the foster parent may file appropriate claims to access the Contingency Fund if needed.
- If the participant resides in a foster home, but the foster parents choose to treat the youth as a boarder paying rent to them, the payment may be made directly to the youth; however, an enhanced maintenance payment is not allowed and the foster parents do not have access to the Contingency Fund.
- A participant that is attending a training program that does not charge for room and board (e.g. Job Corps, Woodrow Wilson Rehabilitation Center, Commonwealth ChalleNGe) should continue to receive the maintenance payment minus the room and board portion of the payment (\$448). The youth should continue to receive the clothing, personal care, recreation, and monthly allowance portions of the maintenance payment (\$252). The service worker should discuss with the participant the most appropriate use of the money and assist the participant in setting up a saving's account to plan for the future, such as future housing needs.
- If a participant is the parent of a minor child who resides with the youth, the child is eligible for a maintenance payment at the appropriate age group rate and is categorically eligible for Medicaid. However, the child is not eligible for an enhanced maintenance payment.
- If the participant has an open case with the LDSS, the youth shall be receiving at least a portion of the maintenance payment. At no time can the entire payment be suspended if the case remains open. See [section 14.6](#) for addressing participant's non-compliance.
- The service worker is responsible for entering payment related information in OASIS per [Section 18.1.8](#).

If the youth is experiencing difficulty in managing the expenses their maintenance payment is intended to cover, the service worker should review the youth's budget with the youth and work with the youth to identify any strategies to assist the youth in money management. The service worker can work with the youth to have part or all

of their maintenance payment sent to their landlord or housing provider. Additionally, the service worker should consider holding an FPM or other team meeting to help identify possible supports or services that could help the youth in meeting their basic needs. These steps should be explored prior to any termination from Fostering Futures due to inability to maintain their housing situation per the youth's agreement to pay housing fees in the VCSSA.

14.5.3 Participants who receive social security benefits

- If the participant received disability payments as a minor, the youth will need to reapply for benefits as an adult. This can be done 180 days prior to the youth's 18th birthday. If the youth meets the criteria for an adult disability payment, receives Supplemental Security Income (SSI) benefits and is title IV-E eligible, the service worker should assist the youth in notifying the Social Security Administration that the youth receives title IV-E payments. The SSI benefit will be reduced by the amount of the title IV-E payment unless the youth opts to receive only SSI. The participant may choose to receive only the SSI payment and remain a Fostering Futures program participant.
- If the participant receives (SSA) benefits due to a deceased parent or a parent's disability, those benefits may continue until the child graduates high school or turns 19. Since the youth continues to be in foster care, the benefits will continue to go to the LDSS and be put in a special child welfare account. Information on special welfare accounts can be found in [section 3.50](#) of the finance guidance manual.
- The same guidelines apply to both CSA eligible youth as well as title IV-E eligible youth.

14.5.4 Monthly worker visits

The LDSS shall conduct a face-to-face visit with the participant at least once every month during which a VCSSA is in effect to ensure the safety and well-being of the participant, and promote permanent connections. Visits by the ongoing service worker are preferred. Visits can be coordinated with meetings or other interactions with the youth. Other persons familiar with the youth who may conduct required visits include other service workers, interns, case aides, volunteers or the CSA Coordinator, if they participate in planning meetings for the youth and are known to the youth. Each visit shall be documented in OASIS.

In addition, only in the Fostering Futures program, the LDSS may use contract staff to conduct required visits when there are barriers to LDSS visits such as travel

distance. Assigned contract staff should have expertise in transition services and support for young adults and knowledge of available resources. The contracted staff should become familiar with the youth, the foster care plan and the requirements of Fostering Futures. The LDSS should require contract staff to provide a written visit report for the LDSS service worker to document in OASIS. The LDSS maintains the responsibility for worker visits. Costs for contracting worker visits may be charged to the LDSS administrative budget (BL 855). Costs for visits may not be charged to CSA.

Content of visits should focus on supporting the youth, reinforcing positive behaviors and progress, identifying unmet needs and resources, and confirming continued compliance with the service plan and the conditions of eligibility.

- The approach to these visits should be developmentally appropriate and the participant should be empowered to manage these contacts.
- When possible, visits should be made by the same person over time to help develop and maintain a relationship and provide continuity.
- At each visit the worker should determine which of the five (5) participation conditions is being met and plan to secure documentation of participation.
- At least 50% of visits should take place in the youth's place of residence.
- Youth in supervised independent living settings may choose not to reveal their foster care status to other parties such as roommates or a landlord. The worker should respect this decision and work with the participant to plan in-home visits in such a way as to support this privacy.

14.5.5 Administrative panel reviews

The LDSS shall ensure a case review takes place every six (6) months while a VCSSA is in effect. In addition, a case review should be conducted whenever the LDSS, the participant, or other party requests it.

- If the court retains jurisdiction after the initial hearing on the VCSSA, the court's review every six (6) months will fulfill this requirement.
- If the court has not retained jurisdiction, or has not ordered a review every six (6) months, the LDSS shall conduct an administrative panel review beginning six (6) months from the date the VCSSA was approved by the court to fulfill the six (6) month case review requirement.

- The service worker should encourage the youth to help choose and invite panelists. The youth shall be given the opportunity to include at least two (2) members of his or her choice. The panel shall include at least one member who is not responsible for case management and is not the foster parent of or service worker for the participant. Other members of the youth's support team should be invited to participate in the panel review.
- Reviews should empower the participant, recognizing the adult status of the youth, and be conducted in an age-appropriate manner. The focus should be on supporting the participant, reinforcing positive behaviors, marking progress, identifying unmet needs and resources, and confirming continued compliance with the service plan and the conditions of eligibility.
- Adequacy of services provided by the LDSS should be reviewed to ensure provision of necessary services to support successful transition to permanency and self-sufficiency.
- An emphasis on maximizing permanent connections with caring adults should be integral to the review.
- The foster care plan and Transition Plan should be updated and amended as needed as agreed to by the participant and the LDSS.
- At each bi-annual review the service worker should ensure that the case record includes all appropriate documentation for the youth's participation status throughout the six (6) months just ended, and provide documentation of all such verifications to the benefits worker.

14.5.6 Additional case reviews

The LDSS should consider requesting a review prior to six (6) months for youth that are minimally compliant with the program. For example, this could be a youth that has difficulty maintaining employment or has had difficulty committing to his educational program. The review provides the team the opportunity to address concerns with the youth, determine if additional supports are necessary, and for the youth to get a clear understanding of the concerns. The meeting may or may not result in the issuance of the Notification of Intent to Terminate Fostering Futures (see [section 14.6.2](#)). If the notification is issued, the LDSS should schedule another meeting within the next two (2) weeks. Otherwise, the LDSS should consider scheduling a follow-up meeting in the next 30 days to review the progress that has been made toward maintaining compliance.

14.6 Termination from Fostering Futures

Either the participant or the LDSS may terminate a youth's participation in Fostering Futures under the conditions that follow. In all instances of termination, the youth's Transition Plan shall be updated during the 90-day period prior to termination in addition to other requirements specific to Fostering Futures.

14.6.1 Termination by the participant

The VCSSA and participation in Fostering Futures are voluntary on the youth's part and may be terminated at any time by the youth by verbal or written notification to the service worker.

- Whenever a youth indicates interest in terminating participation in the program, the LDSS should actively engage the youth in understanding the ramifications of leaving the program, including loss of resources, and encourage the youth to reconsider. The service worker should communicate concerns about the youth's intent to members of the youth's support team. The service worker should assist the youth in developing a plan for paying bills and ensuring access to food and shelter in the event of termination.
- When the participant has a disagreement with the program that does not rise to the level of an appeal under Fair Hearings (e.g. disagrees with the outcome of an assessment or treatment recommendation, or has a conflict with the service worker that cannot be resolved between them), the LDSS should offer an informal conference with the director or director's designee to attempt to find a solution that will avoid termination.
- Upon definitive notification that the youth is terminating participation, the LDSS shall respond in writing informing the youth of the consequences of terminating the agreement, the final date of services and payments, the right to appeal the termination, the right to re-enter the program at any time prior to reaching age 21 if eligibility criteria are met, and the procedures for re-entering the program. The LDSS shall provide 30 days written notice before closing the youth's case.
- Services and maintenance payments made directly to the youth will continue during the 30 days prior to closing the case.
- When payments are being made to the foster parent, payment will continue for up to 30 days if the youth remains in the home. If the youth leaves the foster home placement, payment to the foster parent can continue for up to

14 days if the youth is expected to return. Otherwise, payments should end as soon as it's determined that the youth will not return to the placement (See [section 18.1.4](#) for additional information and examples regarding temporary absences.) The participant's case will close after 30 days unless the youth decides not to terminate participation in the program.

14.6.2 Termination by the LDSS

The VCSSA shall be terminated by the LDSS if it is determined that the youth no longer meets the eligibility criteria and conditions.

- When a youth upon reaching age 18 (or upon discharge from DJJ) has not followed through on meeting the requirements for continued eligibility (i.e. engaging in one (1) of the five (5) participation conditions and signing a VCSSA), and the LDSS has made efforts to actively engage the youth in understanding the benefits of participation and to encourage participation, the LDSS should take steps to terminate the youth from Fostering Futures. The LDSS shall notify the youth in writing using [The Notice of Intent to Terminate Fostering Futures](#) that all services and support will be discontinued 30 days from the date of the agency's notice. The basis for the termination and procedures for appealing the termination shall be included. Information about criteria and procedures for re-entering the program shall be included. The notice should also include information about and contact information for community resources that may benefit the participant, particularly other supportive services.
- Whenever the LDSS believes that a Fostering Futures participant is, or is at risk of, not fulfilling the participation requirements or otherwise not complying with terms of the VCSSA or the program, efforts shall be made to actively engage the youth in understanding the ramifications of non-compliance and to encourage the youth to comply. The service worker should communicate concerns about the youth's intent to members of the youth's team. The service worker should assist the youth in developing a plan for paying bills and ensuring food and shelter in the event of termination.
 - Academic breaks in postsecondary education attendance such as semester and summer breaks, and education and employment transitions of no longer than 30 days, do not disqualify the participant and shall not be a basis for termination. Courses dropped mid-term voluntarily or involuntarily do not automatically disqualify participants from Fostering Futures and a reasonable time should be allowed for the youth to begin another participation condition.

- In the event that the participant continues to fail to comply with program requirements, the LDSS shall notify the participant in writing that all services and support will be discontinued 30 days from the date of the agency's notice. The basis for the termination and procedures for appealing the termination shall be included. Information about criteria and procedures for re-entering the program shall be included.
 - The notice must also include information about and contact information for community resources that may benefit the participant, particularly other supportive services and about appeal rights and procedures.
 - Services and maintenance payments made directly to the youth will continue during the 30 days prior to closing the case.
 - When payments are being made to the foster parent, payment will continue for up to 30 days if the youth remains in the home. If the youth leaves the foster home placement, payment to the foster parent can continue for up to 14 days if the youth is expected to return. Otherwise, payments should end as soon as it's determined that the youth will not return to the placement. (See [section 18.1.4](#) for additional information and examples regarding temporary absences.)
- At least 30 days before the youth will turn 21 the LDSS shall notify the youth in writing that all services and support will be terminated at age 21.

14.7 Appeal procedures

When the participant believes he or she has been denied services or assistance to which he is entitled, including being terminated from Fostering Futures by the LDSS, or services or assistance have been delayed or terminated, the participant, or someone acting on his behalf, may submit an appeal to VDSS Appeals and Fair Hearings per procedures in [Section 15.12](#) of the July 2014 Chapter E, Foster Care. Appeal requests shall be submitted in writing, preferably utilizing the Family Services Appeal Request (032-02-0671 08/15).

14.8 Re-entry into foster care through Fostering Futures

Following termination (whether voluntarily by the youth or by the LDSS), a youth may re-enter Fostering Futures extended foster care if all eligibility conditions are met.

- There is no limit on the number of times a youth may re-enter the program between the ages of 18-21.

- There is no limit on time elapsed between exit and re-entry.

14.8.1 Procedures for re-entry

The procedures for re-entry apply both to youth who turn 18 in foster care (or turn 18 in DJJ and were in foster care upon DJJ commitment) and are discharged without entering Fostering Futures as well as youth whose previous participation in Fostering Futures was terminated by either the LDSS or the youth.

The former Fostering Futures participant/former foster youth who is interested in participation in Fostering Futures will apply directly to the LDSS that held custody of the youth prior to his 18th birthday. The [Application to Re-enter Fostering Futures](#) will be completed and signed by the youth and a representative of the LDSS.

Acceptance of the application requesting re-entry is based on the willingness of the youth to enter into a new IL arrangement agreement or placement agreement as well as his willingness to abide by the terms of the VCSSA. The representative of the LDSS shall ensure the youth has been provided all necessary information when completing the initial application. The representative should not sign the application requesting services until it has been reviewed with the youth.

The application will be denied if the youth refuses to meet with the team to review and sign the VCSSA and develop the foster care plan and Transition Plan.

It is the responsibility of the assigned worker to review the application, confirm the date, time, and location of the team meeting with the youth, and provide any assistance necessary to facilitate completion of the application and attendance at the team meeting. The youth's application should be reviewed and a team meeting scheduled **within ten (10) business days** upon receipt of the application.

14.8.2 Re-entry team meeting

The request to re-enter foster care through Fostering Futures requires the youth to meet with a team of individuals to discuss his re-entry into the program. During the meeting, the youth will review and sign the VCSSA and the IL arrangement agreement or placement agreement. The team will develop the foster care plan and Transition Plan to be filed with the court for approval. The youth will indicate his commitment to the plan developed in the meeting and to meeting the eligibility requirements. The plan will be developed by a team of individuals.

The team should include:

- The youth;

- Up to two (2) people chosen by the youth;
- Previous service worker. If the previous service worker is not available or no longer employed by the agency and cannot be consulted, the agency should attempt to include the previous worker's supervisor or other service worker that has some knowledge of the youth. If no one remains in the agency who has knowledge of the youth, a new service worker shall be assigned and that worker is responsible for reviewing the information in the case file including OASIS;
- Independent Living Coordinator;
- Foster Care Supervisor;
- Representatives from the LCPA where the youth had been placed (when applicable); and,
- With the youth's consent the meeting may also include:
 - Previous service providers
 - Parents
 - Relatives
 - Previous foster parents
 - Any appropriate community partner, (e.g., Community Services Board (CSB), Division of Rehabilitation Services (DRS), CSA Coordinator and Adult Services worker). The community partner should be a person(s) capable of providing ongoing services to the youth after age 21 (e.g., for youth requiring psychiatric services, a representative of the CSB would be an appropriate community representative for the youth's team).

During the meeting the following topics should be discussed:

- Factors that contributed to the previous exit (if one occurred) to reduce the likelihood of future termination;
- The youth's social support system (including peers, adults, family members, etc.) and how those individuals identified by the youth provide assistance, a sense of connection/family, and accessibility of those individuals to the youth;

- The short and long-term goals identified by the youth and team;
- The youth's willingness to meet at least one (1) of the five (5) criteria outlined in [section 14.4.4.](#);
- The youth's willingness to cooperate with a life skills assessment if one was not completed within the last six (6) months;
- The youth's willingness to participate in *an evaluation for a substance use disorder* or mental health evaluation if recommended by the team; and
- Any other factors that affect the youth's ability to establish self-sufficiency (i.e., lack of family support, social skill needs, criminal charges pending, *substance use disorder*, or mental health issues).

Re-entry into Fostering Futures is based on the willingness of the youth to abide by the expectations as documented in the VCSSA. The youth will be denied the opportunity to re-enter Fostering Futures if he refuses to comply with the expectations as outlined in the VCSSA, foster care plan, and Transition Plan. The new foster care episode begins the day that the VCSSA is fully executed and the youth signs the IL arrangement/placement agreement.

The LDSS shall file a court petition for review of the VCSSA and foster care plan. In addition, the service worker shall complete the title IV-E Application and Evaluation for Fostering Futures with the youth, including information on all of the youth's resources and income to conduct a new determination of eligibility for title IV-E.

The LDSS may consider issuing a 30 day termination notice immediately upon re-entry for some youth. This will enable the LDSS to hold the youth accountable for his responsibilities in the program. This may be appropriate for youth that have been repeatedly terminated from the program and request re-entry.

14.9 Life skills assessments

An life skills assessment shall be conducted to assess the strengths and needs of youth in preparation for adulthood. The assessment shall be driven by the youth, strength-based, and collaboratively involve the birth parents and caretakers of the youth. An life skills assessment is "a systematic procedure to identify a youth's basic skills, emotional and social capabilities, strengths and needs to match the youth with appropriate independent living services. It should address the knowledge of basic living skills, job readiness, money management abilities, decision-making skills, goal setting, task completion, and transitional living needs" ([45 CFR 1356.83\(g\)\(20\)](#)). Life skills

assessments must be re-administered annually for all youth receiving foster care services through Fostering Futures. See [Section 13.5](#) for more information about life skills assessments.

14.9.1 Independent living services for youth

LDSS shall offer independent living services to all youth who turn 18 and are in the process of transitioning from foster care to adulthood. These services should be based on the life skills assessment and include a broad range of activities, education, training, and direct services. The following types of services and skills development shall be considered to help the youth prepare for self-sufficiency: counseling, education, housing, employment, and money management. Access to essential documents, such as assistance in obtaining a birth certificate or Social Security card, and other appropriate services shall be provided consistent with the life skills assessment (§§ [16.1-228](#) and [63.2-100](#)). Additional services and skill development include daily living, social relationships, and communication skills.

As required by Chafee Program, the U.S. Department of Health and Human Services in consultation with other stakeholders developed outcome measures to assess the performance of each state and the effectiveness of its independent living services. The NYTD was established via regulation in 2008 and implemented October 2010. The Chafee Program and federal regulation requires states to report specific information to NYTD ([45 CFR 1356.80 through 1356.86](#)). In Virginia, all NYTD defined independent living services (including ETV) that are paid for and/or provided by LDSS on behalf of youth shall be documented on the OASIS “IL” screen by the LDSS.

An independent living service is provided by LDSS if it is delivered by LDSS staff or an agent of the LDSS, including a foster parent, group home staff, or child care institution staff; or provided pursuant to a contract between a LDSS or VDSS and a provider, agency, or any other entity regardless of whether the contract includes funding for the particular service.

The service worker and youth’s team shall consider the types of services listed below for all youth over age 14 and older who are in foster care. Any of these services, as well as any other services and supports the youth requires, shall be provided, if indicated by the comprehensive assessment process and consistent with funding requirements. When a youth receives any of the services listed below, as well as the required life skills assessment, the services shall be identified in OASIS ([45 CFR 1356.83\(g\)\(20\) through 1356.83\(g\)\(30\)](#)).

14.9.2 The Virginia NYTD categories are:

- **Academic support.** Academic supports are services designed to help a youth complete high school or obtain a General Equivalency Degree (GED). Such services include the following: academic counseling; preparation for a GED, including assistance in applying for or studying for a GED exam; tutoring; help with homework; study skills training; literacy training; and help accessing educational resources. Academic support does not include a youth's general attendance in high school.
- **Post-secondary education support.** Post-secondary educational supports are services designed to help a youth enter or complete college, and include the following: classes for test preparation, such as the Scholastic Aptitude Test (SAT); counseling about college; information about financial aid and scholarships; help completing college or loan applications; or tutoring while in college. The list is not all-inclusive; other supports such as college tours paid for or provided by the agency could fall within this definition.
- **Career preparation.** Career preparation services focus on developing a youth's ability to find, apply for, and retain appropriate employment. Career preparation includes the following types of instruction and support services: vocational and career assessment, including career exploration and planning, guidance in setting and assessing vocational and career interests and skills, and help in matching interests and abilities with vocational goals; job seeking and job placement support, including identifying potential employers, writing resumes, completing job applications, developing interview skills, job shadowing, receiving job referrals, using career resource libraries, understanding employee benefits coverage, and securing work permits; retention support, including job coaching; learning how to work with employers and other employees; understanding workplace values such as timeliness and appearance; and understanding authority and customer relationships.
- **Employment programs or vocational training.** Employment programs and vocational training designed to build a youth's skills for a specific trade, vocation, or career through classes or on-site training. Employment programs include a youth's participation in an apprenticeship, internship, or summer employment program and do not include summer or after-school jobs secured by the youth alone. Vocational training includes a youth's participation in vocational or trade programs in school or through nonprofit, commercial or private sectors and the receipt of training in occupational classes for such

- skills as cosmetology, auto mechanics, building trades, nursing, computer science, and other current or emerging employment sectors.
- **Budget and financial management.** Budget and financial management assistance includes the following types of training and practice: living within a budget; opening and using a checking and savings account; balancing a checkbook; developing consumer awareness and smart shopping skills; accessing information about credit, loans and taxes; and filling out tax forms.
 - **Housing education and home management training.** Includes assistance or training in locating and maintaining housing, including filling out a rental application and acquiring a lease, handling security deposits and utilities, understanding practices for keeping a healthy and safe home, understanding tenant's rights and responsibilities and handling landlord complaints. Home management includes instruction in food preparation, laundry, housekeeping, living cooperatively, meal planning, grocery shopping and basic maintenance and repairs.
 - **Health education and risk prevention.** Health education and risk prevention includes providing information about: hygiene, nutrition, fitness and exercise, and first aid; medical and dental care benefits, health care resources and insurance, prenatal care and maintaining personal medical records; sex education, abstinence education, and HIV prevention, including education and information about sexual development and sexuality, pregnancy prevention and family planning, and sexually transmitted diseases and AIDS; *substance use* prevention and intervention, including education and information about the effects and consequences of substance use (alcohol, drugs, tobacco) and substance avoidance and intervention. Health education and risk prevention does not include the youth's actual receipt of direct medical care or treatment *of a substance use disorder*.
 - **Family support and healthy marriage education.** Such services include education and information about safe and stable families, healthy marriages, spousal communication, parenting, responsible fatherhood, childcare skills, teen parenting, and domestic and family violence prevention.
 - **Mentoring.** Mentoring means that the youth has been matched with a screened and trained adult for a one-on-one relationship that involves the two meeting on a regular basis. Mentoring can be short-term, but it may also support the development of a long-term relationship.

- **Independent living arrangement.** An independent living arrangement means that the youth is living independently under a supervised arrangement approved by the LDSS or Licensed Child Placing Agency. A youth in independent living is not supervised 24-hours a day by an adult and often is provided with increased responsibilities, such as paying bills, assuming leases, and working with a landlord, while under the supervision of an adult.
- **Room and board financial assistance.** Room and board financial assistance that is paid for or provided by the VDSS, LDS and/or the local FAPT to assist with a youth's room and board, including rent deposits, utilities, and other household start-up expenses.
- **Education financial assistance.** Education financial assistance is a payment that is paid for or provided by the VDSS and/or LDSS for education or training, including allowances to purchase textbooks, uniforms, computers, and other educational supplies; tuition assistance; scholarships; payment for educational preparation and support services (i.e., tutoring), and payment for GED and other educational tests. This financial assistance also includes vouchers for tuition or vocational education or tuition waiver programs paid for or provided by the VDSS and/or LDSS (ETV program).
- **Other financial assistance.** Other financial assistance includes any other payments made or provided by the VDSS, LDSS, and/or the local FAPT to help the youth live independently.
- **Other financial assistance** (incentives and stipends for youth). Monetary incentives or stipends to acknowledge or reward eligible youth who successfully completed:
 - A life skills training;
 - Other independent living services that are designed to help the youth successfully transition to adulthood; or,
 - For youth who are part of the follow-up population, the NYTD Follow-up Survey.

Incentives and stipends shall not exceed what is reasonable and necessary to accomplish the purpose of needing to provide such incentives and/or stipends. The local director or his/her designee must approve in writing all monetary incentives and stipend methods (i.e. gift cards, money cards, certificates, and/or stipends), purpose of incentives/stipends, and the amount paid from the VDSS Chafee Program and/or

ETV funds for each youth. Also, youth receiving an incentive/stipend have a clear understanding of purpose, cash value of incentive/stipend, and sign a document stating that he/she acknowledges receiving the monetary incentive. The document acknowledging youth receipt must be kept in the youth's case record and documented in OASIS as "Other financial assistance" within 30 days from the purchase date. Each transaction for an incentive/stipend must be recorded individually on VDSS' Chafee Program Quarterly Report for the applicable report period.

- Other financial assistance (outreach services). Efforts to attract eligible youth to participate in independent living services and formalized programs (i.e. covering transportation expenses so that eligible youth may attend independent living conferences and other youth conferences, meetings, retreats, and workshops designed to help the youth successfully transition to adulthood).

14.10 Preparing youth for adulthood

All youth shall have the opportunity to be engaged in directing their own life and to be engaged in the community around them. In order to provide youth in and transitioning from foster care opportunities to be listened to, to be informed, to be respected and to exert control over their lives, the service worker should:

- Prepare/train youth to lead in the development of their case planning, including permanency planning and transition planning that addresses education and employment goals.
- Provide youth opportunities for leadership and community involvement, including opportunities for advising LDSS and community partners on policy and practice.
- Maintain contact with the youth to find out how they are doing when they leave care so that policy and practice can be improved.¹

Preparing youth in foster care for adulthood is similar to preparing all children and youth for the transition to adulthood. Successful adults are self-sufficient in accomplishing daily life skills, while also being resourceful and connected with others in meeting their own needs while contributing to society. Regardless of the permanency goal, service

¹ Adapted from Jim Casey Youth Opportunities Initiative

workers should deliberately plan and prepare youth over time to be increasingly self-sufficient, resourceful, and contributors to society.

Preparation for adulthood is a life-long process that begins at birth. It initially involves informal learning by observing and participating in day-to-day activities with birth parents and substitute caregivers. Then, as children mature, it includes formal instruction and activities. For older youth, it requires increasing opportunities for them to practice life skills and build competencies with support from caregivers, service workers, and significant others.

During adolescence, the movement to self-sufficiency and resourcefulness is not linear, but rather a dynamic process based on the youth's evolving maturity, strengths, and needs. An adolescent's search for identity and transition to adulthood can be a turbulent process, particularly for youth who have experienced abuse, neglect, separations, and/or trauma in their lives.

Developmentally, adolescents are striving to gain control over their lives. Adults need to provide opportunities for adolescents to practice resolving problems, seeking out and using resources, making decisions, and contributing to society. These are essential skills for self-sufficiency and success in adulthood.²

Serving older youth and preparing them for adulthood requires a planned, dynamic, strengths-based process. Service planning and decision making shall be driven by the youth, in collaboration with the youth's family and team. Services shall be based on the strengths and needs of the youth, as identified in the comprehensive assessment. The service worker and youth's team should focus on achieving permanency and ensuring the youth develops the skills necessary for self-sufficiency and interdependency. They should assist the youth in managing the transition to adulthood and then follow up to ensure success.

14.10.1 Youth-driven planning

Youth shall have a central role in all service planning and decision making. Involving the older youth increases his or her motivation to participate in and complete services. It also helps the youth increase self-awareness and learn how to develop goals, use networks, and resolve problems – essential skills for adulthood.

² Adapted from Illinois Department of Children and Family Services Best Practice Manual, Characteristics of Adolescent Development.

The service worker should encourage and support the youth in taking responsibility for becoming increasingly self-sufficient and interdependent over time. The service worker should help the youth:

- Understand his or her responsibility for developing and achieving a plan;
- Develop personal goals;
- Identify strengths, interests, and needs; and,
- Use these goals, strengths, and interests to design services, use networks, and access services and resources to meet his or her needs.

14.10.2 Engaging families and working with the youth's team

The service worker should diligently search, pursue, and engage the youth with extended family members and other appropriate individuals the youth defines as significant, while keeping the safety and best interests of the child at the forefront in decision making (see [Section 2.5](#) and [Section 2.6](#)). These individuals can provide diverse roles and resources for the youth during and after his or her stay in foster care (see [Section 2.4](#)).

The service worker shall engage appropriate family members and other significant individuals to work collaboratively as a team to help prepare the youth for adulthood. Since critical decision points, including goal and placement decisions, are made through Family Partnership Meetings, the LDSS may decide that this team should continue working together as the youth's team to prepare for and transition the youth into adulthood (see [Section 2.9](#)).

The youth shall be an active and central participant on the team. The youth shall be provided with the opportunity to identify up to two (2) members of the team who are neither a foster parent of nor a case/service worker of the youth ([P.L. 113-183](#)) who he or she wants to involve with the team to help represent the youth's needs and provide support during the process. One of the individuals selected by the youth may serve, as necessary, as an advocate with respect to normalcy for the youth. The LDSS may only reject the member(s) selected by the youth if there is good cause to believe that the individual(s) would not act in the best interest of the youth.

Team members may include birth parents, siblings, family members, prior custodians, primary caregiver(s), service worker, adult services worker for appropriate older youth, independent living coordinator, professionals involved with the youth (e.g., teacher, counselor, coach), service providers, community members

(e.g., friend, neighbor, mentor, minister), and any other individuals identified by the youth and family as important.

The service worker and team should actively assist the youth in:

- Assessing strengths, interests, and needs, including life skills;
- Identifying significant adults who may be willing to assist the youth in carrying out identified tasks;
- Identifying services, resources, supports, and networks;
- Developing or enhancing their skills;
- Making decisions;
- Planning and supporting the youth through the transition to adult living; and,
- Maintaining contact and following up after the youth leaves foster care.

14.10.3 Chafee Program Transition Plan (Transition Plan) for youth age 18 and older

All youth age 14 or older, regardless of their permanency goal, shall have a written transition plan personalized to their individual needs based on their life skills assessment; specifying the independent living services, activities, and supports to be provided to help the youth transition to adulthood. The youth shall be involved in the development of his/her initial Transition Plan and any revisions or additions made to it. The Chafee Program Transition Plan (Transition Plan) shall be:

- Youth-driven;
- Based on a formal life skills assessment;
- Developed through a team process; and,
- Coordinated with the IEP developed by the school district for all youth in special education.

The Transition Plan for youth over age 14 and older shall be personalized to the individual youth and describe in writing:

- The activities to be undertaken to establish a permanent family and lifelong connections with family members and significant adults.
- The strengths, goals, and needs of the youth, based on the assessment of life skills, and including the areas of counseling, education, housing, employment, and money management skills.
- The specific independent living services to be provided and activities undertaken to assist the youth in meeting these goals and needs, building on the youth's strengths.
- The programs and services to be provided and activities undertaken to help the youth prepare for his or her future life as an adult, including but not limited to, specific options to be pursued in education, career preparation, and work.
- The responsibilities of the child placing agency, the youth, the service provider, and any other involved individuals in achieving the planned services and activities.
- Information on the youth's right to appeal LDSS decisions on services in the Transition Plan (See [Section 15.12](#)).

The service worker may use the transition plan template developed by VDSS or the Foster Club's Transition Toolkit to document the youth's Transition Plan (see below.) Any other transition plan template needs to be approved by VDSS before use.

- The VDSS [Chafee Program Transition Plan](#) addresses independent living services, incorporates the domains from the Casey Life Skills Assessment, and complies with state and federal requirements for serving and transitioning older youth.
- The [FosterClub's Transition Toolkit](#) is designed for youth and their team of adult supporters to identify their assets and resources and map out a plan for the challenges after foster care.

14.10.3.1 Development and maintenance of the transition plan

The Transition Plan shall be printed and attached to the foster care plan which is filed with the court for distribution and placed in the paper case record, if further court review is required by the court. When court review is not required, the Transition Plan should be printed and attached to the Administrative Panel Review document and placed in the paper case record. The service worker, youth, and youth's team shall implement and modify the Transition Plan over time, while continually assessing the youth's progress.

- The initial Transition Plan must be completed **within 30 days** of the youth turning 14 years of age in foster care or the youth entering/re-entering foster care when they are 14 years of age and older.
- The Transition Plan shall be updated at least every 12 months.
- Completion of the Transition Plan shall be documented in OASIS on the IL Checklist.

14.10.4 Youth rights

As a requirement of the Preventing Sex Trafficking and Strengthening Families Act of 2014 ([P.L. 113-183](#)), youth age 14 and older shall be provided a document that describes certain rights with respect to their care. The LDSS shall be responsible for explaining to the youth his/her rights in an age-appropriate way and obtaining a signature from the youth acknowledging that the youth has received them. A description of youth's rights follows:

- Appeals: the youth has the right to appeal LDSS decisions regarding the delay, denial or termination of services identified in the transition to independent living plan and foster care plan (See [Section 15.12](#)).
- Education: the youth has the right to go to school and get an education that is consistent with his or her age and any special needs. The youth also has the right to stay in the school he or she was enrolled in before coming into foster care if this is in the youth's best interest.
- Health: the youth has the right to be regularly taken to doctors and dentists, including eye doctors, for medical evaluation, medical care, and/or treatment as needed.

- Visitation with siblings: the youth has the right to have regular contact and visitation with siblings, if separated. Contact may include but not be limited to face-to-face visits, telephone calls, emails, and video conferencing.
- Court participation: the youth has the right to attend court hearings involving his or her care; be consulted in the development of and any revisions to his or her case and permanency plan. The youth also has the right to tell the judge what is happening to him or her and what the youth wants regarding the plan for permanency.
- Documentation: when exiting foster care, the youth shall be provided with an official or certified copy of the youth's (1) birth certificate; (2) social security card; (3) health insurance information; (4) medical records; (5) driver's license or state-issued identification card; and, (6) [Proof of Foster Care](#) form.
- Safety: the youth has the right to be safe and free from exploitation.

The list of youth rights is included in the Rights and Responsibility section of the VDSS Transition Plan template. The completed Transition Plan shall be attached to the printed foster care plan when it is submitted to court for distribution and also placed in the paper case record. The Rights and Responsibilities section and the youth's signature shall be submitted to court, even if an alternative Transition Plan template is used. This document shall be reviewed and signed at least annually or for each Permanency Planning and/or Review Hearing as a best practice.

14.11 Paying for Independent Living Services

Independent living services are paid from the LDSS' allocation of Chafee Program funds. VDSS must approve the LDSS funding application for independent living services before funds are expended.

Independent living services may also be paid for with CSA funds. CSA establishes a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the needs of troubled and at risk youth and their families. One of the targeted populations is children and youth for whom foster care services, as defined by [§ 63.2-905](#), are being provided.

Foster care services are the provision of a full range of casework, treatment and community services including but not limited to independent living services, for a planned period of time to a child or youth who has been abused or neglected, or in need of services, or a youth or child who has been placed through an agreement between the LDSS and parent(s) where legal custody remains with the parents or guardians, or has

been committed or entrusted to an LDSS or licensed child placing agency. Foster care services also include the provision and restoration of independent living services to a person who is over the age of 18 years but who has not reached the age of 23 years who is in the process of transitioning from foster care to self-sufficiency. However, independent living services are not maintenance, and cannot be paid for with title IV-E funds.

Access to CSA funds is governed by state and local policies which require multi-agency planning, uniform assessment, utilization review, and authorization of funds. If it is determined that these funds are needed to access independent living services, the service worker shall refer the youth to the FAPT, in accordance with local CPMT procedures, in order to request funding for services. The LDSS service worker should become familiar and comply with policies established by their local CPMT for access to CSA funding.

14.12 Education and Training Voucher (ETV) Program for youth

The purpose of the ETV Program is to fund goods and services designed to assist eligible youth in successfully completing a “post-secondary” educational or vocational training program by covering up to a maximum of \$5,000 or the total cost of attendance (whichever is less) per state fiscal year of the following expenses:

- Tuition and fees;
- Room and board;
- Rental or purchase of required educational equipment, materials, or supplies (including computer, software, and computer related accessories);
- Allowance for books and transportation;
- Required residential training related to an educational or vocational program;
- Special study projects related to education;
- Child care; and/or
- Other related expenses.

Expenses not covered by ETV include:

- Doctors' visits;

- Dentist services;
- Apartment or dorm room set-up (i.e., comforters, sheets, microwave, cleaning supplies); and,
- Food (separate from the school meal plan.)

14.12.1 ETV funding

ETV Program provides federal and state funding to help eligible youth with expenses associated with college and post-secondary vocational training programs. Funding of up to \$5,000 per year OR the total cost of attendance per year (whichever is less), per eligible youth. LDSS do not receive \$5,000 per youth in their initial allocation because the Virginia ETV program does not receive enough federal and state funds to allocate the full amount per student. Although the ETV program is integrated into the overall purpose and framework of the Chafee Program, the program has a separate budget authorization and appropriation from the general program.

For additional information about use of ETV funding see [Section 13.11](#)

14.12.2 Eligible youth

14.12.2.1 Eligible youth ages 14-26 years

Youth ages 14-26 who are eligible to receive vouchers under this program must meet the following eligibility criteria:

- Have had their most recent foster care episode provided by the Commonwealth of Virginia;
- Eligible for services under Virginia's Chafee Program, or would otherwise be eligible except that they have reached the age of 23;
- Have received their high school diploma or equivalent, or GED certificate;
- Have applied for financial aid through the post-secondary school or training program, if applicable, they wish to attend or participate in; and
- Enrolled full-time or part-time in a post-secondary education or training program and making satisfactory academic progress by maintaining at least a cumulative grade point average of 2.0 on a 4.0 scale or have an academic standing consistent with the institution's graduation requirements for the federal student financial aid program. LDSS should

monitor all ETV recipients' progress and review grades to ensure compliance prior to disbursing additional ETV funds for each semester.

14.13 Credit checks for youth age 18 to 21

Identity theft is a national problem and is becoming more common among the foster care population. Children in foster care are at greater risk to become victims of identity theft due to the number of people who have access to their social security numbers and other identifying information. Many times, it is not until the young adult is applying for credit that it is discovered that credit information has been compromised.

The LDSS is responsible for providing instruction to assist youth 18 years and older with obtaining his/her credit report by accessing www.annualcreditreport.com during the month of their birthday, and every year thereafter, until he/she turns age 21. The youth will need access to a computer. The Fair Credit Reporting Act (FCRA) requires each nationwide CRA to provide adults with a free copy of their credit report once every 12 months. The LDSS shall:

- Discuss the results of the consumer credit report check with the youth, emphasizing the importance of credit in their lives. Document the conversation on the youth's Transition Plan including if the youth refuses to obtain his/her consumer credit report and/or refuses to have credit issues corrected;
- Assist the youth in contacting the CRA to have the information corrected if fraudulent credit history exists or a credit error is discovered;
- Provide documentation if necessary to the CRA;
- Document the steps taken to assist the youth in clearing his credit report as a contact in OASIS selecting "Annual Credit Check" as the purpose; and,
- Maintain a hard copy of the credit reports and letters of dispute in the youth's case file.

Refer to the [Chafee Program Program Credit Checks for Foster Youth Guidebook](#) for complete information on DSS and LDSS responsibilities; procedures to resolve discrepancies for youth under 18; assist youth 18 to 21 with obtaining their credit report, discussing the results of the credit report, and contacting the CRA to have the information corrected.

14.14 Conducting NYTD outcomes survey with youth at ages 19 & 21

Public Law 106-169 established the Chafee Program, providing states with flexible funding to carry out programs that assist youth in making the transition from foster care to self-sufficiency. The law also mandated that ACF develop a data collection system to track the independent living services states provide to youth and develop outcome measures that may be used to assess each state’s performance in operating their Chafee Programs. This data collection system is known as the NYTD. The law requires ACF to impose a penalty of between one (1) and five (5) percent of the state’s annual allotment on any state that fails to comply with the reporting requirements. Pursuant to the regulation ([45 CFR 1356.80 through 1356.86](#)), States report data to ACF semiannually.

NYTD requires all states to engage in two data collection activities. First, states are to collect information on each youth who receives independent living services paid for or provided by the state agency that administers the Chafee Program. Second, states are to collect demographic and outcome information on certain youth in foster care whom the state will follow over time to collect additional outcome information. This information allows ACF to track which independent services states provide and assess the collective outcomes of youth.

The LDSS shall conduct NYTD surveys on specific cohorts of youth in foster care beginning at age 17. A cohort is a group of people who are followed over time. A new cohort of youth begins every three (3) years. The same youth population, survey questions, and longitudinal outcomes data are used nationally.

	Baseline: all youth after 17 th birthday (Survey is due within 45 days after attaining 17 years of age)	Follow-up: Same youth On or around the 19 th birthday	Follow-up: Same youth On or around the 21 st birthday
Cohort 1	FFY 2011	FFY 2013	FFY 2015
Cohort 2	FFY 2014	FFY 2016	FFY 2018
Cohort 3	FFY 2017	FFY 2019	FFY 2021
Cohort 4	FFY 2020	FFY 2022	FFY 2024

The federal fiscal year (FFY) is October 1 through September 30.

For baseline data, LDSS shall conduct the outcomes survey on all youth in foster care during the 45 days after their 17th birthday in specified years. Thus, youth in foster care who turn 17 years old are surveyed in FFY 2011 for cohort 1, in FFY 2014 for cohort 2, in FFY 2017 for cohort 3, and in FFY 2020 for cohort 4.

The youth who participated and are a part of the baseline survey will be identified by VDSS and confirmed by the Administration for Children and Families. Once confirmed, this information will be communicated to the LDSS Chafe Program and/or NYTD contacts to ensure that the youth are served in a timely manner. The LDSS shall survey the same youth around their 19th birthday in the applicable reporting period as identified by VDSS (in FFY 2013 for cohort 1; in FFY 2016 for cohort 2; in FFY 2019 for cohort 3; and in FFY 2022 for cohort 4) and when they turn age 21 (in FFY 2015 for cohort 1; in FFY 2018 for cohort 2; in FFY 2021 for cohort 3; and in FFY 2024 for cohort 4). The youth shall be surveyed regardless of whether they continue receiving independent living services or age out of foster care. In the month (usually September) prior to the beginning of a survey year, VDSS will communicate with each LDSS Chafee Program and/or NYTD contact providing a list of youth who need to be surveyed and what survey (i.e. baseline, follow-up at 19, or follow-up at 21) to administer, the time frame for administration of the survey, as well as other pertinent information.

The six (6) outcome areas include:

- Youth financial self-sufficiency;
- Youth education (academic or vocational) attainment;
- Youth positive connection with adults;
- Experience with homelessness among youth;
- High risk behavior among youth; and,
- Youth access to health insurance.

See the [NYTD Outcomes Chart](#) that delineates for each outcome, the federal measures, definitions, and legal citations for tracking progress on the cohorts of youth who are aging out and have aged out of foster care.

14.14.1 Administering follow-up NYTD Survey with 19 and 21 year olds

During specific reporting periods, LDSS will need to administer the NYTD Survey to 19 or 21 year olds. For 19 and 21 year olds, ACF allows 6 months to administer the

survey. VDSS will compile the list of youth who need to be surveyed. LDSS will find this list in SafeMeasures. The young people need to complete the survey within the federal reporting period in which their 19th or 21st birth date falls. For example, the youth whose 19th birthday falls in the reporting period of October 1 to March 31, needs to complete the survey at some point between October 1 and March 31. The youth whose 19th birthday falls in the reporting period of April 1 and September 30, needs to complete the survey between April 1 and September 30. The same pattern applies to 21 year olds who need to take the survey.

The survey contains questions about financial self-sufficiency, educational attainment, connections with adults, experience with homelessness, high-risk behavior, and access to health insurance. There are approximately 22 questions in the survey, and it should take about 20 minutes to complete the survey.

For youth that the LDSS successfully located, the LDSS shall contact each youth:

- Explain the purpose, importance, and process for the survey;
- Answer any questions or concerns the youth may have;
- Obtain his or her verbal consent to participate in the survey; and,
- Determine an appropriate time and location to administer the survey (the survey may be administered in-person or over the phone).

If the survey will be administered in-person, provide the youth with the paper form of the survey to complete. (See [NYTD Follow-up Outcomes Survey-Age 19 for LDSS use](#)). The youth shall complete the survey form independently. If the youth is physically unable to complete the form, but can provide answers to the survey, the service worker may assist the youth by completing the forms. The service worker shall not consult with any source other than the youth when administering the survey.

If the survey will be administered by phone, follow the instructions on the survey.

After completion of the survey, the data shall be entered into the OASIS case record on the NYTD survey screen exactly as the youth has responded to the survey questions. The service worker or data entry staff shall not correct or change the survey responses; even if the staff has knowledge about the youth's benefits, financial circumstances or health insurance.

The data should be entered within 14 calendar days from the date of the survey administration on the correct OASIS screen for the 19 or 21 year-old survey. Place the original survey in the youth's case record.

Notify youth that he may receive a copy of the survey and provide a copy if requested.

If help is needed in OASIS, additional assistance may be found on Fusion, under [Foster Care Guidance, Procedures and FAQ's](#), or by contacting the VDSS Youth Services Program Specialist.

- [OASIS Independent Living-NYTD Tips Sheet](#)

14.14.2 Technical assistance

Frequently Asked Questions (FAQs) – Children's Bureau in the Administration for Children and Families of the U.S. Department of Health and Human Services.

- [NYTD FAQs](#)

Surveying youth with special needs and limited English proficiency:

- ["NYTD Technical Assistance Brief #3: Surveying Youth with Special Needs or Limited English Proficiency."](#) June 2010. Discusses accommodations that enable these youth to fully participate in the survey.

14.15 Referring and transitioning youth to Adult Services

Adult Services are provided to impaired adults age 18 or older, and to their families when appropriate. "Impaired" means any person whose physical or mental capacity is diminished to the extent that he needs counseling or supervisory assistance or assistance with activities of daily living such as feeding, bathing, and walking, or instrumental activities of daily living such as shopping and money management ([Adult Services Chapter 1, Definition Section 1](#)). Adult Services are designed to help the adult remain in the least restrictive setting and function as independently as possible. Services may include case management, home-based care, transportation, adult day services, or assessment for the need for long-term care service such as nursing facilities, Medicaid-funded home and community based waivers, or assisted living facilities.

If the service worker believes an older youth in foster care may be eligible and need supportive services into adulthood, the service worker should discuss the youth's

situation with an Adult Services worker. While Adult Services workers work only with adults age 18 and over, early discussions and collaboration between the foster care and Adult Services workers are essential for a successful, smooth, and timely transition for the youth. These conversations should begin well before the youth turns 18, but in the event that they have not, it is essential that the service worker help the 18 to 21 year old access appropriate services as quickly as possible.

In addition to collaborating with the Adult Services worker, the foster care worker should:

- Explore the extent to which the youth needs assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) or requires support for mental health, intellectual disability, or cognitive issues.
- Assess the older youth's interest in receiving Adult Services.
- Consult with the youth's family members on their opinions regarding the suitability of these services for the youth.
- Collaborate with the youth's school to ensure that the IEP services are being appropriately accessed and will be available to the youth as long as necessary or to age 23.

For more complete information, see the [DARS Adult Services Manual webpage](#) on the DSS internal website. Additional Information may be found under Virginia Department of Social Services [Transition Planning for Foster Care Youth with Disabilities](#).

14.15.1 Assessing for benefits programs and other supports

The foster care services worker should work with an eligibility worker to evaluate the youth's potential eligibility for Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI), Medicaid, and Auxiliary Grant (if the individual will be residing in an assisted living facility or adult foster care home).

Applying for these benefit programs can take several months, so it is critical to begin the process as early as possible. While the Adult Services worker can provide information on these programs, the foster care services worker or independent living coordinator should begin the application process. Starting early provides sufficient time for determining the youth's eligibility for services and for either smoothly transitioning the youth to Adult Services or finding alternative resources for assisting the youth who is not eligible for these services.

The Social Security Administration (SSA) allows youth with disabilities who are eligible for Supplemental Security Income (SSI) to file an SSI application up to 90 days before federal foster care payments are expected to end. This change in SSA policy helps older youth in foster care who have disabilities to transition to adult life by helping to ensure that they have income and health benefits in place. For additional information about SSI applications for foster care youth with disabilities see [Section DI 25201.011](#) in the Social Security Administration's Program Operations Manual System (POMS).

Some youth may not have the capacity to meet their health or safety needs or to manage their financial affairs. The foster care service worker should discuss this need with the Adult Services worker early in the transition planning to explore the options available for the youth. The youth may need a guardian and/or conservator appointed or an alternative option instituted to provide substitute decision making for the youth. (See Adult Services [Guardianship Chapter](#) for additional information).

14.15.2 Adult Foster Care Services

LDSS often struggle in transitioning youth who have complex service needs, require placements, and will continue to need significant support after they age out of foster care. Placement for a young adult with special needs may be difficult, as most adult long-term care facilities focus on the elderly with significant medical and nursing needs.

An Adult Foster Care (AFC) program may be an appropriate option to meet the needs of these youth in transition. The foster care service worker should discuss with the Adult Services worker whether this program is offered locally. Many LDSS do not offer this program since it is an optional program. Additionally, while some LDSS provide an AFC program, the program may only serve individuals age 60 and older.

If an AFC setting is being explored, the foster care service worker, the eligibility worker, and Adult Services worker should collaborate in developing an appropriate post foster care plan to provide a seamless transition for the older youth from foster care services to an AFC setting. While permanency is the goal for all youth in foster care, early planning needs to occur for these youth, particularly when they do not have permanent families.

A resource parent may be approved as an Adult Foster Care Home or receive dual approval as a resource parent and an Adult Foster Care Home, depending on the needs of the young adult and other children residing in the home. This situation may allow siblings living with a resource parent to remain together if an older sibling with

a disability ages out of foster care. Dual approval or conversion to an Adult Foster Care Home may be considered if it is determined to be in the best interest of the young adult, the other children residing in the home, and the resource family.

For more information on AFC, see the [Adult Foster Care Manual](#) on the DSS internal website.

14.16 90-day Transition Plan for youth exiting services

The service worker, youth, and youth's team shall create a Transition Plan during the 90 day period immediately prior to the youth choosing to leave foster care or terminate independent living services before his or her 21st birthday (§ [63.2-905.1](#)).

For all youth who may exit Fostering Futures at any time between their 18th and 21st birthdays, or will exit services upon turning 21, a Family Partnership Meeting (FPM) or Child and Family Team Meeting (CFTM) should be held to facilitate the development of a 90-day Transition Plan. The transition planning process should include discussion about the benefits to the youth of continuing to receive services.

The Transition Plan shall be directed by the youth, and shall be as detailed as the youth chooses. This plan should document the specific goals and needs for the youth to successfully transition from foster care to independence. The planning process should engage the youth's family and the youth's team. See [Section 14.10.1](#) regarding service planning for older youth

Information about the Fostering Futures program and the opportunity for the youth to re-enter foster care at any point prior to turning 21 should be provided to the youth in writing.

The service worker and the youth's team shall help the youth understand the importance of including specific areas in the Transition Plan. These areas include, but not limited to:

- Transition activities identified in [Section 14.11](#).
- Housing.
- Options for health insurance.
 - Former foster care youth under age 26 years may be eligible to receive Medicaid if they were under the care and responsibility of any state's foster care agency and receiving Medicaid until discharged from foster care upon turning 18 years or older,

meet all Medicaid requirements, and are not eligible for Medicaid in another mandatory Medicaid covered group (see [Section 12.11.7.1.1](#)).

- Youth under age 19 who are not eligible for Medicaid may be eligible for the Family Access to Medical Insurance Security (FAMIS) program and receive health insurance until their 19th birthday. The youth must not have other health insurance, and must not have not had health insurance in the past 4 months (some exceptions apply.) There are no enrollment fees or monthly premiums. For some services, there may be a small co-payment. Covered services include: doctor visits, well-baby checkups, hospital visits, vaccinations, prescription medicine, tests, x-rays, dental care, emergency care, vision care, and mental health care. See the [FAMIS Teens](#) section of the [FAMIS website](#) for more information.
- Designating someone to make health care treatment decisions on the youth's behalf, if the youth becomes unable to participate in the decisions and does not have or want a relative who would otherwise be authorized by State law to make these decisions. The youth, after reaching age 18, may designate a health care power of attorney by completing the form, entitled [Virginia Advance Medical Directive](#), on the Virginia Department of Health (VDH) website, which complies with Virginia law ([Patient Protection and Affordable Care Act P.L. 111-148; § 54.1-2995](#)). The LDSS should encourage and assist the youth in seeking guidance from an attorney to address any questions. The youth should provide a copy of this document to his or her physician, close relatives, and/or friends.
- Local opportunities for mentors.
- Workforce supports and employment services ([Social Security Act, Title IV, § 475 \(5\) \(H\) \[42 USC 675\]](#)).
- Prior to the youth's leaving care, the LDSS shall also provide the youth with an official or certified copy of the youth's (1) birth certificate; (2) social security card; (3) health insurance information; (4) medical records; and, (5) driver's license or state-issued identification card.

The 90-day transition planning process should be documented by creating a 90-day Transition Plan ([see Section 13.7.3](#)) and the FPM or CFTM with the purpose of preventing placement disruption should be entered in OASIS.

14.17 OASIS documentation for independent living services

Independent living service(s) that are offered or provided to any youth shall be documented in OASIS on the "IL" services screen consistent with guidance requirements (as soon as possible but no later than **30 days** after each activity or

event). This information is part of the data submitted to the NYTD twice a year. Both services participated in and declined shall be entered on the correct screen. Services a youth needs, but there is no funding for, shall also be entered on the screen. The independent living services that should be documented are listed below:

- Independent living needs assessment;
- Academic support;
- Post-secondary educational support;
- Career preparation;
- Employment programs or vocational training;
- Budget and financial management;
- Housing education and home management training;
- Health education and risk prevention;
- Family support and healthy marriage education;
- Mentoring;
- Independent living arrangement;
- Room and board financial assistance;
- Education financial assistance; and,
- Other financial assistance.

The service worker is responsible for updating the “IL” services screens including the start date and end date of the service offered. If a service is declined, the start date and end date may be the same date. In the comments section, the service worker should define the type of service provided, consistent with definitions in guidance and OASIS, and whether or not the service met the youth’s needs.

As part of the data submitted twice a year to NYTD, the service worker shall review and update screens under IL. These updates should be done consistent with guidance requirements for documentation. These screens should be reviewed at a minimum,

every other month, so that data submitted to the federal government will be both accurate and timely.

- Education Screen. If a youth received special education services this shall be identified on the OASIS screen. Special education as defined by NYTD means specifically designed instruction, at no cost to parents, to meet the unique needs of a child with a disability. The service worker should select the box that states special education at the bottom of the education screen.
- Adjudicated Delinquents. If a youth has ever been adjudicated delinquent, this status shall be documented in the IL section of OASIS. The federal NYTD definition of an adjudicated delinquent is one where a state or Federal court of competent jurisdiction has adjudicated the youth as a delinquent.
- Post independent living. If the youth's case is closed in OASIS and the youth receives at least one independent living service after the case is closed, the type of service provided shall be documented in OASIS.

14.18 Program monitoring and case reviews

Independent living (including ETV) services that are paid for and/or provided by the LDSS are subject to monitoring and evaluation via submission of quarterly reports, OASIS data, LASER reports, and case reviews. VDSS will conduct quality assurance onsite visits and request additional information as necessary for program monitoring. VDSS staff may conduct case reviews of youth receiving independent living services. These reviews may be done by comparing data in OASIS and NYTD screens with documentation in the paper case record for the youth. These activities are consistent with VDSS' role of ensuring the proper administration of all foster care activities and services, including any action taken or not taken.

OASIS is the approved child welfare system for Virginia and all required documentation shall be input into this system. However, there are components of the case record that are required consistent with guidance in [Section 4.4](#), Setting up a paper case record. The service worker should review this section to determine that hard copies of required items are in the youth's case file. In addition to those items required in [Section 4.4](#), the service worker shall be responsible for providing for the record of the youth receiving IL services the following:

- A copy of any documentation from a state or federal court of competent jurisdiction that the youth was adjudicated delinquent. Note: for NYTD purposes, the youth is considered an adjudicated delinquent no matter when the youth was adjudicated in his lifetime.

- Copy of IEP(s) (if any);
- Copy of life skills assessment;
- Copy of written Transition Plan(s);
- Copy of approved student ETV Application(s) and supporting documentation;
- Documentation that verifies the youth received any or all of the independent living services that were paid for and/or provided by the LDSS on behalf of the youth;
- Documentation to define who, how and when the youth was invited to participate in the NYTD survey (if part of the NYTD follow-up population); and,
- Copies of completed NYTD surveys (i.e. baseline and follow-up), if applicable.

14.19 Resources to help serve older youth

14.19.1 Engaging youth

- [Child Welfare Information Gateway](#) –Promotes the safety, permanency, and well-being of children, youth, and families by connecting child welfare, adoption, and related professionals as well as the public to information, resources, and tools covering topics on child welfare, child abuse and neglect, out-of-home care, adoption, and more. The section on [youth](#) provides guidelines, protocols, and resources for service providers and other stakeholders to build partnerships with families and youth to achieve permanency and promote positive outcomes for youth.
 - [Positive youth development](#)
 - [Engaging and involving youth](#)

14.19.2 Resources for youth

- **Foster Care Alumni of America**

The mission of [Foster Care Alumni of America](#) (FCAA) is to connect the alumni community of youth who were in foster care and to transform policy and practice, ensuring opportunity for people in and from foster care.

The vision of [Virginia's Chapter of FCAA](#) is to be the leader in Virginia in connecting the alumni community so that youth can be heard. We envision alumni and allies working together to help truly transform Virginia's Child Welfare System to ensure a high quality of life for those in and from foster care.

- **FosterClub**

The FosterClub is a national network for young people in foster care. The [website](#) serves as a primary communication tool for young people to connect in a safe, monitored environment. It also provides information related to foster care, including books, posters, and forms specifically designed for youth transitioning out of care. Publications are developed specifically for kids in care and are written in collaboration with foster youth. The FosterClub also is involved in teen conferences and workshops.

14.19.3 Education and training resources for youth

- **ETV Program**

The ETV Program (See [Section 13.11](#) for additional information) assists eligible youth (as defined in [13.11.2](#)) with post-secondary education and training expenses. It is designed to help youth aging out of foster care with the education, training, and services needed for employment and self-sufficiency. Funding for the program is supplied in the form of vouchers. These can be applied toward, but not limited to, colleges, universities, community colleges, and other vocational training institutions. Youth are encouraged to visit the [Free Application for Federal Student Aid \(FAFSA\)](#) website and utilize the FAFSA Tips for completing the application.

- **Virginia Community College System (VCCS)**

- **Great Expectations Program**

The VCCS Great Expectations Program provides transitional support to youth in foster care to help them complete high school and gain access to a community college education. The goal is to provide education and employment opportunities to improve the likelihood of life success for foster youth.

[Great Expectation programs](#) are offered in several community colleges across the state. Coaches and mentors can provide assistance, offer encouragement, and help youth reach their goals.

- **Tuition Grant Program**

The [Tuition Grant Program](#) provides tuition and fees at any Virginia Community College for youth who graduated from high school or completed their GED and who:

- Were in foster care when they received their diploma or equivalency certificate;
- Were in the custody of LDSS when they turned 18 and subsequently received their diploma or equivalency certificate; or
- Were considered a special needs adoption at the time they received their diploma or equivalency certificate.

Assistance is based on financial need. The Tuition Grant may be offered at 4 year colleges, depending on the college's preferences.

- **Other Funding and Scholarship Opportunities**

The Great Expectation programs offer additional resources to funding and scholarship opportunities on the specific community college's Great Expectation websites. Locate a Great Expectation program [here](#).

- **Vocational Rehabilitation (VR) Transition Services with Virginia Department of Aging and Rehabilitative Services**

The Department of Aging and Rehabilitative Services (DARS) provides services to help Virginians with significant disabilities, including youth in transition, become more independent and self-sufficient. Transition Services help youth with disabilities develop skills and formulate plans to move from high school to an adult life that includes opportunities for employment, higher education, independent living, and community involvement.

Referrals of students for DARS services often come from school personnel to the VR Counselor assigned to their school district. Referrals should be made three (3) years prior to the youth leaving school and written into the student's IEP.

- [DARS Transition Services Guide](#)
- [DARS office locations](#)

- **Foster Care to Success Program (FC2S)**

- FC2S is the largest national nonprofit organization dedicated entirely to helping youth formerly in foster care obtain the academic and technical skills and competencies needed to thrive in today's economy. To that end, FC2S provides [scholarship and grant money](#) to students formerly in foster care in colleges and specialized training programs across the country. Every FC2S student receives care packages and coaching and is eligible to participate in mentoring and internship programs.

14.19.4 Other resources

- **Jim Casey Youth Opportunities Initiative**

Private foundation with the vision that every youth aging out of foster care should have access to the opportunities and supports needed for a successful transition to adulthood. Brings people and resources together to help youth and young adults make the connections they need for permanence, education, employment, housing, health care, and supportive personal and community relationships. Supports community-based efforts that create opportunities and build assets for youth leaving foster care through grant making, technical assistance, and advocacy.

- [Website](#)

- **You Gotta Believe!**

Pat O'Brien's organization, [Older Child Adoption and Permanency Movement, Inc.](#), in New York State seeks to prevent homelessness by finding permanent moral and legal adoptive homes for teens and preteen children in foster care. Stresses unconditional commitment to all children who come into care as the essential ingredient in preventing both placement disruption and foster care drift. Website provides links to articles, blogs, and live stream on the Internet for radio and television broadcasts.

15

DEVELOPING FOSTER CARE PLAN

TABLE OF CONTENTS

15.1	Introduction	3
15.2	Framework	4
15.2.1	Practice principles	4
15.2.2	Legal citations.....	5
15.3	Engaging family and key partners in developing the foster care plan	6
15.4	Foster care plan format requirements.....	7
15.5	What shall be included in foster care plan	7
15.5.1	Part A of the foster care plan.....	7
15.5.2	Part B of the foster care plan.....	10
15.6	Completion of foster care plan and submission to court.....	11
15.7	Distribution of foster care plan	12
15.8	Dispositional hearing to review foster care plan	12
15.9	When new foster care plan is required	13
15.10	Developing the plan when goal is changed to Adoption.....	14
15.10.1	Information needed.....	14
15.10.2	Submitting materials to court when goal is changed to Adoption	15
15.11	When child returns to foster care	17
15.12	Appeals and fair hearings for specific foster care services	17
15.12.1	When hearings may be granted for foster care services	17
15.12.2	Providing written notice	18
15.12.3	Request for appeals	20
15.12.4	Validating the appeal	20
15.12.5	Summary of Facts	21

15.12.6	Administrative Hearing	22
15.12.7	Withdrawal statement	24
15.12.8	Appeal to Circuit Court	24

15

DEVELOPING FOSTER CARE PLAN

15.1 Introduction

The active involvement of parents, prior custodians, relatives, foster and adoptive families, and other significant individuals in developing and implementing service plans with the child or youth, is integral to creating realistic, family and youth-driven plans. When families are fully engaged in these processes, there is increased likelihood that the service and transition plan activities and objectives will be successfully completed.

There shall be a foster care plan for every child in foster care. Federal and state law require that the safety of the child shall be the paramount concern in service planning ([§ 16.1-281](#)).

To help children achieve permanency, careful service planning is essential. Service workers provide assistance to families in very complex and often emotionally-laden situations, with unique desired outcomes. Intervening appropriately increases the likelihood of the service worker's interventions helping everyone to accomplish their goals and increasing the child's safety and well-being.

Service planning is fundamental to effectively serving children and families. Good service planning requires a comprehensive assessment as the basis for the plan. It also involves carefully thinking through the best course of action to achieve a goal and requires a series of steps that shall be executed in proper order. The following steps should involve the child, family, and other significant individuals as appropriate:

- Define the problem or need to be addressed.
- Gather and consider comprehensive information to be sure the nature and causes of the problem or need are fully understood, and to identify the strengths and resources available to the child and family to address the problem or need.
- Clarify what needs to be achieved and define concrete ends to be achieved (objectives).

- Discuss and consider possible courses of action that could achieve the desired ends and choose the most appropriate actions.
- Identify who will do what, how they will do it, and by when it will be accomplished.
- Regularly assess if the actions are successful and reassess whether the ends, actions, or persons responsible for the actions needs to be changed.

Finally, foster care plans fulfill court requirements, provide necessary documentation, and help ensure program and fiscal accountability.¹

15.2 Framework

The local department of social services (LDSS) shall use federal and state legal requirements, and should use sound practice principles and desired outcomes to guide decision making in developing the service plan.

15.2.1 Practice principles

Three fundamental principles in Virginia's Children's Services System Practice Model provide the philosophical basis and guide practice for decision making on developing service plans:

First, we believe in family, child, and youth-driven practice.

- Children and families will be treated with dignity and respect. The voices of children, youth, and parents are heard, valued, and considered in the decision making regarding safety, permanency, and well-being, as well as in service and educational planning and in placement decisions.
- Each individual's right to self-determination will be respected within the limits of established community standards and laws.
- Family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.
- We engage families in a deliberate manner. Through collaboration with families, we develop and implement creative, individual solutions that build on their strengths to meet their needs. Engagement is the primary door through which we help youth and families make positive changes.

¹ Adapted from: Rycus, J.S. and Hughes, R.C.; "Field Guide to Child Welfare: Case-planning and Family-centered Casework" Vol. II; Child Welfare League of America, 1998

Second, we believe in partnering with others to support child and family success in a system that is family-focused, child-centered, and community-based.

- We are committed to working across agencies, stakeholder groups, and communities to improve outcomes for the children, youth, and families we serve.

Third, we believe that how we do our work is as important as the work we do.

- As we work with children, families, and their teams, we clearly share with them our purpose, role, concerns, decisions, and responsibility.

15.2.2 Legal citations

The legal framework and specific requirements for developing service plans are delineated in federal and state law. See the law for complete language by clicking on the citation.

- **Requiring foster care plan**
 - [§ 16.1-281](#)
- **Involving parents in the foster care plan**
 - [§ 16.1-281](#)
- **Involving the child in the foster care plan**
 - [§ 16.1-281](#)
- **Developing a youth-directed transition plan**
 - [Social Security Act, Title IV, § 475 \(5\) \(H\) \[42 USC 675\]](#)
- **Providing for family and foster parent participation in the family assessment and planning team (FAPT)**
 - [§ 2.2-5208](#)
- **Components of the foster care plan**
 - [Social Security Act, Title IV, § 475 \(1\) \[42 USC 675\]](#).
 - [§ 16.1-281](#)
- **Foster care plan sent by court**

- [§ 16.1-281](#)
- **Hearing by court to review and approve plan**
- [§ 16.1-281](#)

15.3 Engaging family and key partners in developing the foster care plan

The service worker responsible for case management shall involve the parents or prior custodians in developing the foster care plan by conducting a family partnership meeting (FPM). The service worker shall also involve a child who is 12 years of age or older in the development of the plan and, at the option of the child, up to two (2) members of the planning team who are chosen by the child and are not the service worker or foster parent. A child who is under 12 years of age may be involved in the development of the plan if such involvement is consistent with the best interest of the child. ([§ 16.1-281](#)).

The service worker shall also involve the foster and adoptive parents in service planning, as well as family members and other individuals identified by the child or family as significant to them and whose presence in the service planning meetings they desire. The service worker should attempt to involve other service providers and agencies that are involved with the child and family.

Actively engaging the child, family members, and other significant individuals leads to service plans and decisions that are more individualized and relevant to the family, thus increasing the likelihood of implementation and creating more opportunity for lasting change (see [Section 2.6](#)). Family members and other individuals who have significant relationships with the child and family may be able to provide important resources and supports for inclusion in the service plan (see [Section 2.4](#)).

Parents do not have to be included in the foster care plan when parental rights have been terminated or the LDSS has made diligent efforts to locate the parent(s) and such parent(s) cannot be located ([§ 16.1-281](#)).

The service worker may refer the child and family to the Family Assessment and Planning Team (FAPT) for assistance in identifying their strengths, needs, services, and resources. The service worker's decision to refer a case to the FAPT should be guided by local Community Policy and Management Team (CPMT) procedures for referral.

When developing the foster care plan, the LDSS shall inform, in writing, individuals who are recipients of a service in the foster care plan and individuals who are requesting a service in the plan of their right to appeal the denial of specific foster care services as defined in [Section 15.12.1](#), or the delay of a decision regarding such foster care services, that are delineated in the foster care plan and approved by the court. If the service is not in an approved service plan, then the denial is not an appealable denial of

a claim for foster care services. The LDSS shall inform the individual that the LDSS will mail the individual written notice at least ten (10) days before any action to discontinue, terminate, suspend, or change such foster care services. The individual may request a hearing within thirty (30) days of their receiving written notice of the denial. See [Section 15.12.2](#) on providing written notice.

15.4 Foster care plan format requirements

The LDSS shall complete the Foster Care Plan in OASIS. The LDSS may use the Individual Family Service Plan (IFSP) developed by the FAPT if the plan meets the requirements of the Foster Care Plan listed in the following sections and is accepted by the court as a substitute ([§ 16.1-281](#)).

15.5 What shall be included in foster care plan

The foster care plan should describe the complement of services and supports required to achieve the permanency goal for the child. The plan should address the unique needs of the child and family and should build upon their strengths, resources, and natural supports, as identified through the comprehensive child and family assessment process (see [Section 5](#)). Services should be for a planned period of time to meet specific needs.

The foster care plan shall directly address any needs or conditions that led to the placement of the child as described in the Child Protective Services Safety Assessment and the Foster Care Initial Assessment as needing remediation. It shall also describe appropriate services and supports that will be offered to the child in foster care and his or her family to address these needs. These services and supports shall be documented in the child's foster care plan or Individual Family Service Plan (IFSP).

The Code of Virginia ([§ 16.1-281](#)) and federal law describe the requirements for the foster care plan.

15.5.1 Part A of the foster care plan

Part A shall include:

- The reason the child came into care and why placement is needed.
- The services offered to prevent removal of the child from the home of the birth parents/prior custodian.
- The child's situation at the time of placement in relation to the child's family. If the child has been placed in a foster family home or child-care institution a substantial distance from the home of the parent(s), or in a different State, the service plan shall explain the reasons why such a placement is appropriate and is in the best interests of the child;

- Assurances that if the child has been placed in foster care in a State outside the state in which the his parent(s) are located (usually this will be Virginia), an agency caseworker on the staff of the Virginia LDSS, or the State in which the child has been placed, or of a private agency under contract with Virginia, visits the child and submits a report on the visit to the State where the home of the child's parent(s) is located;
- The appropriateness of the foster care goal and all services provided to the child, family and foster parents as they relate to the reasons the child entered care and the services provided to enhance the child's safety and well-being while in care.
- The most current and accurate information available regarding the child's education status shall be documented in the education screens in OASIS and a printed Education Report shall be attached to the child's foster care plan. The child's education report includes:
 - The child's state testing identifier (STI) Number
 - The child's current school, address, and grade
 - The child's current school performance and whether the child has an Individualized education plan or 504 plan.
 - Information regarding the Best Interest Determination meeting.
- The most current and accurate information available regarding the child's health shall be documented in the health information screens in OASIS and a printed Health Report shall be attached to the child's foster care plan. The Health Report is based on all available health assessments, evaluations, and reports by qualified health care professionals who are knowledgeable of the child's health and/or health history. The Health Report includes:
 - Child's current health status:
 - Whether the child's immunizations are up-to-date as of the child's last medical appointment. If the immunizations are not current, describe actions being taken so they are current.
 - Child's current health status and conditions.
 - The names, addresses, and phone numbers of the child's current health care providers, including all medical, specialty, pharmacy, dental, mental health, substance *use disorder*, clinic, urgent care, emergency room, and hospital providers, as appropriate.
 - The child's medications, including psychotropic medications.

- List of other health information in the child's case record, including a record of the child's immunizations.
- Any other relevant health information concerning the child.
- The nature of the placement or placements that will be provided the child. This shall include a description of the type of home or facility in which the child is to be placed.
- A discussion of the appropriateness of the placement and how the placement will provide a safe environment for the child. This should also include decisions made during the FPM, efforts made to place the child with extended family members, efforts made to place the child in the least restrictive (most family like) setting available that is in the best interest of the child and can meet any special needs of the child, and the efforts made to place the child in close proximity to the parent's home.
- A discussion regarding normalcy and how it is being implemented specific to the child ([see section 6.8](#)).
- A discussion of how any court orders in respect to this child were carried out.
- The needs that should be met to achieve the goal for the child. Needs should be identified for the child, the birth parents/prior custodians, and foster parents.
- A plan for visitation between the child and parent/prior custodians. If siblings are separated, a plan for visitation and communication with siblings shall also be included. The visitation or communication plan should take into account the wishes of the child. The foster care plan should include specific objectives for parents including frequency and location of visits and expected observations that would demonstrate adequate parenting and state any restrictions or limitations to the visits or communications. The communications may include, but are not limited to, face-to-face visits, telephone calls, and email correspondence.
- The permanency goal selected for the child and family including the rationale as to why this goal is selected.
- A concurrent permanency plan selected for the child and the needs and services related to achieving the concurrent goal.
- The program, care, services, and support which will be offered and a discussion of how these services will meet the specific needs of the child, parents/prior custodian, and foster parents. For teens 14 or over, the specific independent living services to meet the needs of the youth to assist the youth,

family, and foster family or care provider in the youth's transition to independence. A copy of the youth's transition plan shall also be printed and attached to the foster care plan.

- Prior to and within the 90 days prior to the older youth turning age 18 or discontinuing foster care services, the LDSS, and other individuals as appropriate, will offer assistance to the youth to update his foster care plan, or independent living services and transition plan that is attached to the foster care plan, focusing specifically on the independent living services, skills, and resources the youth will need to transition from foster care and become self-sufficient and independent. The LDSS shall allow and assist the youth in directing the development of the updated plan and shall include all the information deemed necessary by the youth and consistent with the youth's need for safety and well-being.
- Target dates for completion of the services provided to the child, the parents/prior custodians, and foster parents.
- Responsibilities, including conduct and support, which will be sought from the parents or prior custodians, including target dates for completion.
- Responsibilities assigned to the child, foster parents, adoptive parents, or other provider with target dates for completion.
- The projected date for goal achievement.
- Description of how the child, parents or prior custodians, foster parents or other providers, and any additional individuals who are part of the child's or family's social support network were involved in the planning process. If the child and parents/prior custodians were not involved, the reasons shall be explained.
- Information on an individual's right to appeal LDSS decisions on specific services and placement in the foster care service plan approved by the court as defined in [Section 15.12.1](#).

15.5.2 Part B of the foster care plan

A separate section of the foster care plan or the IFSP shall be completed when the child cannot be returned to the parents or prior custodians within a practicable time ([§ 16.1-281](#)). Additional information on permanency efforts may also be documented in this section of the foster care plan.

Complete Part B of the foster care plan form, based on the goal for the child. Describe fully the reasons the child cannot return home within a practicable time, consistent with the child's best interests.

- Describe the opportunities and plans for achieving the following goals and the reasons these goals are or are not feasible:
 - Achieving Adoption within the shortest practicable time.
 - Achieving Placement with Relatives if a subsequent transfer of custody is planned.

If the goals of Return Home, Adoption, or Placement with Relatives with a subsequent custody transfer are not feasible, and the child is 16 years of age or older, the reasons have been described for one of the following:

- Explain why Permanent Foster Care is the plan for the child, describing the significant relationship with the foster parent(s) and how the child's needs will be met on a long-term basis;
- Explain why Another Planned Permanent Living Arrangement is the plan for the child, describing the child's severe, chronic, and disabling condition that is emotional, physical, or neurological in nature and that requires long-term residential treatment of six (6) months or longer. Explain why all other goals have been ruled out.

15.6 Completion of foster care plan and submission to court

A full foster care plan on all children shall be completed in OASIS and, if the IFSP is used, it shall be filed in the case record. The foster care plan shall be completed:

- Within 45 days of custody/placement (whichever comes first) of a child through court commitment, non-custodial foster care agreement, or a permanent entrustment agreement; or
- **Within 30 days** of signing a temporary entrustment for a placement of 90 days or more; the plan is the basis for requesting court approval of the entrustment.

The completed foster care plan shall be submitted to court within 45 days of custody or placement, unless the child:

- Is living in his own home.
- Is in an adoptive placement.
- Has had a plan previously filed with the court as a result of the agency's seeking court approval of a temporary entrustment or non-custodial foster care placement.

The judge may extend the time for submitting the foster care plan to the court an additional 60 days. The LDSS shall still have a completed foster care plan in the record within the 45 days of placement to comply with federal regulations.

For a temporary entrustment of 90 days or more, the plan shall be submitted to the court **within 30 days** of signing the agreement.

15.7 Distribution of foster care plan

The worker submits the foster care plan transmittal with the names and addresses of the following individuals along with a copy of the entire foster care plan to the court. The court is responsible for forwarding the plan to:

- The attorney (GAL) for the child.
- The child's parent(s) or any other person standing in loco parentis, unless they have been permanently relieved of the care and custody of the child.
- Other persons the court deems appropriate, such as the court appointed special advocate.

A copy of the foster care plan, including the section describing why a child cannot be returned home (Part B of the foster care plan as described in [Section 15.5.2](#)) is sent by the court to the foster and/or adoptive parent. The LDSS shall send a copy of the foster care plan to the new placement provider, when a placement changes.

15.8 Dispositional hearing to review foster care plan

The court will review and approve the plan at the dispositional hearing occurring within 60 days of when the child entered foster care. If a child is entrusted, the court will approve the plan at the hearing when the entrustment agreement is approved. This hearing is considered to be the first opportunity for the foster care plan to be heard in court and, therefore, it is the first time that the status of the case is reviewed in court.

The court and the LDSS shall make reasonable efforts to ensure that parents and foster and adoptive parents receive notice of the dispositional hearing. In addition, the transmittal submitted to the court with the foster care plan shall include the names and addresses of foster and pre-adoptive parents and relative caregivers who are to receive notification by the court of the date of the hearing and of their right to be heard. The status of each foster care case shall be reviewed no less than once every six (6) months by a court or an administrative review ([Social Security Act, Title IV, § 475 \(5\) \(b\) \[42 USC 675\]](#)). These periodic reviews shall occur on a time frame that begins on the date the child is determined to have entered foster care (see [Section 3.3](#)).

This same section of federal law also requires that “notice and an opportunity to be heard shall be given to foster parents, pre-adoptive parents, and relative caregivers.”

The service worker should provide and discuss with these individuals a copy of the brochure [Adoption and Safe Families Act: Applying the Notice and Right to Be Heard Provision in Virginia's Juvenile and Domestic Relations District Courts](#). This brochure explains the requirements of timely notice and opportunity to be heard in six month review hearings and permanency hearings held with respect to the child in their care. It explains they do not have the right to standing as a party to the case.

The LDSS shall complete the Foster Care Transmittal Form (DC-552) and shall include the name and contact information of the foster and adoptive parent on the form where indicated. The foster and adoptive family may be present in court for the review of the foster care plan. However, they will be excluded from the courtroom for that part of the hearing regarding the allegations of abuse and neglect.

At this hearing, the foster care review hearing date is set to occur within four (4) months and appropriate individuals including foster, adoptive, and foster and adoptive parents are provided notice to attend the hearing.

Because of the requirement to hold a permanency planning hearing 12 months after placement, parents should be informed no later than the dispositional hearing of:

- What the LDSS expects of them.
- The importance of assisting in developing and cooperating with the foster care plan requirements.
- The existence of a concurrent permanency plan goal and rationale for such a goal should the child not be able to return home.
- The length of time they have to make changes necessary for the return of their child(ren).

15.9 When new foster care plan is required

After the initial foster care plan is developed, a new plan is required:

- As a result of a change in goal (this plan shall be submitted to the court).
- For any permanency planning hearing.
- When a child returns from a commitment to the Department of Juvenile Justice.
- When a youth ages out of foster care and enters into the Fostering Futures Program.

A FPM should be convened prior to the development of the new foster care plan in each of these situations.

15.10 Developing the plan when goal is changed to Adoption

At the permanency planning hearing, or at any other hearing that results in the decision to change the child's goal to adoption, the LDSS shall file a petition with the court 30 days prior to the hearing to terminate parental rights, along with the foster care plan.

15.10.1

Information needed

When the goal of Adoption is selected, consultation between the foster care and adoption staff shall occur. Additional information may need to be gathered. This information is critical, as it will serve as a basis for identifying adoption services, will be used in the selection of an appropriate adoptive home, and will be the only information available to the child after adoption about the child's birth family and background. If any of this information is missing from the foster care record, one of the services that shall be identified on the new plan will be to obtain the missing information. The additional information that may need to be gathered includes:

- Detailed information about birth, medical, and developmental history of the child and family, including genetic information.
- Current information on health, developmental, and educational functioning of the child, and recommendations for any necessary follow-up treatment or further check-ups with specialists. If medicals have not been done in the last 12 months, the adoptive placement plan shall reflect that these will be obtained once termination of parental rights has been achieved.
- Information from foster parents about the child's attitudes, habits, and daily routines, their methods of discipline, and pertinent observations as to the child's reactions and relationships in their home, likes and dislikes, nicknames, and favorite toys.
- Information regarding whether the siblings are presently together in foster care, and the relationships of the siblings to each other.
- Information about the child's relationship with the birth family, including extended relatives and an assessment of the impact of termination of parental rights on the child and family.
- Information about the child's relationship with his or her birth family and the child's desire to maintain contact with his parent(s) should be used to consider the possibility of developing a PACCA for the child and, if applicable, should be used in discussing the possibility of a PACCA with the prospective adoptive parents.

- Information about the child's relationship with the foster parents to assess the level of bonding to determine whether the foster parents should be considered as an adoptive resource for the child.

15.10.2 Submitting materials to court when goal is changed to Adoption

When submitting a new foster care plan, the LDSS shall submit the following documents to the court **30 days prior** to the scheduled foster care review hearing: requesting a change to the goal of Adoption

- A petition for a foster care review hearing.
- A Foster Care Plan Review Form which shall include any updates to the initial Foster Care Plan.
- A Foster Care Plan Transmittal listing individuals who should receive a copy of the petition and/or be notified of the hearing. These individuals include the child, if age 12 or over, the parents, guardian, or prior custodian, the Guardian Ad Litem, the foster parents, the LDSS, and any other interested parties identified by the LDSS or those the court directs.

The court will review progress toward meeting the foster care goal, approve changes to the plan, enter any appropriate orders, and determine whether reasonable efforts have been made to return the child home, if that is the goal, or to finalize another permanent placement.

The foster care plan shall include:

- A statement and documentation that the goal of Adoption is in the best interest of the child; this is put in Part B or a separate section of the foster care plan.
- The reasons for selecting the goal of Adoption; this is put in Part B or a separate section of the foster care plan (Part A).
- Ongoing services that will be provided to the child, birth parents, and the foster parents.
- The responsibilities of the parents or prior custodian included in the prior assessment and service plan and whether they have or have not met them; this is put in Part B or a separate section of the foster care plan. These responsibilities shall correspond with the responsibilities identified in the initial or any updated foster care plan.

- The specific action planned to identify and select an adoptive family and the specific services to be provided to prepare the child for an adoptive family. This includes services to:
 - Build trust with the worker who will make the placement.
 - Gather all medical, psychological, social, and family background information for the child's permanent adoption record.
 - Help the child deal with the past and be committed to an adoptive placement.
 - Discuss with the child, adoptive parents, and biological parents regarding their desires for post-adoption contact and the availability of a PACCA.
 - Pre-placement services and activities with adoptive parents.
 - Services to meet the child's needs while in foster care waiting for adoptive placement.
 - Registration with AREVA or other adoption exchanges as well as other recruitment efforts (see [Section 9.8](#) for information about AREVA).
 - Assessment of the child's special needs for purposes of adoption assistance.
 - Services for the birth parents including, but not limited to:
 - Services to help them separate from the child and support an adoptive placement.
 - Services to help parents deal with their loss, guilt, and other feelings related to the child.
 - Services for the foster parent including, but not limited to:
 - Services to gather pertinent information on the child's development and behavior.
 - Assessment of the foster parents as a primary adoptive resource for the child or services to help the child move to an adoptive placement.
 - Services that will assist the foster parents in meeting the needs of the child including their willingness and desire to consider a PACCA if they are to be the adoptive parents.

The specific services to be provided to the child and adoptive family after adoptive placement are not provided until after termination of parental rights has occurred. Upon submission of the plan and registration with AREVA, the services should be identified in the plan and offered.

15.11 When child returns to foster care

When a child's legal custody has been returned to his parents or prior custodians from the LDSS and the child subsequently returns to the custody of the LDSS, this is a new foster care episode. A new foster care plan shall be completed and all requirements for foster care plans met.

A child is considered to be on a trial home visit when he or she returns home to his parents or prior custodians from whom he was removed, but remains in the custody of the LDSS. When a child is removed from a trial home visit and returned to a foster care placement and the trial home visit exceeded six (6) months without a court order specifically extending the trial home visit, then the child is considered to be in a new foster care episode. A new foster care plan shall be completed and the timeline for court hearings and panel reviews begins from the date this new episode begins.

Children on trial home visits for six (6) months or less who are removed from the trial home visit continue with the existing foster care episode and the service planning and court timelines already in place.

15.12 Appeals and fair hearings for specific foster care services

Appeals shall be processed in accordance with Virginia legal requirements (§ [63.2-915](#) and [22 VAC 40-201-115](#)) and procedures established by the Virginia Board of Social Services. For complete information, see [Appeals and Fair Hearings Unit Procedure Manual 2013](#) or current manual if updated.

15.12.1 for foster care services

When hearings may be granted

Any individual whose claim for benefits available pursuant to 42 U.S.C. § 670 et seq. or whose claim for foster care services pursuant to § [63.2-905](#) is denied or is not acted upon by the local department with reasonable promptness shall have the right to appeal to the Commissioner (§ [63.2-915](#)). Denied means the refusal to provide a claim for benefits ([22 VAC 40-201-10](#)).

A hearing may be granted when the claim for foster care services includes the following services or placements:

- Foster care basic maintenance and enhanced maintenance payments.
- Foster care services in a foster care plan, specifically:

- Services in a foster care plan approved by the court.
- Foster care services identified in an individual family service plan developed by a family assessment and planning team or other multi-disciplinary team and approved by the community policy and management team, pursuant to the Children's Services Act.
- Services in a transition plan for independent living services.
- Foster care prevention services in a prevention services plan.

Services shall be delineated in the services section of a written and approved foster care plan. If the service or placement is not in an approved foster care plan, then the denial is not subject to appeal.

- Placement of a child through a non-custodial foster care agreement between the parents or guardians of the child and the LDSS, where legal custody remains with the parents or guardians.
- Placement of a child for adoption when an approved family is available outside the locality with the legal custody of the child, in accordance with [Social Security Act, Title IV, § 471 \(a\) \(23\) \[42 USC 673\] \(22 VAC 40-201-10\)](#).

A hearing need not be granted when the claim for foster care services includes, but is not limited to:

- Automatic maintenance payment adjustments required by state or federal law, unless the reason for the individual appeal is incorrect computation of the maintenance amount ([22 VAC 40-201-115 B](#)).
- Decisions related to the placement of a child in foster care with a specific individual or family. Placement decisions of local boards are final when in accordance with the relevant provisions of title 16.1 of the Code of Virginia, except for the two placement decisions delineated above ([22 VAC 40-201-115 C](#)).

The individual shall be allowed to request a hearing within 30 days after receiving written notice of the denial of a claim for benefit. The written notice shall inform the individual of the 30 day time limit to request a hearing. Within ninety (90) days of the individual's request for a hearing, the hearing shall be conducted, a decision reached, and the individual notified of the decision ([22 VAC 40-201-115 G](#)).

15.12.2

Providing written notice

The LDSS, or in those cases where the LDSS is not involved (i.e., the licensed child placing agency (LCPA), the family assessment and planning team (FAPT), or other

multi-disciplinary team), shall provide timely notice of a decision to discontinue, terminate, suspend, or change foster care services or placements for the child as defined in [Section 15.12.1](#). Timely notice means the notice is mailed at least ten (10) days before the date the action becomes effective ([22 VAC 40-201-115 F](#)).

The LDSS, or the LCPA, FAPT or other multi-disciplinary team, shall inform the individual in writing of the right to appeal the denial of benefit or the delay of a decision regarding a benefit at the time:

- The applicable foster care plan is written.
- Any action affecting the claim for benefit.
- A child comes into foster care. Written notice shall be provided to the birth parents or caretakers.
- The foster care agreement is signed. Written notice shall be provided to the guardian ad litem and to the foster parents.

The written notice shall include:

- The individual's right to a hearing.
- The method by which the individual may obtain a hearing.
- That the individual may be represented by an authorized representative, such as legal counsel, relative, friend, or other spokesperson, or the individual may represent self ([22 VAC 40-201-115 E](#)).

If the individual requests a hearing after receiving the written notice of the decision and at least **ten (10) days before** the date the action becomes effective, the benefit shall not be suspended, reduced, discontinued or terminated until a decision is rendered after a hearing, unless:

- A determination is made at the hearing that the sole issue is one of state or federal law or policy, or change in state or federal law, and not one of incorrect benefit computation;
- A change affecting the individual's benefit occurs while the hearing decision is pending and the individual fails to request a hearing after notice of the change; or
- The individual specifically requests that he not receive continued benefits pending a hearing decision.

Such benefit is subject to recovery if the action is sustained at the hearing (22 VAC 40-201-115 F).

15.12.3 Request for appeals

The individual shall be allowed to request a fair hearing within 30 days after receiving written notice of the denial of foster care services as defined in [Section 15.12.1](#). A person acting on behalf of the individual (e.g., a relative, friend, an attorney, or other spokesperson) may act as their authorized representative and request the hearing ([See Family Services Appeal Request Form](#)).

Requests for appeals must be submitted in writing to:

Appeals and Fair Hearings Unit
Virginia Department of Social Services
801 East Main Street
Richmond, VA 23219-2901

The LDSS must not prejudice or limit the individual's right to appeal a denial. The LDSS must assist the individual in submitting an appeal or in preparing the individual's case, if necessary. The LDSS has an affirmative duty to provide information and referral services to help the individual make use of any legal services available in the community.

15.12.4 Validating the appeal

The LDSS will receive a copy of the individual's appeal request and a validation form from the Appeals and Fair Hearings Unit. The LDSS must specify:

- The action taken by the LDSS.
- The date of the notice of action.
- Whether or not the benefit has been continued during the appeal process.

The LDSS must return the completed validation form and a copy of the Notice of Action within **five (5) working days** to the hearing officer.

When the hearing officer determines the appeal request is valid, the LDSS and the individual are notified in writing of the date for the Administrative Hearing. Written notice of the hearing date is provided at least **ten (10) days** prior to the date for the Administrative Hearing. The notice includes information about the appeal rights of the individual. The hearing is scheduled and conducted at a time, date, and place convenient to the individual. It is usually conducted by teleconference. The hearing officer will order continuation of benefit where required, if the LDSS has not already taken such action.

If the individual requests a hearing within ten (10) days after the date the action becomes effective, the hearing officer may require that the benefit shall be reinstated and continued until a decision is rendered at the hearing, unless:

- The individual specifically requests that continued benefit not be paid pending the hearing decision;
- In any case where action was taken without timely notice and the individual requests a hearing within ten (10) days of the mailing of the notice of the action, and a determination is made at the hearing that the sole issue is one of state or federal law or policy, and the hearing officer determines that the action resulted from other than the application of state or federal law or policy, or a change in state or federal law, unless the individual specifically requests that he not receive continued benefits pending the hearing decision ([22 VAC 40-201-115 H](#)).

When the hearing officer determines the appeal request is invalid, the LDSS and individual receive written notification with an explanation of the reason for the determination that an administrative appeal hearing cannot be granted.

A copy of the completed validation form, the Notice of Action, and the written notification from the hearing officer shall be placed in the child's foster care paper case record.

For complete information, see [Appeals and Fair Hearings Unit Procedure Manual 2013](#) or current manual if updated.

15.12.5

Summary of Facts

Upon receiving notification of the scheduled administrative hearing, the LDSS must prepare a Summary of Facts of the case ([See Summary of Facts Form](#)). A copy of the summary should be received by the hearing officer and the individual at least **five (5) days** prior to the hearing.

The summary should include:

- Identifying case information.
 - Name of LDSS.
 - Name and address of child and individual.
 - Foster care case number.
- All relevant information about the action being appealed.

- Statement of issue (e.g., the specific foster care service or placement that was denied as defined in [Section 15.12.1](#); the determination by the LDSS; the type, amount, and date of maintenance payment, service, and/or placement that was denied; the alleged failure of the LDSS to act promptly).
- Logical, chronological sequence of events which led to the action taken by the LDSS (e.g., specific dates; actions that occurred or did not occur; LDSS actions to resolve the issues). The LDSS should assume that the reader is not familiar with the facts of the case or the program policy.
- Description of specific calculations and policy or guidance used to determine amounts, when applicable. If specific figures are disputed, the reasons underlying the dispute must be addressed.
- The individual's request for and date of appeal, including quoted words from the individual regarding the issue and their reasons for appealing.
- Specific citation(s) and language quoted from law, policy, and/or the guidance manual on which LDSS action was based.
- Relevant provisions of the service plan or agreement, as applicable (e.g., number of hours, number of service units, period of time authorized, provisions).
- Copies of all other relevant documentation regarding the action being appealed (e.g., documents submitted, notices, forms, letters).
- Signature of LDSS Director and date.

The Summary of Facts, including all attachments, must be signed and sent to the individual, their representative if any, and the hearing officer.

A copy of the Summary of Facts shall be placed in the child's foster care paper case record.

For complete information, see [Appeals and Fair Hearings Unit Procedure Manual 2013](#) or current manual if updated.

15.12.6

Administrative Hearing

The formal administrative hearing is conducted by the VDSS hearing officer. The hearing officer is an impartial person charged by the Commissioner to hear appeals and decide if the LDSS followed policy and procedure in making a decision. The hearing shall include consideration of the denial of a claim for benefits or the failure

of the LDSS to act with reasonable promptness on a request for a benefit for the individual ([22 VAC 40-201-115 K](#)).

At the hearing, the individual and/or their authorized representative will have adequate opportunity to:

- Examine all documents and records used at the hearing, including information relied upon by the LDSS, the LCPA, the FAPT, or other multi-disciplinary team in considering the request for a benefit to the extent that the information does not violate confidentiality requirements.
- Present the case.
- Bring witnesses.
- Establish all pertinent facts and circumstances.
- Advance any arguments without undue interference.
- Question or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses ([22 VAC 40-201-115 L](#)).

The LDSS will have the opportunity to:

- Clarify or modify its statements contained in the Summary of Facts.
- Question the individual and his witnesses on the salient issue(s).
- Examine all documents submitted by the individual or their authorized representative.

Only relevant evidence related to the issue(s) being appealed is admissible at the hearing.

There is a legal presumption that the LDSS acted in accordance with law and policy and the burden of proof is on the individual to demonstrate LDSS error.

The decision of the hearing officer shall be based exclusively on the evidence and other materials (i.e., documents or testaments) introduced at the hearing. Evidence includes all applicable laws, regulations, policies, and guidance manuals.

The hearing officer shall notify the LDSS and individuals in writing of its decision on the appeal within 90 days following the date the appeal request was received by the VDSS, except when a postponement was requested. If the hearing was postponed, the time limit will be extended for as many days as the hearing was postponed. The decision shall consist of a memorandum decision summarizing the facts and

identifying the state or federal law, regulation, policy and guidance supporting the decision.

The decision of the hearing officer is final and binding when the decision is mailed to the LDSS and the individual. When the hearing decision is favorable to the individual, the LDSS, LCPA, FAPT or other multi-disciplinary team shall promptly begin the process to provide the requested service, or in the case of foster care maintenance, make corrective payments retroactively to the date the incorrect action was taken, unless foster care maintenance payments were continued pending the hearing decision. The LDSS must ensure that administrative action is taken to implement the hearing officer's decision no later than **ten (10) working days** following the date of the decision, regardless of whether the individual requests further review by the Circuit Court. See the [Appeals and Fair Hearings Unit Procedure Manual 2013](#) for exceptions to implementation within this time period. After corrective action is taken, the LDSS must notify the individual and the hearing officer in writing that the agency has complied with the decision.

All documents from the hearing, the written memorandum decision of the hearing officer, and the LDSS written notice documenting compliance with the decision, when applicable, shall be placed in the child's foster care paper case record.

For complete information, see [Appeals and Fair Hearings Unit Procedure Manual 2013](#) or current manual if updated.

15.12.7

Withdrawal statement

If the LDSS and individual resolve the issue at any time after the Appeals and Fair Hearings Unit receives the individuals' request for an Administrative Review Hearing, the individual must provide a written statement withdrawing the appeal request. The withdrawal statement is sent to the hearing officer with a copy to the LDSS. The withdrawal statement shall be placed in the child's foster care paper case record.

When the request is withdrawn by the individual in writing, or when the request is abandoned, the hearing officer may deny or dismiss the request for a hearing. Abandonment is deemed to have occurred if the individual without good cause fails to appear by himself or by his authorized representative at the hearing scheduled for the individual ([22 VAC 40-201-115 J](#)).

15.12.8

Appeal to Circuit Court

The individual aggrieved by the decision of the hearing officer may seek further review of the decision by the appropriate Circuit Court. The individual has thirty (30) days from the date of service (the date they actually received the hearing officer's decision or the date it was mailed to the individual, whichever occurred first) to provide notice of his intent to file an appeal with the circuit court.

Written notice of intent to appeal the hearing officer's decision must be sent to:

Commissioner
Virginia Department of Social Services
801 East Main Street
Richmond, Virginia 23219-2901

In addition, the individual must file a written petition in Circuit Court in the locality where they live in order to perfect the appeal. The individual will not receive correspondence nor will their benefit continue as a result of the individual sending written notice to VDSS of their intent to appeal, as the hearing officer's decision is the final administrative action.

16

JUDICIAL HEARINGS AND MANDATED FOSTER CARE REVIEWS

TABLE OF CONTENTS

16.1	Introduction	3
16.2	Reassessments and reviews.....	3
16.2.1	Types of reviews and hearings.....	3
16.2.2	Parents' and foster parents' attendance at court hearings.....	4
16.2.3	Scheduling of court hearings.....	5
16.2.4	Completing the Foster Care Plan Review Form.....	5
16.2.5	First Foster Care Review Hearing.....	7
16.2.6	Permanency Planning Hearing.....	8
16.2.7	Subsequent Permanency Planning Hearing.....	14
16.2.8	Foster care review hearings after permanency goal approved.....	15
16.3	Permanent foster care and reviews.....	16
16.4	Basic timeline	16
16.5	The Adoption Progress Report.....	19
16.6	Administrative Panel Reviews (APR)	20
16.6.1	Function and purpose of the APR.....	20
16.6.2	Composition of the Review Panel and notification.....	21
16.6.3	Preparation and planning for APR.....	22
16.6.4	Conducting and documenting the APR.....	22
16.7	Additional information regarding required reviews.....	23
16.7.1	Hearings when cases are on appeal.....	23
16.7.2	Children committed to the Department of Juvenile Justice.....	24
16.7.3	Foster Care Plan change to Adoption.....	24
16.8	Restoration of parental rights.....	24
16.8.1	Requirements for a petition.....	24

16.8.2	Placement plan	25
16.8.3	Hearing of the petition	25
16.8.4	Supervision of the placement	26
16.8.5	Report of visitation	26
16.8.6	Hearing for restoration of parental rights	26
16.8.7	Other stipulations for the restoration of parental rights	27
16.8.8	Restoration of parental rights	28

16

JUDICIAL AND MANDATED FOSTER CARE REVIEWS

16.1 Introduction

The Code of Virginia requires that foster care plans for children in custody or foster care placement be reviewed to assure the effectiveness of permanency planning for every child. Procedures for review are described below ([§§ 63.2-907](#) and [16.1-282](#)). The types of reviews are foster care review hearings, permanency planning hearings, administrative panel reviews, and supervisory reviews. These review dates shall be entered into OASIS. Every LDSS shall ensure that, unless it interferes with the safety of the child, the child or youth is available for the judge or hearing authority to meet with and discuss the child or youth's proposed permanency plan. The court system also plays a critical role in meeting the eligibility requirements of federal funding sources. Service workers and supervisors should review all court orders for appropriate language including but not limited to "contrary to the welfare" and "reasonable efforts" consistent with requirements for each order in each case.

16.2 Reassessments and reviews

16.2.1 Types of reviews and hearings

- **Foster care review hearing** ([§ 16.1-282](#)). This is a court hearing to review progress made on the foster care plan. This hearing is held within four (4) months of the 60-day dispositional hearing or the hearing approving the entrustment agreement and continues to be held in certain instances.
- **Permanency planning hearing** ([§ 16.2-282.1](#)). This is a court hearing where action is to be taken by the court to achieve permanency for a child. Although state code permits the permanency planning hearing to be scheduled within six (6) months of the foster care review or within ten (10) months of the dispositional hearing, the courts are routinely scheduling the first permanency

planning hearing within five (5) months of the review hearing. This allows a grace period of 30 days prior to the 12 month federal requirement that the permanency planning hearing be held in the event that the case cannot be heard as scheduled. This hearing is held for every child:

- Within five (5) months of the first foster care review hearing.
- Within nine (9) months of the dispositional hearing.

A permanency planning hearing should be held earlier if permanency can be achieved for the child earlier. If a permanent plan cannot be achieved at this hearing, a second permanency planning hearing shall be held within six (6) months. The court shall make a judicial determination that reasonable efforts have been made. (See [Section 16.4](#) for a basic timeline of the court hearing dates and requirements.)

If the court determines that reasonable efforts do not need to be made to reunite the child with the parent at a hearing other than a permanency planning hearing, a permanency planning hearing shall be held **within 30 days** of that determination.

- **Administrative Panel Reviews (APR).** Federal law requires reviews every six (6) months. These may be court reviews or a court review alternating with an APR. APRs are not court hearings, but reviews held by LDSS instead of court reviews for children who have a permanency goal of adoption, or permanent foster care. They are held within six (6) months of the permanency planning hearing where a permanency goal is approved and yearly thereafter, alternating with court reviews as appropriate. APRs are also held for those youth assigned the goal of independent living or permanent foster care and are in the Fostering Futures Program. The APR for these young adults shall occur every six (6) months while they are in the program unless the court requires a court review instead.
- **Local Supervisory Reviews.** These are reviews for youth that turned age 18 prior to July 1, 2016 and who continue to receive independent living services. Court hearings are not required for these youth. These reviews are held every six (6) months.

16.2.2 Parents' and foster parents' attendance at court hearings

Parents are to be provided notice of each hearing by the court. At each hearing, they will be given notice of the next hearing. If they are not present, they shall be summoned to the next hearing. If they have been given proper notice, or the court determines they cannot be found after diligent efforts to locate the parent(s) have been made on the part of the LDSS, the hearing may be held without parents present. The intent of this requirement is to ensure all possible efforts are made to

find and involve the parent(s) in planning for the child. Parents whose rights have been terminated do not receive notice.

Foster parents and pre-adoptive parents are to be notified of every hearing in writing. Their names shall be included on the foster care plan transmittal submitted to the court. Service workers should also discuss upcoming hearings with the parents and foster and adoptive parents and encourage their attendance.

The service worker should provide and discuss with the foster parent, pre-adoptive parent, or relative caregiver a copy of the brochure [Adoption and Safe Families Act: Applying the Notice and Right to Be Heard Provision in Virginia's Juvenile and Domestic Relations District Courts](#). This brochure explains the requirements that they must be provided with timely notice of and an opportunity to be heard in six month review hearings and permanency hearings held with respect to the child in their care. It explains they do not have the right to standing as a party to the case. It also describes the participants in the case and what they may expect by way of notice and "a right to be heard."

The foster parent, pre-adoptive parent, or relative caregiver should be encouraged to attend and speak at the hearing, when recognized by the judge, with respect to the child during the time the child is in their care.

16.2.3 Scheduling of court hearings

At each court hearing, the court places the next court hearing on the docket. The court shall also provide notice to those present who need to attend the next hearing. If the court establishes the next court date on the docket, the LDSS will not have to ask the court to set a court date.

16.2.4 Completing the Foster Care Plan Review Form

Prior to the foster care review hearing, the permanency planning hearing, or the APR, the worker should reassess the progress that has been made toward meeting the permanency goal in the foster care plan. The worker records the results of that reassessment on the Foster Care Review Form developed in accordance with the requirements below. The review form provides a description of what has happened in the case since the foster care plan was developed. For children with a goal of adoption, the Foster Care Review Form and the Adoption Progress Report shall be submitted to the court whenever a hearing is held. However, only the Adoption Progress Report shall be submitted to court for the APR.

Input from the birth family or prior custodian, foster parents, or other providers, the child, and other individuals involved with, or significant to, the child and family such as therapists, friends, relatives, and teachers, shall be sought in completing this reassessment.

The Service Plan Review Form shall be signed by the worker and supervisor, and includes:

- The services which were offered to the child and family to meet the needs identified in the last service plan.
- The appropriateness of services, and the barriers to goal achievement, including identification of resources that are needed by the family that are not available in the community.
- A discussion of the effectiveness of the services provided.
- Any changes in the service plan, such as changes in services, placement, or visitation.
- The reasons for retaining the child in care, including efforts to return the child home, when the child is expected to return home and when appropriate, an assessment of the risk to the child should the child return home or be placed with relatives.
- Efforts made to work towards the identified concurrent goal and how it might be achieved if the primary goal, usually return home, is ruled out.
- If the child is not going to return home, the service plan review shall document the continued intensive on-going efforts to achieve permanency. The service plan shall state another goal for the child, when that goal is anticipated to be achieved; and in the case of placement in an adoptive home, when the LDSS will file for TPR. The foster care plan shall also indicate when out-of-state placements were considered and why; and if the child is placed out-of-state the foster care plan shall include how this placement is in the best interest of the child and continues to be the most appropriate placement for the child.
- For youth who have attained age 14, the services needed to transition from foster care to independent living. This is addressed by attaching the youth's transition plan to the foster care plan for submission to court.
- The birth family's or prior custodian's current situation.
 - The frequency, duration, location, and results of any visitation.
- Information about the child's relationship with the birth family, including relatives.
- Information regarding the child's current relationship with siblings and, if siblings are not placed together, the communication or visitation plan describing the plan for maintaining contact between the siblings and services being provided to achieve reunification.

- Pertinent information about birth, medical, and developmental history of the child, if not available in prior assessments.
- Information on current health and physical development and recommendations for any necessary follow-up treatment or further checkup with specialists.
- The child's health report from OASIS shall be attached to the foster care review document and be submitted to court.
- Current information on psychological, social, and educational functioning with specific descriptions and recommendations regarding peer relationships, coping mechanisms, learning disabilities, emotional symptoms, or behavior problems, and the current educational status of the child.
- The child's education screen from OASIS shall be printed and attached to the foster care plan to address the child's educational status.
- Information from the foster parents or other providers about the child's adjustment to foster care, efforts to implement normalcy in the placement, and the child's current level of social and emotional functioning. Information about the child's relationship with the foster parents or other providers shall be included to assess the degree of attachment with the child.
- Any changes in identified needs and services to be provided during the next six (6) months for children and their families.
- A statement that parents with residual parental rights or prior custodians have been notified in writing of any change in placement, visitation privileges, and provided with **ten (10) days advanced notice** of the review.

16.2.5 First Foster Care Review Hearing

The purpose of the first foster care review hearing is to review the progress made on the initial foster care plan or make changes in the plan pursuant to [§ 16.1-282](#).

The first foster care review hearing is scheduled to be held within four (4) months after the 60-day dispositional hearing or the hearing at which the foster care plan is initially reviewed.

Thirty (30) days prior to the scheduled hearing, the LDSS will submit to the court:

- A petition for a Foster Care Review Hearing.
- A Foster Care Plan Review Form which shall include any updates to the initial Foster Care Service Plan.

- An updated Client Education Report printed from OASIS.
- An updated Client Health Report printed from OASIS.
- A Transition Plan and signature page, signed at least annually by the youth age 14 and older, acknowledging receipt of his/her rights.
- A Foster Care Plan Transmittal listing individuals who should receive a copy of the petition and/or be notified of the hearing. These include the child, if age 12 or over, the parents, foster, pre-adoptive, and relative caregivers, guardian or prior custodian, the Guardian ad Litem, the LDSS, and any other interested parties the court directs.
- A new foster care plan is not required unless the goal changes.

The court will review progress toward meeting the foster care goal, approve changes to the plan, enter any appropriate orders, and determine whether reasonable efforts have been made to return the child home if that is the goal or to finalize another permanent placement.

The service worker shall verify that the judge has correctly checked the box that indicates reasonable efforts have been made.

16.2.6 Permanency Planning Hearing

The Code of Virginia [§ 16.1-282.1](#) describes the permanency planning hearing.

16.2.6.1 Purpose of the Permanency Planning Hearing

The purpose of this hearing is to establish a permanent goal for a child and either to achieve the permanent goal or to defer such action through the approval of an interim plan for the child. Because timely permanency is critical for healthy development and a sense of security and safety for children, all efforts to achieve the permanency plan and avoid a continuation of foster care placement shall be made. The court shall ask the child, in an age-appropriate manner, about the child's permanency goal and make a judicial determination this is in the best interest of the child.

16.2.6.2 Scheduling of the Permanency Planning Hearing

This hearing should be scheduled at the previous foster care review hearing. The first permanency planning hearing shall occur within five (5) months of the foster care review hearing and within 11 months of the date of placement.

16.2.6.3 Materials submitted to the court

Thirty (30) days prior to the hearing, the service worker submits to the court a Permanency Planning Hearing Petition, a Foster Care Plan Transmittal Form, a new Foster Care Plan Review Form, and a new Foster Care Service Plan. A new Foster Care Service Plan is not required if the petition filed by the LDSS will result in permanency being achieved. If the child has been in the custody of the LDSS for 15 out of the last 22 months and no TPR petition has been filed, the LDSS must state in its petition for permanency planning the reasons why a TPR petition has not been filed (see [Section 16.2.6.5](#)) and the reasonable efforts made towards reunification or transfer of custody to a relative and the timeline of such efforts ([§ 16.1-282.1](#)). The LDSS shall petition the court to take one of the following actions:

- Return custody to parents or prior custodians;
- Transfer custody to relatives;
- Dissolve the non-custodial foster care agreement and return the child home;
- Terminate parental residual rights pursuant to [§16.1-283](#). The LDSS shall file a foster care plan changing the goal to Adoption;
- Place the child in permanent foster care (child shall be at least 16 years of age). The LDSS shall identify the permanent foster parents with whom the child:
 - Has a significant bond.
 - Is living.
- Approve the goal of Another Planned Permanent Living Arrangement (APPLA) for children at least 16 years of age or older;
- Continue custody with the LDSS; or
- Transfer custody to the LDSS of a child in non-custodial foster care.

16.2.6.4 Submitting new Foster Care Service Plan

The plan submitted at the permanency planning hearing shall include:

- An updated Client Education Report printed from OASIS
- An updated Client Health Report printed from OASIS,

- An updated Transition Plan and signature page, signed at least annually by the youth age 14 and older, acknowledging receipt of his/her rights

The plan shall address additional issues and the services to be provided related to achieving permanency for the child when permanency is not achieved by this hearing. Issues to address include:

- If the LDSS decides that it is in the best interests of the child to ask for continued custody and the goal is Return Home or Placement with Relatives, the foster care plan shall describe how the LDSS intends to accomplish the goal of Return Home or Placement with Relatives in the next six (6) months.
- The LDSS shall explain in the foster care plan part B, why the child could not be returned home, adopted, or placed with relatives and custody transferred.
- If the LDSS petitions the court to transfer custody to parents, prior custodians, or relatives, the LDSS does not have to submit a new foster care plan to the court at the permanency hearing. It will describe the reunification services that will be provided to the family in the Foster Care Plan Review Form. If the court does not approve the transfer of custody, the LDSS will need to develop a new foster care plan identifying how it will achieve the goal for the child in the next six (6) months.

The LDSS shall determine whether it will petition for termination of parental rights.

- If the LDSS determines it will not petition for termination of parental rights at the permanency planning hearing, it shall document in the foster care plan or the permanency plan (Part B) one of the exceptions detailed in Section 16.2.6.5.
- If the LDSS determines it will petition for TPR at this hearing, it shall:
 - File a petition which states termination of parental rights is in the best interests of the child.
 - File a foster care plan with the goal of adoption.
 - File petition(s) for termination of parental rights if it is ready to do so.
- If the LDSS determines it will petition for TPR but not at this hearing, it should petition **within 30 days** of the hearing to assure that federal requirements are met. A foster care plan with the goal of adoption and

petition which states termination of parental rights is in the best interest of the child will still need to be filed for this hearing.

- Federal law requires that the LDSS petition for TPR by the end of the 15th month of placement for children adjudicated abused and neglected, who have been in care 15 of the last 22 months and by the end of the 15th month of placement for all other children who have been in care 15 out of the last 22 months unless an exception cited below exists.
- If the court does not approve the request of the LDSS to change the goal to Adoption or seek termination of parental rights, the LDSS will not be required to petition for TPR since the court has determined that another course of action is in the best interests of the child.

The LDSS may submit to the court a written Post-Adoption Contact and Communication Agreement (PACCA), if appropriate (see [Section 9.11](#)).

See [Section 9.4](#) for additional information on termination of parental rights.

16.2.6.5 Exceptions to the requirement to file for TPR

*As stated above, federal law requires that the LDSS petition for TPR by the end of the 15 month of foster care for children who have been in care 15 out of 22 months unless an exception exists. **Thus, the LDSS must determine whether it will file for TPR or claim an exception in the 30 days prior to the child reaching the 15 month mark.** This will ensure that the LDSS will be able to timely file for termination of parental rights or complete and submit to VDSS and the court an exception to the requirement to file as listed below. If the LDSS determines it will not petition for termination of parental rights at the permanency planning hearing, it must document in the foster care plan (Part B) one of the following exceptions:*

- 1) The child is being cared for by a relative and the relative is pursuing custody of the child and does not want to adopt (document the following):
 - Where the child is placed;
 - Length of time in the home;
 - Adjustment of the child to the placement;
 - Stability of the placement;
 - Fitness and capability of the relative;

- Safety and quality of care the child receives;
 - Commitment of the relative to the child (present and future); and
 - That adoption has been discussed with the relative.
- 2) The LDSS has not provided services to the parents deemed necessary for the safe return of the child (document the following):
- The specific reunification services not provided, but considered necessary for the child's safe return;
 - The reason such services are delayed or have not been provided within the time frames outlined in the case plan;
 - Steps to remedy the failure to provide services;
 - If services are provided the likelihood it will bring about safe reunification within a specified time (indicate that time frame).
- 3) TPR is not in the best interests of the child. The law requires that the LDSS document a compelling reason explaining why termination is not in the best interests of the child.

Determinations regarding compelling reasons must be made on a case-by-case basis.

Examples of compelling reasons for not petitioning for TPR include (but are not limited to):

- A parent has made substantial progress toward eliminating the problem that caused the child's placement in foster care; it is possible for the child to safely return home within six months, and the child's return home will be in the child's best interest;
 - If this is selected as a compelling reason, the LDSS shall document in the foster care plan what services the parents must still complete and the timeframe for completion. The LDSS must provide specific reasons as to why the services have not been completed in 15 months. The LDSS must also document a specific plan to initiate a trial home visit prior to the next court hearing.
- Another permanency plan is better suited to meet the health and safety needs of the child. The following situations are examples of when an alternative permanency plan may be in the child's best interest:

- The child is 14 years of age or older, objects to the TPR (§ [16.1-283](#) G), and does not wish to be adopted after documented efforts, including therapeutic interventions *have been provided*. The LDSS must make continuous efforts towards *achieving* permanency. (See [Section 9.5 and 9.5](#) regarding preparing and involving youth regarding adoption)
- The parent and child have a significant bond, but the parent is unable to care for the child because of an emotional or physical disability and the child's relative caregiver or permanent foster parent has committed to raising the child to adulthood and facilitating visits with the parent;
- The child is 16 years old, has a severe and chronic emotional, physical or neurological disabling condition for which the child requires long-term residential treatment, and meets the criteria for a goal of Another Planned Permanent Living Arrangement (APPLA).
- The child entered foster care due to reasons other than abuse and neglect; their parent, guardian or legal custodian has cooperated with referrals, visitation, family conferences and therapy; the child is uncooperative or inconsistent with services or referrals; and the child continues to require placement to address reason for entry.
- *A relative has shown the will and ability to care for the child and has petitioned the court for custody of the child.*
- *The parent's incarceration or participation in a court-ordered residential substance abuse treatment program constitutes the primary factor in the child's placement in foster care and termination of parental rights is not in the child's best interests.*
- If the LDSS has questions regarding appropriate use of a compelling reason not to file for termination of parental rights, they may reach out to their regional practice consultant to discuss the specific, unique circumstances that exist in their case.

If the LDSS does not file for termination of parental rights when a child has been in care for 15 out of the last 22 months, they must submit a report to their regional practice consultant that includes a clear description of the reasons why such a petition has not been filed and the reasonable efforts made regarding reunification or placement of the child with a relative. The LDSS must submit the report, using the [Summary of Decision to Not File TPR Form](#), to their regional practice consultant within **five business days** of their decision to not file for termination of parental rights. *This summary form must also be attached*

to the child's next permanency planning petition and foster care plan for documentation of the date the agency determined it would not file for TPR.

16.2.6.6 Court-ordered permanency actions

The court will order one of the following permanency actions, documenting its findings on the permanency plan order:

- Approve the LDSS plan for the child, which transfers custody to parents, prior custodians, or relatives;
- Approve a plan for return home or placement with relative and continue the child in care;
- Change the goal to Adoption and begin the termination of parental rights process;
- Place the child in permanent foster care; or

Approve the goal of APPLA and schedule a foster care review hearing to be held within six (6) months to review the child's placement. The court shall review a foster care plan for any child who is placed in another planned permanent living arrangement every six (6) months from the date of the permanency planning hearing. These six-month reviews shall continue as long as the child continues to have a severe disabling condition for which the child requires residential treatment and remains in the legal custody or placement authority of the LDSS. ([§ 16.1-282.1](#)) The court shall ask the child about the child's permanency outcome and make a judicial determination this is in the best interest of the child. The court order shall document that reasonable efforts to achieve a permanency plan are being made.

Hearings may end for children whose custody is transferred to parents, prior custodians, or relatives. In those cases where hearings will continue, the court will schedule the next appropriate hearing and provide notice to all present.

The court shall incorporate the written Post-Adoption Contact and Communication Agreement (PACCA) into an order entered at the conclusion of the hearing, if appropriate, and all requirements have been met ([§ 16.1-283.1 B](#)) (see [Section 9.11](#)).

Permanency planning hearings shall be documented on the Court/Hearing Details screen and the Hearing Detail Results screen in OASIS.

16.2.7 Subsequent Permanency Planning Hearing

This hearing will occur within six (6) months of the first permanency planning hearing should a permanency goal or plan not be achieved by the first permanency planning

hearing. The same requirements apply to this hearing as apply to the first permanency planning hearing. The court order shall document that reasonable efforts are being made to return the child home or achieve another permanency plan.

16.2.8 Foster care review hearings after permanency goal approved

Where the goals of adoption and permanent foster care are approved, the foster care review hearings are held annually after the permanency planning hearing. The purpose of these hearings is to review the child's progress. For cases where the goal of adoption has been approved, the court may require hearings every six (6) months.

Administrative panel reviews are held at six-month intervals between these yearly court reviews. These court hearings and reviews are discontinued once the final order of adoption is issued or the child is discharged at age 18, except in the circumstance where IV-E funding is used for completion of an educational/vocational program by the age of 19 years old. (Where the goal of permanent foster care has been approved, see [Section 16.3](#) regarding annual foster care review hearings.)

When a youth in foster care is being paid through title IV-E because he is to complete an educational/vocational program by his 19th birthday, there shall be an annual judicial review. That means, for example, if the youth has a hearing two months before he turns 17, there shall be another hearing within the next 365 days if the youth is to continue with title IV-E funding. If the same youth leaves care or his funding stream shifts to CSA before the 365 days elapses, then no court hearing is required to meet federal requirements.

Where the goal of APPLA is approved, foster care review hearings are held every six (6) months.

Thirty (30) days prior to a scheduled hearing, the LDSS submits a Petition for Foster Care Review, an Adoption Progress Report if the goal is Adoption, the foster Care Plan Transmittal, Foster Care Plan Review Form, and a new Foster Care Plan if there is a change in goal.

The court reviews progress in the case, approves the foster care plan, and enters appropriate orders documenting findings on reasonable efforts to achieve a permanency plan. For children with the goal of adoption who meet the criteria for restoration of parental rights (§ [16.1-283.2](#)), the court shall inquire of the LDSS and GAL whether the child has expressed a preference that the possibility of restoring parental rights be investigated. The court may then direct the LDSS or GAL to assess the appropriateness of pursuing the restoration of parental rights and file the appropriate petitions.

16.3 Permanent foster care and reviews

Once children are placed in a court-approved permanent foster care placement with a permanent foster family named in the court order, they are to have annual foster care review hearings scheduled at the conclusion of the hearing where the permanent foster care order was entered (§ 16.1-282.2). Annual court reviews are intended to allow the court to consider the appropriateness of the services provided, changes in circumstances that led to the court placing the child in permanent foster care, and continued efforts to achieve permanency for the child.

Permanent foster care cases shall have an APR which will occur every six (6) months between the annual judicial reviews.

16.4 Basic timeline

TIMING	STATUTE	HEARING TYPE	FORMS
Immediately	§ 16.1-251 § 16.1-253	Emergency Removal Order (ERO)	Petition DC – 511 Emergency Removal Order DC-526 Preliminary Child Protective Order, if necessary, DC-527
Within 5 Days	§ 16.1-252 § 16.1-253	Preliminary Removal Order (PRO) & Adjudication	Petition DC – 511 Preliminary Removal Order DC – 528 Preliminary Child Protective Order, if necessary, DC – 527
Within 30 Days	§ 16.1-252 § 16.1-253	Adjudication, only if no adjudication at PRO	Petition DC – 511 Adjudicatory Order-561
Within 45 Days	§ 16.1-281	Submission of Foster Care Service Plan. No court hearing at this time	Foster Care Service Plan Foster Care Plan Transmittal DC – 552 Client Education Report from OASIS Client Health Report from OASIS Transition Plan including the Youth Rights Acknowledgement page

TIMING	STATUTE	HEARING TYPE	FORMS
Within 60 Days of Preliminary Removal Order Hearing	§ 16.1-277.01 § 16.1-277.02 § 16.1-278.2 § 16.1-278.3 § 16.1-281	Disposition – Initial Foster Care Service Plan Reviewed	Child protective Order DC-532 Foster Care Plan Transmittal DC - 552 Foster Care Plan Part A Permanency Plan Part B, if initial goal is not return home Dispositional Order for Petition DC – 553 Client Education Report from OASIS Client Health Report from OASIS Transition Plan including the Youth Rights Acknowledgement page
Within 4 Months of Disposition	§ 16.1-282.1	Foster Care Review Hearing	Petition for Foster Care Review Hearing DC – 554 Foster Care Plan Transmittal DC – 552 Foster Care Plan Review Foster Care Review Order DC – 555 Client Education Report from OASIS Client Health Report from OASIS Transition Plan including the Youth Rights Acknowledgement page
Within 5 Months of Foster Care Review Hearing	§ 16.1-282.1 § 16.1-283	Initial Permanency Planning Hearing	Petition for Permanency Planning Hearing DC – 556 Foster Care Service Plan Transmittal DC – 552 New Foster Care Plan Part A & B (unless the petition being filed results in permanency being achieved) Foster Care Plan Review Permanency Planning Order DC – 557 Client Education Report from OASIS Client Health Report from OASIS Transition Plan including the Youth Rights Acknowledgement page

TIMING	STATUTE	HEARING TYPE	FORMS
Within 6 Months of Initial Permanency Planning Hearing or Second Permanency Planning Hearing	§ 16.1-282.1	Subsequent Permanency Planning Hearing for goals of Return Home, Placement with Relatives, (If interim plan approved at Initial PPH)	Petition for Permanency Planning Hearing DC – 556 Foster Care Plan Transmittal Foster Care Plan Part A & B (unless the petition being filed results in permanency being achieved) Foster Care Plan Review Permanency Planning Order DC – 557 Client Education Report from OASIS Client Health Report from OASIS Transition Plan including the Youth Rights Acknowledgement page <i>Summary of Decision Not to File for TPR (if TPR has not been filed)</i>
Within 6 Months of Second Permanency Planning Hearing and Every 12 Months Thereafter	§ 63.2-907 § 16.1-282.1	Administrative Panel Review	Foster Care Plan Review Form and Adoption Progress Report (if goal is adoption) APR Form Client Education Report from OASIS Client Health Report from OASIS Transition Plan including the Youth Rights Acknowledgement page

every six (6) months to the court until the adoption is finalized. Following the termination of parental rights, the LDSS should sync the adoption progress report with the annual hearing. The adoption progress report may need to be filed earlier than six (6) months in order for this to happen. The adoption progress report shall always coincide with either the APR or the annual court review.

The court will provide a copy of the Adoption Progress Report to the Guardian ad Litem (GAL) for the child.

The LDSS should email the Adoption and Family Recruitment Consultant to advise that an adoption progress report has been completed. The email should provide to the consultants the case number and client ID so that the report may be reviewed.

The Adoption Progress Report is completed and filed every six (6) months from the date the goal of adoption is approved in Juvenile Domestic and Relations Court, until the adoption has been finalized. The service worker should use the adoption progress report to notify the court when the adoption is finalized within ten (10) business days of receiving the final order of adoption.

16.6 Administrative Panel Reviews (APR)

APRs are held for children in foster care who have a foster care goal of:

- Adoption.
- Permanent Foster Care.
- Independent Living

APRs begin six (6) months after a permanency planning hearing when one of the above referenced goals is approved by the court. The child will continue to have APRs alternating with annual foster care review hearings until a final order of adoption is issued or the child reaches age 18.

Once the child reaches the age of 18, and enters the Fostering Futures Program, APRs shall occur every six (6) months, unless the court chooses to schedule a court review. Court hearings are no longer required.

16.6.1 Function and purpose of the APR

The function of the APR is advisory. Recommendations made as a result of the APR process should be considered in planning services for the child and family. These reviews provide a forum for consideration, discussion, and planning for the care of the child as well as for a review of the effectiveness of service provision for the child and family. These reviews provide an opportunity to ensure that children, parents, the LDSS, and other team members involved with the family remain committed to and are making every reasonable effort to achieve the goal identified for the child.

16.6.2 Composition of the Review Panel and notification

The APR shall be conducted by a panel of appropriate persons at least one of whom is not responsible for the case management or delivery of services to either the child or the parent(s).

The following individuals shall be invited to participate in the APR and shall be provided with written notice of the meeting **at least 30 days** in advance:

- Parents who have not had parental rights terminated.
- Foster and adoptive parents.
- Youth who is 12 years of age or older and up to two members of the planning team who are chosen by the child and are not the service worker or foster parent.
- A child/youth who is under 12 years of age may be involved in the APR if such involvement is consistent with the best interest of the child.
- Staff from child-placing agencies and residential placements when applicable.
- The child unless it is determined to be detrimental to the child's well-being.
- Guardian ad Litem (GAL).
- Any professional providing services to the child and parents.
- An outside objective panel member.

Attorneys representing parents and the LDSS may be invited when determined appropriate by the LDSS.

Outside objective panel members participating in the review may be, but are not limited to:

- Court service workers;
- Private citizens;
- Staff of other services agencies;
- Multi-discipline team members;
- Other LDSS workers;
- FAPT team members; or

- Placement providers not involved in the case being reviewed.

Confidentiality of case records shall be maintained and all panel members shall sign a confidentiality statement such as those contained in the APR form or the Individual Family and Service Plan (IFSP).

Input from all panel members should be considered, and the LDSS is the responsible agency to ultimately decide how all input is used in the planning for the child.

The Family Assessment and Planning Team (FAPT) staffing may substitute for an APR as long as the requirements for the APR are met.

16.6.3 Preparation and planning for APR

Panel Reviews are an administrative review mechanism and should be planned and prepared for with the same diligence as workers would for a court hearing. It is the service worker and administration of the LDSS who establishes an atmosphere that conveys the importance of the APR and sets the expectation for all involved. By thoroughly documenting the child and family's well-being and progress, preparing written material well in advance of the meeting, extending invitations to participate **30 days in advance** of the review, and facilitating the meeting in a manner that encourages active participation, the service worker creates a forum that promotes engagement of all parties.

Invitation letters to parents, previous caretakers, foster and pre-adoptive parents, and any other individuals identified by the child or family as having a significant positive role in their lives shall communicate information in understandable terms and in the family's primary language. Specifically, invitation letters should inform the invited party of the reason for the meeting and stress the LDSS' desire to include those individuals as part of the team that is planning for the child.

Since it is critical that all individuals who are significantly connected to the life of the child are invited to the review, LDSS staff should make active and ongoing efforts to encourage their attendance and participation. Telephone follow-up to the invited party after the invitation letter is sent to discuss the review and the reason their attendance is valuable is one simple step workers should make to further encourage involvement. Offers to assist in transportation, scheduling the review at times conducive to the family and other parties' schedule, and consideration of holding the meeting at a location that provides easier access for these members are additional best practices to facilitate involvement.

16.6.4 Conducting and documenting the APR

The Foster Care Plan Review Form and the Adoption Progress Report, if the goal is adoption, shall be completed prior to the APR. However, only the Adoption Progress Report shall be filed with the court.

During the APR, the panel shall address and make recommendations when needed concerning the following:

- How the services provided during the preceding six (6) months met the needs of the child as defined in the foster care plan.
- In what ways the child's current placement is appropriate, meeting his need for normalcy and safety as well as all other needs.
- The parent(s)', child's, and foster care or pre-adoptive provider's or other attending family members issues and concerns regarding planning for the child.
- The LDSS, parent(s)', child's, and foster care or pre-adoptive provider's engagement in services and activities identified in the foster care plan.
- Any barriers to progress.
- Appropriateness of the program goal for the child and of the date for goal achievement.
- Continuing need for placement.
- Continued efforts to help the child achieve permanency.
- The child's wishes regarding the permanency plan.

The findings of the panel and any recommendations made by the panel, including changes to the foster care plan, shall be recorded on the APR Form. Recommendations from the APR that result in a change from the existing foster care plan should be documented. The LDSS should consult with their attorney regarding the appropriate process for communicating these changes to the court.

The birth parent(s)/prior custodians, foster parents, or pre-adoptive parent(s) not in attendance should be given a copy of the final report from the APR.

16.7 Additional information regarding required reviews

16.7.1 Hearings when cases are on appeal

When a case is on appeal for TPR, the Juvenile and Domestic Relations District Court retains jurisdiction on all matters not on appeal and shall continue to hold reviews. The appeal hearing may substitute for a review hearing if the appeal court adjudicates the future status of the child.

16.7.2 Children committed to the Department of Juvenile Justice

Children formerly in the custody of the LDSS who have been committed to the Department of Juvenile Justice (DJJ) shall be discharged from foster care and no court hearings or reviews apply. (§ [16.1-278.7](#)). The case shall remain open in OASIS with the case type “Former Foster Care-Committed to DJJ” and the service worker shall continue to be involved with case planning and visiting the child monthly. The Court Service Unit’s video conference technology may be used to conduct the visit every other month. The Memorandum of Understanding between VDSS and DJJ, as well as the joint guidance, can be found [here](#). See section [3.9.3 and 3.9.4](#) for more information regarding youth committed to DJJ custody.

16.7.3 Foster Care Plan change to Adoption

At the permanency planning hearing, or at any other hearing that results in the decision to change the child's goal to Adoption, the LDSS may also file a petition to terminate parental rights, along with the foster care plan. For more information on developing the foster care plan when the goal is changed to adoption, see [Section 15.10](#).

16.8 Restoration of parental rights

16.8.1 Requirements for a petition

If the child is in the custody of an LDSS and pre-adoptive parent(s) have not been identified and approved for the child, the child’s guardian ad litem or the local board of social services may file a petition to restore the previously terminated parental rights of the child’s parent consistent with § [16.1-283.2](#) when all of the following circumstances are established:

- The child is at least 14 years of age.
- The child was previously adjudicated to be an abused or neglected child, child in need of services, child in need of supervision, or a delinquent child.
- The parent’s rights were terminated under a final order pursuant to subsection B, C, or D of [§16.1-283](#) at least two years prior to the filing of the petition to restore parental rights.
- The child has not achieved his permanency goal or the permanency goal was achieved and not sustained.
- The child, if he is 14 years of age or older, and the parent whose rights are to be reinstated consent to the restoration of parental rights.

The court may accept a petition involving a child younger than 14 years of age if:

- The child is the sibling of a child for whom a petition for restoration of parental rights has been filed and the child who is younger than 14 years of age meets all other criteria for restoration of parental rights set forth in § [16.1-283.2](#) of the Code of Virginia; or
- The child's guardian ad litem and the local department jointly file the petition for restoration;
- The court may also accept a petition filed before the expiration of the two-year period following termination of parental rights if the child will turn 18 before the expiration of the two-year period, and the court finds that accepting such a petition is in the best interest of the child.

The court shall set a hearing on the petition and serve notice of the hearing along with a copy of the petition on the former parent of the child whose rights are the subject of the petition, any other parent who maintains legal rights to the child, the child's court appointed special advocate (if one has been appointed), and either the guardian ad litem or the local board of social services, whichever is not the petitioner.

16.8.2 Placement plan

Within 60 days of the filing of the petition for restoration of parental rights, and prior to the entry of an order, pursuant to [16.1-283.2 D](#), the LDSS shall develop a placement plan for the child to include the following:

- Descriptions of the programs, services, and other supports that will be offered to the child and the former parent with whom the child is to be placed.
- Requirements for parental participation in programs, supports and services when the child is placed.
- Conduct expectations of the child's former parent with whom the child has been placed.

16.8.3 Hearing of the petition

At the hearing the court may find upon clear and convincing evidence that:

- The parent is willing and able to:
 - Receive and care for the child.
 - Have a positive, continuous relationship with the child.
 - Provide a permanent suitable home for the child.

- Protect the child from abuse and neglect.

The court may enter an order allowing the LDSS to place the child with the former parent whose rights have been terminated subject to the placement plan and LDSS visitation.

16.8.4 Supervision of the placement

Once the court has given approval for the child or youth to be placed with his former parent, the director of the LDSS shall cause the child to be visited at least three (3) times within the six month period immediately following the placement of the child or youth in the former parent's home. Visitation shall be no less than 90 days between the first and last visit and at least one of the visits shall be conducted in the home of the former parent.

The purpose of this visitation shall be the following:

- Evaluate the suitability of the placement for the child or youth.
- Progress of the former parent toward remedying the factors and conditions that led to or required the continuation of the child's foster care placement.
- Evaluate the suitability and progress of the parent and the child in programs, services or supports as defined in the placement plan.

16.8.5 Report of visitation

At the conclusion of the required visitation with the child or youth and the former parent, the LDSS Director shall make a written Report of Visitation and submit it to the court.

The components of the written report of visitation shall address those issues identified in [16.9.4](#) which include but are not limited to:

- The suitability of the placement for the child or youth.
- The progress of the former parent toward remedying the factors and conditions that led to or required the continuation of the child's foster care placement.
- Evaluation of the compliance with programs, services or supports as defined in the placement plan for the parent and the child.

16.8.6 Hearing for restoration of parental rights

Once the court has received the report of visitation, a hearing date shall be scheduled for the restoration of parental rights with notice of the hearing and a copy

of the report provided to the former parent of the child whose rights are the subject of the petition, any other parent who retains legal rights to the child, the child's court appointed special advocate (if appointed) and the child's guardian ad litem. At this hearing, the judge shall consider the following:

- Whether the parent whose rights are to be reinstated agrees to the reinstatement of parental rights.
- That the parent whose rights are to be reinstated has substantially remedied the conditions that lead to or required continuation of the child's foster care placement.
- The age and maturity of the child and if age 14 years or older, if the child consents to the restoration of parental rights.
- If the child is younger than 14 years old, the child's preference in regard to the restoration of parental rights.
- If the restoration of parental rights will present a risk to the child's life, health, or development.
- Evaluate how the restoration of parental rights will affect benefits to the child.
- Other material changes in circumstances, if any, that would impact the restoration of parental rights.

Upon hearing clear and convincing evidence that the restoration of parental rights is in the best interest of the child, the court shall restore the parental rights of the former parent to the child placed in the home.

16.8.7 Other stipulations for the restoration of parental rights

At any time prior to the hearing on the restoration of parental rights, the court may revoke its order permitting the placement of the child with the former parent on its own motion, or on the motion of the child's guardian ad litem, or the LDSS.

A petition for restoration of parental rights filed while the child is younger than 18 years of age shall not become invalid because the child reaches 18 years of age prior to the entry of an order restoring parental rights. Any order entered after a child reaches 18 years of age, where the petition was filed prior to the child turning 18 years of age, shall have the same effect of if the child was under the age of 18 years when the order was filed.

The granting of the petition for restoration of parental rights does not vacate the findings of fact or conclusions of law contained in the original order that terminated the rights of the child's parent.

16.8.8 Restoration of parental rights

When parental rights are restored and custody is returned to the parent whose rights are restored, the child's foster care episode ends. The service worker should follow guidance consistent with closing a foster care case in [Section 19](#) of this chapter.

17

MANAGING FOSTER CARE SERVICES

TABLE OF CONTENTS

17.1	Introduction	3
17.2	Framework	3
17.2.1	Practice principles	3
17.2.2	Outcomes	5
17.3	Required training.....	6
17.3.1	First three weeks requirement	6
17.3.2	First three months requirement	7
17.3.3	First six months requirement	7
17.3.4	First twelve months requirement	7
17.3.4	First twenty four months requirement	8
17.3.5	Ongoing annual training requirement	8
17.3.6	LDSS shall ensure worker compliance	9
17.4	Managing by data	9
17.5	Role of service worker in managing services	10
17.6	Caseload Standard.....	11
17.7	Reasonable efforts by LDSS	11
17.7.1	Monthly supervisory conference	12
17.8	Ongoing visits with child.....	14
17.8.1	Purpose of visits	14
17.8.2	Approved caseworkers	14
17.8.3	Individuals not approved as caseworkers.....	15
17.8.4	Frequency of visits.....	15
17.8.5	Criteria constituting a monthly face-to-face contact.....	16
17.8.6	Visits with children in residential facilities	17

17.8.7	Recording caseworker contacts in OASIS.....	18
17.9	Child Protective Services (CPS) reporting.....	19
17.9.1	Responsibility to report	19
17.9.2	Investigating the CPS report.....	19
17.10	Working with birth parents.....	19
17.11	Working with foster parents and providers	20
17.11.1	Foster Parent Dispute Resolution.....	21
17.12	Referring children to Family Assessment and Planning Team (FAPT).....	21
17.13	Missing children or youth from foster care	22
17.13.1	Notification to law enforcement and the National Center for Missing and Exploited Children	22
17.13.2	Notification to other key partners	23
17.13.3	Continued efforts to locate.....	24
17.13.4	When missing child or youth returns.....	25
17.13.5	Discussing run away episode with child or youth	25
17.13.6	Documentation	26
17.12.7	Resources	26
17.14	Working with Lesbian, Gay, Bi-sexual, Transgender, Questioning (LGBTQ) youth in foster care	28
17.14.1	Resources	30
17.15	When child dies in foster care	30
17.15.1	Making funeral arrangements	31
17.16	Emergency/Evacuation Procedures	33
17.16.1	Emergency/evacuation responsibilities when state office closes	33
17.16.2	Emergency/Evacuation responsibilities when LDSS closes and/or when a foster child evacuates or becomes displaced	34
17.17	Completing OASIS requirements.....	35
17.17.1	Completing the case narrative	35
17.17.2	Completing additional documentation	36
17.18	Failure to provide foster care services	38

17

MANAGING FOSTER CARE SERVICES

17.1 Introduction

Ensuring high-quality practice requires a knowledgeable, skilled, and professional workforce. Recruiting, hiring, training, and retaining qualified, culturally-diverse, culturally-competent, effective, and dedicated professionals is essential to quality practice.¹

17.2 Framework

Local departments of social services (LDSS) shall meet federal and state legal requirements, and should use sound practice principles to achieve desired outcomes and to guide decision making in managing foster care services.

17.2.1 Practice principles

Fundamental principles in Virginia's Children's Services System Practice Model provide the philosophical basis and guide practice in managing foster care services.

First, we believe in family, child, and youth-driven practice.

- Children and families will be treated with dignity and respect. The voices of children, youth, and parents are heard, valued, and considered in decision making regarding safety, permanency, and well-being as well as in service and educational planning and in placement decisions.
- Each individual's right to self-determination will be respected within the limits of established community standards and laws.
- Family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.

¹ Adapted from the "[Child Welfare League of America Statement on Optimal Child Welfare Service Delivery](#)".

- People can and do make positive changes. The past does not necessarily limit their potential.
- We engage families in a deliberate manner. Through collaboration with families, we develop and implement creative, individual solutions that build on their strengths to meet their needs. Engagement is the primary door through which we help youth and families make positive changes.

Second, we believe in partnering with others to support child and family success in a system that is family-focused, child-centered, and community-based.

- We are committed to aligning our system with what is best for children, youth, and families.
 - The practice model should guide all of the work that we do. In addition to practice alignment, infrastructure and resources should be aligned with the model. For example, training, policy, technical assistance, and other supports shall reinforce the model.
 - We take responsibility for open communication, accountability, and transparency at all levels of our system and across all agencies. We share success stories and best practices to promote learning within and across communities and share challenges and lessons learned to make better decisions.
- We are committed to working across agencies, stakeholder groups, and communities to improve outcomes for the children, youth, and families we serve.
 - Services to families shall be delivered as part of a total system with cooperation, coordination, and collaboration occurring among families, service providers, and community stakeholders.
 - All stakeholders share responsibility for child safety, permanence, and well-being. As a system, we will identify and engage stakeholders and community members around our practice model to help children and families achieve success in life; safety; life in the community; family based placements; and lifelong family connections.
 - We will communicate clearly and often with stakeholders and community members. Our communication shall reinforce the belief that children and youth belong in family and community settings and that system resources shall be allocated in a manner consistent with that belief.

Third, we believe that how we do our work is as important as the work we do.

- The people who do this work are our most important asset. Children and families deserve trained, skillful professionals to engage and assist them. We strive to build a workforce that works in alignment with our practice model. They are supported in this effort through open dialogue, clear policy, excellent training and supervision, formal and informal performance evaluation, and appropriate resource allocation.
- As with families, we look for strengths in our organization. We are responsible for creating and maintaining a supportive working and learning environment and for open, respectful communication, collaboration, and accountability at all levels.
- Our organizations are focused on providing high quality, timely, efficient, and effective services.
- Relationships and communication among staff, children, families, and community providers are conducted with genuineness, empathy, and respect.
- The practice of collecting and sharing data and information is a non-negotiable part of how we continually learn and improve. We will use data to inform management, improve practice, measure effectiveness, and guide policy decisions. We shall strive to align our laws so that collaboration and sharing of data can be achieved to better support our children and families.
- As we work with children, families, and their teams, we clearly share with them our purpose, role, concerns, decisions, and responsibility.

17.2.2 Outcomes

Managing effective, quality, and timely services for children in foster care is essential to achieving outcomes required in the federal Child and Family Services Review. The outcomes and specific measures are listed below:

Permanency Outcome 1: Children have permanency and stability in their living situations.

- Families have enhanced capacity to provide for their children's needs.
- More children in foster care achieve permanency.
- Children achieve permanency with shorter lengths of stay in foster care.
- Increased timeliness to permanency.
- Fewer children re-enter out-of-home care.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

- More children in foster care placed in close proximity to families and communities.
- More children in foster care placed with their siblings.
- Home studies are timely.
- Worker visits occur monthly.

17.3 Required training

The Code of Virginia §§ [63.2-913](#) and [63.2-1220.1](#) requires the Virginia Department of Social Services (VDSS) to establish minimum training requirements and provide educational programs for foster care and adoption service workers and their supervisors, employed by local departments of social services (LDSS). As a result of the Children's Services Transformation that began in December of 2007, child welfare training in Virginia recommitted to a competency based system of training for service workers and supervisors. Having established Core (fundamental and essential) Competencies for both workers and supervisors the resulting required training reflects both Core competencies and critical training in guidance and law that is specific to the current practice issues. The result is that all child welfare staff are trained in the same Core Competencies.

The courses listed in the following sections are required for all LDSS foster care and adoption service workers and service supervisors hired after March 1, 2013.

In addition to the courses listed below, all foster care and adoption service supervisors hired after March 1, 2013 are required to attend the Family Services CORE Supervisor Training Series – SUP5701, SUP5702, SUP5703, SUP5704, *and* SUP5705. These courses are to be completed in the first two (2) years of employment as a supervisor.

For additional information on Department of Family Services training visit the [Division of Family Services Training](#) website on Fusion.

17.3.1 First three weeks requirement

The training required for new foster care and adoption service workers and services supervisors during the first three (3) weeks of employment include the following on-line courses:

- CWSE1002 Exploring Child Welfare (4 modules, on-line course)
- CWSE5692 Recognizing and Reporting Child Abuse and Neglect – Mandatory Reporter Training (on-line course)

- CWSE1500 Permanency Navigating the Child Welfare Automated System: OASIS (7 modules, on-line course)

These courses are prerequisites for most of the other required courses.

17.3.2 First three months requirement

The training required for new foster care and adoption service workers and services supervisors during the first three months of employment includes the following instructor led courses and require the worker to have completed the three previous courses:

- CWS3000 Foster Care New Worker Policy Training with OASIS
- CWS3010 Adoption New Worker Policy Training with OASIS
- CWS5011 Case Documentation

17.3.3 First six months requirement

The training required for new foster care and adoption service workers and services supervisors during the first six months of employment of employment includes:

- CWSE3030 Normalcy for Youth in Foster Care
- CWSE4050 Psychotropic Medications in the Child Welfare System
- *CWS3015: Adoption Assistance (required for adoption service workers)*

17.3.4 First twelve months requirement

The training required for new foster care and adoption service workers and supervisors during the first twelve months of employment includes the following instructor led courses:

- CWS1021 The Effects of Abuse and Neglect on Child and Adolescent Development.
- CWS1031 Separation and Loss in Human Services Practice.
- CWS1041 Legal Principles in Child Welfare Practice. (prerequisites: CWSEE1041, SCV Child Dependency Case Processing)
- CWS1061 Family Centered Assessment. (prerequisites: CWSE1002, CWSE5692, CWSE1500FC, CWS3000 or CWS3010)

- CWS1071 Family Centered Case Planning. (prerequisites: CWSE1002, CWSE5692, CWSE1500FC, CWS3000 or CWS3010)
- CWS1305 The Helping Interview. (prerequisite: CWS3000 or CWS3010)
- CWSE3041 Working with Children in Placement. (prerequisite: CWS3000)
- CWS4020 Engaging Families and Building Trust-Based Relationships. (prerequisite: CWS3000 or CWS3010)
- CWS3081 Promoting Family Reunification. (prerequisite: CWS3000 or CWS3010)
- CWS5307 Assessing Safety Risk and Protective Capacity. (prerequisite: CWS3000)
- CWS4015 Trauma-Informed Child Welfare Practice: Identification and Intervention (prerequisite: CWSE4015 Trauma-Informed Child Welfare Practice)

17.3.4 First twenty four months requirement

The training for new foster care and adoption service workers and supervisors during the first 24 months of employment include:

- CWS3021 Promoting Birth and Foster Parent Partnerships. (prerequisite: CWS3000)
- CWS3061 Permanency Planning for Teens-Creating Lifelong Connections. (prerequisite CWS3000 or CWS3010)
- CWS3071 Concurrent Permanency Planning. (prerequisite: CWS 3000 or CWS3010)
- CWS5305 Advanced Interviewing: Motivating Families for Change.
- DVS1001 Understanding Domestic Violence.
- DVS1031 Domestic Violence and Its Impact on Children.

17.3.5 Ongoing annual training requirement

All foster care and adoption service workers and supervisors are required to attend a minimum of 24 contact hours of continuing education/training each year. For those workers and supervisors hired on or after January 1, 2013, the first year of this requirement should begin no later than two (2) years from their date of hire, after the completion of their initial in-service training detailed above.

Continuing education activities to be credited toward the 24 hours should be pre-approved by the local department of social services supervisor or person managing the permanency program. Continuing education activities may include organized learning activities from accredited university or college academic courses, continuing education programs, workshops, seminars and conferences.

Documentation of continuing education activities is the responsibility of the local department of social services. VDSS recommends that the timeframe for the annual 24 hours of continuing education be within each calendar year. However, it is at the discretion of the LDSS to determine this time frame as long as it is consistent throughout all child welfare divisions in an agency.

17.3.6 LDSS shall ensure worker compliance

It is the responsibility of the LDSS to ensure that staff performing foster care/adoption duties within their agency have met the minimum standards. The Permanency supervisor or the person managing the Permanency program at the local level shall maintain training documentation in the worker's personnel record. The supervisor shall assure that the workers who report to them complete the required training within the given timeframes.

17.4 Managing by data

In an effort to use data to inform management, improve practice, measure effectiveness, and guide policy decisions, the Division of Family Services has several available data tools. Information about how to access and use each data tool is detailed below. Data tools and additional information about each tool can also be found on the [Reporting and Analysis page](#) on the DSS internal website.

- **SafeMeasures.** SafeMeasures compiles and analyzes information extracted directly from OASIS and presents it in a series of reports. These reports help assess whether federal, state, and local requirements are being met, track agency, unit, and worker performance over time, and monitor workload. SafeMeasures is updated twice a week, on Monday and Wednesday, allowing workers access to current caseload data. SafeMeasures also has drill-down capability on each measure which allows supervisors and caseworkers to look at a process outcome measure and see exactly which cases are on track according to that measure. Tutorials and manuals for SafeMeasures can be found on the [Fusion](#) webpage and in the documentation section of SafeMeasures itself. [SafeMeasures](#) can be accessed directly on the SafeMeasures website.
- **Virginia Child Welfare Outcome Reports (VCWOR).** The [VCWOR](#) is an Access database available for download on the DSS Fusion website. Foster care measures include Adoption and Foster Care Analysis Reports (AFCARS) data such as goal, placement, entry, and exit. In addition, raw data files for rolling fiscal years are available for download. The VCWOR also contains the Children's

Services System Transformation Outcome reports that are updated on a monthly basis. Finally, like SafeMeasures, the foster care data available through the VCWOR allows for drill-down capability in order to monitor the children behind the numbers.

- **Chapin Hall Multistate Foster Care Data Archive.** The Multistate Foster Care Data Archive organizes Virginia’s administrative data into a robust and flexible longitudinal database. A web tool provides access to data used for the generation of a variety of individual or aggregated reports. Virginia, along with 17 other states, is a member of the Archive, which further allows for reports to be run comparing Virginia with other states. By using this longitudinal research tool, states can better understand the foster care placement outcomes including time to reunification, time to adoption, placement stability, and reentry. This website can be accessed from the [Reporting and Analysis page](#) or directly on the [Multistate Foster Care Data Archive](#) website.
- LDSS staff should email the Program Manager of the VDSS Outcome Based Reporting and Analysis Unit for access to and questions regarding these tools.

17.5 Role of service worker in managing services

The service worker plays a central and essential role in managing foster care services. The service worker ensures that the process of providing services:

- Respects the family’s culture, traditions, and language.
- Is designed to achieve permanency for the child.
- Meets federal, state, and local requirements, including but not limited to foster care plans, case reviews, hearings, purchasing, and documentation.
- Continually identifies, seeks out, reassesses, reconnects, and engages maternal, paternal, and extended family members and other individuals who are significant in the child’s life.
- Uses a wraparound process, including:
 - Addressing the unique needs and issues of the child and family through:
 - Building on the strengths and resources of extended family members, significant individuals, natural supports, and providers.
- Involves coordinating services and supports across significant individuals, natural supports, and providers.
- Uses data to support decision making and improve quality of practice.

- Involves consistent and regular communication with providers of direct services with the child and family to ensure consistent messages are being provided to the child, family, and providers.
- Is assessed regularly through frequent contacts with the child, family members, and service providers.
- Is flexible and responsive to meeting the changing needs, circumstances, and opportunities of the child, birth parents, and family members through eliminating, adjusting, and/or adding new services and supports as needed.
- Supports and builds the confidence of the child and family in their new or strengthened skills and resources.

17.6 Caseload Standard

Virginia's General Assembly passed legislation in 2019 (§ [63.2-913.1](#)) requiring VDSS to establish a caseload standard limiting the number of foster care cases that can be assigned to each service worker. The caseload standard must be reviewed and updated annually on the basis of time and work necessary to effectively manage each foster care case.

Caseload size has a significant impact on achieving permanency. Not only do unmanageable caseloads impact the foster care cases directly, they also have significant secondary effects on worker retention and well-being.

The current caseload standard is 15 foster care cases maximum per foster care service worker. Each child in foster care is considered an individual foster care case.

17.7 Reasonable efforts by LDSS

Reasonable efforts shall consistently be made to achieve permanency for the child as quickly as possible. Services shall be provided to the child and all involved parties (e.g., birth parents, relatives, foster/adoptive parents, siblings, etc.) beginning at the initial contact with the child and family. When the goal is reunification, services to the birth parent or caretaker that begin prior to or at removal will ensure that the parent or caretaker has adequate time to remedy the conditions that brought the child into care.

Service workers shall document in the case file that reasonable efforts (e.g., assessment, service planning, and service provision) were made to prevent or eliminate the need to remove a child from his or her home and to reunify the family when temporary placement of the child occurs. Documented efforts shall include a diligent relative search and decisions made during Family Partnership Meetings (FPM) if such meetings were held (see [Section 2](#)).

Once the decision is made that a child shall be placed outside the home, the service worker should begin planning for permanency and recommend the most appropriate placement resource that builds upon the strengths and addresses the needs of the child (see [Section 6](#)). Children placed with relatives or other appropriate caregivers should receive counseling and other specified supports to minimize the trauma of separation from their family.

All reasonable steps shall be taken to place siblings together (see [Section 6.4](#)). When the child is separated from siblings, the service worker shall provide for frequent and regular visits and communication between siblings ([see Section 6.4.5](#)). Other family members and significant individuals to the child should be encouraged to connect and maintain involvement with the child, consistent with the child's safety, best interests, and personal desires (see [Section 2.6](#)).

The child and family should be encouraged and supported in participating in a comprehensive assessment of their strengths and needs, including educational, developmental, health, dental, and mental/behavioral health assessments of the child (see [Section 5](#)). The complement of services and supports required to achieve the child's permanency goal and to meet the unique needs of the child and family should be provided in a timely manner, based on their assessed needs and their individually tailored service plan. Children in placement who exhibit behavior or mental health conditions should receive appropriate therapeutic services to ameliorate those conditions, helping the child to be able to function at the highest possible level.

Managing foster care services involves more than identifying and managing the array of services and providers. It also involves critical services to assist and support the family through the changes that service intervention requires. Early efforts to provide coordinated services among courts and public and private child welfare professionals will facilitate improved outcomes.

17.7.1 Monthly supervisory conference

Supervisory conferences provide the service worker with the benefit of an additional perspective on all aspects of a foster care case. Supervisory conferences may be held more frequently than monthly based on the skill of the service worker and the dynamics of the case. Supervision consists of two parts: task supervision where the goal is completing critical elements of the case, and solution-focused supervision which uses coaching to improve skills in specific areas of practice. The coaching conversation using the [Practice Profiles](#) can be integrated into any supervision session. Use either the [Critical Activities Wheel](#) or the [Practice Profiles Self-Assessment](#) to partner with the service worker to identify specific sub-skills in the Practice Profiles. The Supervisor uses the Practice Profiles to balance the quality of case practice with requirements in guidance. Supervisory conferences shall be documented under the "Contacts" section of OASIS. The purpose of the supervisory conference is to discuss:

- The parent's progress on the service plan.

- Dynamics including, but not limited to:
 - Any clinical issues.
 - The child's well-being in placement.
 - Additional services needed by all individuals involved in the case.
 - Changes to the service plan.
 - Plans for achieving the permanency goal.
- Updates to the assessment regarding the family and the foster care. The family's potential for reunification.
- Whether services that have been provided by the LDSS are appropriate for supporting improvement or progress.

Critical decisions are made in consultation with the supervisor and should consider opinions and recommendations from the child, family, relatives, professionals, or others involved with the family. Decisions are to be documented in OASIS.

Although all decisions affecting children and families are important and should be discussed in supervision, the following decisions are identified as the most critical ones affecting children and families:

- Whether reunification remains a viable goal;
- The status of finding and involving any relatives in the plan for the child and family;
- When to begin trial visits;
- Whether to decrease or increase the frequency or the duration of parent and/or sibling visits with the child and whether the visits will be supervised;
- Whether to change a child's placement;
- Whether parental rights will be terminated and an alternate permanent home sought;
- Whether children will be placed apart from siblings who are also placed in substitute care; or
- Whether to petition the court to terminate LDSS custody.

17.8 Ongoing visits with child

17.8.1 Purpose of visits

Caseworker visits shall be well-planned and focused on issues pertinent and meaningful to case planning.

The focus of caseworker visits should be on the child's safety, well-being, and progress to permanency. Key elements to consider in the meaningfulness of such visits include:

- The stated purpose and function of the visit with goals and areas of exploration determined in advance of the visit.
- The child's age and developmental level and the best manner in which to communicate with the child.
- Who, in addition to the child, can provide information about the child and service plan goals and outcomes.
- The safety of the child's environment.
- Adequate time to discuss the child's, provider's, and family's case plan and the completion of actions necessary to support children and families in achieving the goals established in their plans. This includes a discussion of the performance by the LDSS in following through on assigned responsibilities.
- Examining changes in the child's, provider's, and family's circumstances on an ongoing basis.

See [Home Visit Guidance Tool](#) on the forms page in Fusion.

17.8.2 Approved caseworkers

All children in foster care shall have a monthly face-to-face contact with an approved caseworker. The following individuals are considered approved caseworkers for the purpose of these contacts:

- The primary LDSS service worker.
- Other service workers (e.g., the supervisor, chief of services, LDSS director when appropriate) who attend case planning staffings for the child on an ongoing basis and are known by the child either through attendance at service planning meetings, family team meetings, or through other meetings, court, or administrative hearings or conferences.

- Case aides, volunteers, and Bachelor or Master's level student interns as long as they meet the criteria in the preceding bullet and are specifically assigned to provide ongoing assistance in a particular case.
- Children's Services Act (CSA) Coordinators may be considered caseworkers for the purpose of conducting face-to-face contacts.
- The workers in the agency in the receiving state authorized by the Interstate Compact to provide supervision for a child placed outside Virginia with relatives, in a foster home, or an adoptive home.

17.8.3 Individuals not approved as caseworkers

The following individuals may NOT be considered caseworkers for the purpose of conducting face-to-face contacts:

- Service workers who do not have the level of familiarity with the child and his plan for permanency as described above.
- Individuals (e.g., case aides, volunteers, student interns) providing general assistance (e.g., transporting clients, data entry, helping parents in job searches, assisting in preparing case materials for referral).
- Licensed Child Placing Agency or children's residential services staff.
- Court-Appointed Special Advocates.
- Other Family Assessment and Planning Team members.

17.8.4 Frequency of visits

17.8.4.1 In-state visits with child under age 18 and young adults over 18 in the Fostering Futures Program

A caseworker shall have a monthly face-to-face visit with the child, including those youth in independent living arrangements, in the child's home or placement if the youth is under age 18. A caseworker shall also have a monthly face-to-face visit with the young adult who is over the age of 18 and in the Fostering Futures Program. When courtesy supervision is provided by another agency, that agency is responsible for the face-to-face visits.

17.8.4.2 Visits and contacts with youth 18-21 who turned 18 prior to July 1, 2016

If the youth is age 18 and over, there shall be face-to-face visits between the youth and the LDSS caseworker preferably monthly but at least quarterly. At least once every three months the visit shall be in the residence of the child.

The needs of the youth should determine the frequency of visits beyond the minimum requirements.

Some type of contact with the youth age 18 and over, such as a phone call or email, shall be made on a monthly basis.

17.8.4.3 Out-of-state visits

A caseworker shall have a face-to-face visit with the child in an out-of-state placement at least monthly where more than half of the visits occur in the child's place of residence.

Ongoing visits with a child placed outside Virginia with relatives, in a foster home, or an adoptive home will be made by the agency in the receiving state authorized by the Interstate Compact to provide supervision. Additional information regarding the placement of children outside Virginia is included in [Sections 6.16.5](#) and [6.17.3](#).

Caseworker visits for children placed out-of-state must begin when the child is placed pursuant to the approval of the placement by the ICPC office in the receiving state. It is the responsibility of the sending state to provide the receiving state with the Form 100B, documenting the date of the child's placement with the approved resource. Supervision shall be initiated promptly upon the receiving state agency's receipt of the 100B. However, in accordance with [ICPC Regulation NO. 11](#), the receiving state can and should begin supervision **prior to** the receipt of the 100B if the receiving state has been informed by other means that the child has been placed.

ICPC does not apply to young adults over the age of 18. Please see [section 14](#) for information regarding visitation with Fostering Futures participants who live out of state.

See ICPC policy governing supervision of youth in out-of-state placements ([Vol. VII, Section III, Chapter E](#)).

17.8.5 Criteria constituting a monthly face-to-face contact

Monthly face-to-face contacts shall:

- Occur within each and every calendar month. If a child is seen twice in one calendar month (e.g., July 1 and July 31), but not in another calendar month (e.g., August), the child is not considered to have been seen each and every calendar month. As a result, the child remains in the overall count of children who should be visited but since he was not seen each and every calendar month, all face-to-face contacts made with this child are omitted from the overall state percentage of visits.

- Be face-to-face. Only contacts made where the caseworker actually sees the child in person may be counted and visits shall be well-planned, focused, and meaningful.
- Occur in the child's place of residence more than 50 percent of the time. "Place of residence" means where the child is placed or is living and includes:
 - Foster homes.
 - Group homes.
 - Residential facilities.
 - The child's home when the child is on a trial home visit for the entire month.
 - May include a medical or psychiatric hospital when the child remains in the placement and care of the LDSS.
- Include one-on-one time with the child. This provides the opportunity for the service worker to assess the child's safety, the opportunity for the child to share any concerns he may have, and for the child to be to provide input in his permanency plan.

17.8.6 Visits with children in residential facilities

Onsite monthly visits are required for children placed in residential facilities. When a child is placed out-of-state, arrangements may be made with a worker in the other state to conduct the visit. A worker shall have a face-to-face visit with the child, including those youth in independent living situations, at least monthly. Over half of the visits shall occur in the child's place of residence.

If there is suspicion of a licensing violation in any Virginia public or private facility serving children, hospital, treatment, or rehabilitation center, the appropriate licensing authority should be notified. Website locations for the licensing authorities in Virginia are listed below:

- [Virginia Department of Behavioral Health and Development Services' Licensed Provider Search.](#)
- [Board of Juvenile Justice's List of Regulated Residential Programs.](#)
- [VDSS' Search for A Children's Residential Facility.](#)

If the agency is located outside of Virginia, the appropriate state's Child Abuse Hotline can be found by contacting the Childhelp National Child Abuse Hotline at 1-800-4-A-CHILD.

If a situation in an in-state or out-of-state facility warrants a child protective service abuse and neglect complaint, the complaint should be filed through normal reporting channels.

17.8.7 Recording caseworker contacts in OASIS

Face-to-face contacts shall be entered into OASIS **immediately but no later than 30 days** following the contact. On the "Case/Collateral Contact Information" screen, service workers shall complete the following:

- In the "Type/Location" field, select the appropriate type of "Face-to-Face" contact that occurred. On the current OASIS Contact Types pick list, the following options are to be used:
 - "Face-to-Face" (Child's Current Place of Residence) shall always be selected for all contacts that occur in the child's place of residence including the foster home, group home, residential facility, or independent living arrangement. No other selection from the pick list should be made if the contact occurred in the child's designated place of residence.
 - "Face-to-Face" (Home) shall only be selected when the contact occurs in the child's home (i.e., the home where the child is to be reunified with the adults from whom he was removed) and only when the child is on a trial home visit.
 - "Face-to-Face" (Court), "Face-to-Face" (DSS office), "Face-to-Face" (Child Care Provider), "Face-to-Face" (School) shall be selected when appropriate.
 - "Face-to-Face" (Residential Facility) shall only be selected if the worker contact occurs with the child while the child is on a pre-placement visit to the residential or group home site.
 - "Face-to-Face" (Other) should **ONLY** be selected when the place of the visit is not already included in the items noted above (e.g., contact at the Virginia Youth Advisory Council conference; contact at a friend's house).
- Complete the date and time of the contact.
- Under "Purpose," select "worker visit" along with any other pick list item that applies.

- In the “Comments” text field, summarize the information necessary to communicate that the contact was meaningful. Information specific to the child’s safety, well-being, and efforts to achieve permanency should be included in the comments section.

Thirty days following implementation of the mobility application, the service worker will be required to enter and update all case narrative and data in OASIS within five (5) business days moving forward.

17.9 Child Protective Services (CPS) reporting

17.9.1 Responsibility to report

Any person employed in a LDSS who suspects a child has been abused or neglected in a foster care placement shall report the matter immediately to the LDSS where the child resides or the state’s Child Protective Services hotline at 1-800-552-7096 ([§ 63.2-1509](#)).

The Code of Virginia requires that any person 18 years of age or older associated with or employed by a public or private organization responsible for the care, custody or control of children shall be a mandated reporter of suspected child abuse or neglect. This includes all foster and adoptive, and respite families.

17.9.2 Investigating the CPS report

A CPS worker in the locality which assumes jurisdiction of a valid report shall be responsible for conducting the investigation. The foster care service worker shall cooperate with the CPS investigation and be kept informed and involved in any decision to remove the child. The LDSS holding custody or having placed the child, if different from the agency of the child's residence, shall be notified of the report of abuse or neglect.

17.10 Working with birth parents

The relationship and frequency of direct contact between the service worker and the family plays a critical role in achieving timely permanence for the child. Keeping the same service worker involved with the family over time, whenever possible, helps provide stability and continuity in services for the child and family.

Service workers should establish frequent and regular face-to-face contacts with birth parents to build a trusting relationship that can serve to facilitate progress and support of the parent in achieving the goals for the child and family. For cases with the goal of reunification, the service worker shall have face-to-face contact with the birth parents or prior custodians a minimum of once every two months and at every critical decision-making point throughout the case ([§ 63.2-906](#)). Contact should be no less than monthly. Telephone contacts, emails, and other forms of indirect contact also serve to strengthen the worker-parent relationship.

These contacts afford an opportunity for the service worker to:

- Discuss the child and family's progress regarding the service plan goals.
- Discuss the parents' goals and plans for the child returning home.
- Address any barriers or challenges to reunification.
- Develop additional plans for how the parents will access and use other support systems once the child returns home.

17.11 Working with foster parents and providers

As team members, foster parents and providers:

- Should be contacted as often as needed but at least monthly.
- Shall participate in meetings related to service planning for a child in the home or placement.
- Shall be given all reasonably ascertainable background, medical, and psychological records of the child including information as to whether the child was the subject of an investigation as the perpetrator of sexual abuse ([§ 63.2-900](#)), and shall keep this information confidential. They shall be given the Foster Care Plan, including Part B, and educational and medical information about the child.
- Shall be asked to gather mementoes (report cards, pictures, awards, etc.) that will go with the child when he leaves or may be utilized in preparation of a life book. Life Books help children and youth develop and sustain a culturally sensitive, positive identity through identifying, maintaining, and building a history of memories and connections. All children and youth should have a life book that belongs to them and accompanies them through the course of their involvement in foster care. See [Section 9.5.3](#) for information on life books, including best practice guidance on creating and maintaining life books.
- Shall be given notice, whenever possible, as specified in family foster care placement agreement, when a change in placement is to occur.

As stated above, foster parents and providers shall participate in meetings related to service planning and be given notice, whenever possible, when a change in placement is to occur. As placement change is a critical decision point, the service worker is required to hold an FPM when a change in placement is planned (Section [2.9](#), [6.5](#), and [6.10](#)). The input and engagement of foster parents and providers in making placement decisions is vital to ensuring placement stability. When indicators of a possible placement disruption are observed, service workers should schedule

an FPM as quickly as possible to explore all possible options to support placement stability.

17.11.1 Foster Parent Dispute Resolution

Foster parents have a right to file a complaint regarding alleged violations of collaboration, communication, access, and transparency between the local boards and LCPAs and the foster parents.

Prior to filing a formal complaint, the foster parent shall contact the service worker assigned to the foster home and provide a description of the alleged violation. For LDSS approved homes, this would be the family recruitment service worker assigned to the home. For LCPA approved homes, this would be the foster care service worker for the child in foster care. The service worker shall respond within five business days and explain any corrective action to be taken in response to the foster parent's complaint. If the foster parent and service worker are unable to informally resolve the complaint, the foster parent may file a written complaint through the dispute resolution process with the foster care supervisor or designee. The supervisor shall respond to the complaint within five business days with the findings regarding the alleged violation and any correction action that will be taken.

If the foster parent disagrees with the supervisor's response, the foster parent may appeal the resolution to the local director by filing a written notice of appeal. The appeal shall include a description of the alleged violation, and a copy of the foster care supervisor's report. The director shall hold a meeting with all the parties within seven business days to determine the validity of the alleged violation and the appropriateness of the response from the service worker and supervisor. A summary of the meeting shall be documented by the service worker after approval by the foster care supervisor. The director shall issue written documentation of findings to all parties, and when applicable, recommendations for corrective actions.

17.12 Referring children to Family Assessment and Planning Team (FAPT)

When serving as case manager for a FAPT case, the service worker is responsible for:

- Providing information to the FAPT to be used in updating and revising the Individual Family Service Plan (IFSP) and/or the Foster Care Plan.
- Notifying the child, birth parent(s), family members, and foster parents in advance of the location and time for all FAPT meetings, as appropriate.
- Engaging the child, family, and foster and adoptive parents in the FAPT process to help assess, plan, and implement services. These individuals have the right and should be encouraged and supported to either speak at the meetings or

submit written recommendations. The FAPT shall consider their opinions in developing the service plan.

- Participating in all FAPT reviews, and encouraging the parent(s) to participate in FAPT reviews.
- Complying with local and state CSA policies and procedures.

17.13 Missing children or youth from foster care

Child welfare is charged with ensuring that children exit foster care to a safe, permanent family. This charge is supported by an agency's capacity to manage instances in which children and youth in the agency's custody may be missing or runaway from a foster care placement. Missing foster care children/youth may be defined as those who have either left voluntarily (runaways) or involuntary (abduction or lost), and cannot be accounted for by the agency responsible for their care and placement.

Each LDSS should have a plan specific to their community and in collaboration with local law enforcement utilizing the recommendations in this section. (See the [National Center for Missing and Exploited Children](#) and its [checklist](#) of actions to take in the initial stages of a missing child or youth.)

All activities undertaken to locate children and youth missing from foster care should be clearly and completely documented in OASIS.

17.13.1 Notification to law enforcement and the National Center for Missing and Exploited Children

The LDSS shall provide immediate verbal notification to the appropriate local law enforcement agency and National Center for Missing and Exploited Children (NCMEC) within 24 hours upon receiving information on any child that is missing or who is running from care. The LDSS should follow up by sending subsequent written notification within 48 hours or as required by law enforcement protocol. The LDSS should ask law enforcement to enter information about the child into the FBI's National Crime Information Center (NCIC) database which includes information on missing persons.

Once a report is filed with law enforcement, the LDSS shall contact the NCMEC at 1-800-843-5678. NCMEC can only accept reports from the legal guardian. See [section 17.13](#) for additional information regarding required activities during the initial stages of a missing child or youth.

Information to be shared with law enforcement and the NCMEC (as appropriate) includes:

- Biographical information and photographs.

- Names and addresses of friends, relatives, present and former foster parents and placement staff, and acquaintances.
- Suspected destinations.
- Prior disappearances and outcome.

Other information regarding special circumstances that should be highlighted in communications with law enforcement officials may include, but are not limited to:

- Child younger than 13 years of age.
- Child or youth intellectually disabled.
- Child or youth that is drug dependent, including prescribed medication and/or illegal substances and if the dependency is life-threatening.
- Child or youth missing more than 24 hours before being reported to law enforcement.
- Child or youth believed to be in a life-threatening situation.
- Child or youth believed to be in the company of adults who may endanger his safety.
- Other circumstances involved in the disappearance that would cause a reasonable person to conclude that the child or youth may be considered “at imminent risk”.

If the worker believes that a child or youth has unwillingly left the foster care placement or has been removed by an unauthorized person, the worker should request that the child be placed on the Amber Alert System when making the report to law enforcement. The local law enforcement officials will determine if Amber Alert criteria are met and will activate the network when appropriate.

17.13.2 Notification to other key partners

When a child or youth has runaway or is discovered to be missing from the foster care placement and the child or youth’s whereabouts are unknown, the service worker should provide:

- Immediate verbal notification to:
 - The parents unless the parents cannot be found or have had their parental rights terminated.
 - The child’s or youth’s guardian ad litem (GAL).

- Notification within 24 hours, or as soon as possible, of the disappearance to:
 - Family members.
 - Service providers.
 - Other appropriate persons.

The service worker should discuss with all parties the collaborative efforts they can all take to locate the child or youth.

17.13.3 Continued efforts to locate

The service worker shall continue to make efforts to locate the child or youth each month that the child or youth remains missing or on runaway status. See the [NCMEC](#) and its [checklist](#) of actions to take in the initial stages of a missing child or youth. Youth usually run from or to something. Data shows most youth run to friends, family, or the streets. It is very important to know who and how to contact their friends or family. It is also very important to be aware of the youth's hangouts and activities.

Efforts to locate the child or youth shall include, but are not limited to, contacting:

- Law enforcement.
- Birth parents, family members, and relatives.
- Former caregivers.
- Other agencies that may be providing services.
- The [National Center for Missing and Exploited Children](#) at 1-800-843-5678.

Efforts should also be made to track the child or youth's activities via Facebook or other social media sites. It will be necessary to work with the police or the National Center for Missing and Exploited Children to obtain access to restricted pages.

The case of a missing child or youth should be staffed on a quarterly basis with a supervisor to ensure that efforts made to locate the child or youth have been sufficient and no other actions are needed.

When information regarding the possible location of a missing child or youth is received, the service worker should staff immediately with a supervisor to assess the most appropriate course of action to secure the child's safety.

All activities taken to locate children and youth missing from foster care should be clearly and completely documented in OASIS.

17.13.4 When missing child or youth returns

When the child returns to the foster care placement after being reported to law enforcement as a runaway or missing person, the service worker should ensure that appropriate law enforcement are notified immediately, but no later than 24 hours after the service worker was notified, of the child or youth's return. When the child or youth had been placed on the Amber Alert system, the service should notify law enforcement within one hour of the child or youth's return, consistent with the protocol established by local law enforcement.

Parents and the GAL should be notified as soon as possible after the service worker has been notified of the child's return.

Other parties notified of the runaway or missing status of the child should be notified of the child or youth's return within 24 hours but no later than 48 hours of the child or youth's return.

17.13.5 Discussing run away episode with child or youth

Engaging the youth is essential when they return. It is important for the youth to feel welcome, supported, and cared about. Their immediate needs should be met. The worker should always talk to a youth about a run episode. The main focus of the discussion is to determine if the youth is okay and to gather enough information to develop a plan to help the youth not to want to run in the future. Remember to focus on a solution and be nurturing. The information obtained in this process may prevent a future run and help the service worker develop targeted information.

Some questions to ask may include:

- Are you ok?
- Do you need any supports, services, medical attention?
- What do you need right now to feel safe?
- Is there anything I can do to make it easier to stay?
- Was there anything that would have changed your mind to keep from running?
- What did you hope to happen when you left?
- Did you have a plan on how to take care of yourself and did it work out?
 - This question may help lead to where they ran to, what they did, who they contacted, and what happened to them on the run

- What made you decide to return?
- What are your plans for the future?
- What do you want to see happen in the next 3 months?

Note: If a youth runs to see biological family, assess current safety issues, and consider placement with family or increase family visits.

The Preventing Sex Trafficking and Strengthening Families Act ([P.L. 113-183](#)) also requires that the child be screened to determine if he/she is a possible victim of sex trafficking. See [Section 12.5.1](#) for additional information on resources and tools to be used when screening a child for sex trafficking. Additionally, LDSS shall report within 24 hours to law enforcement after receiving information on a child or youth who has been identified as being a sex trafficking victim.

17.13.6 Documentation

The LDSS shall clearly and completely document all activities taken to locate children and youth missing from foster care in OASIS. The service worker shall also document in OASIS whether the youth is a known victim of sex trafficking either prior to or while in foster care. Documentation shall include:

- Efforts made to locate the child or youth, as well as any tasks or actions assigned through case staffing with the supervisor.
- All continuing efforts to locate the child in collaboration with law enforcement, family members, GAL, [NCMEC](#), and other appropriate persons.
- Efforts made to persuade the youth to return to foster care, if a youth is located and refuses to return.
- Discussions with the child or youth after a return to care so that this information may be used to prevent another run episode.
- Indication as to whether the youth is a known victim of sex trafficking prior to or while in foster care.

17.12.7 Resources

- The [National Runaway Safeline](#) (formerly known as the National Runaway Switchboard) was established in 1971 and serves as the federally designated national communication system for runaway and homeless youth. Services are provided through funding from the Family and Youth Services Bureau in the Administration for Children and Families, U.S. Department of Health and Human Services and private funders.

Services offered by NRS include:

- 1-800-RUNAWAY crisis hotline is available 24-hours a day throughout the United States and its territories, including Puerto Rico, the U.S. Virgin Islands, and Guam.
- Information and Referrals which is a database of more than 13,000 youth and family resources such as counseling, shelter services, and alcohol/drug services.
- Conference calls assisting the youth in contacting family or services.
- Message services for youth who want to relay messages to parent/guardians or the parent/guardian may leave messages for the youth.
- Let's Talk: a free runaway prevention curriculum for teenagers, families and those that support them.
- Home Free: a service in partnership with Greyhound Lines, Inc. to help reunite runaway youth with family or guardians by providing a free bus ticket home.
- The [National Center for Missing and Exploited Children](#) (NCMEC) offers multiple resources, such as:
 - Taking reports of missing children who have run away.
 - [Checklist](#) of actions to take in the initial stages of a missing child.
 - Case management teams within the Critical and Runaway Unit that provide technical assistance to law enforcement and support the runaway's family. They will coordinate the creation and dissemination of posters to help generate leads. Information about the child must be entered in the FBI's National Crime Information Center to create a poster.
 - Legal resources for runaway children.
 - Appropriate referrals for families in crisis and needing emotional support to NCMEC's Family Advocacy Division and/or Team HOPE.
- [Virginia's Missing Children Clearinghouse](#) is administered through the Virginia Department of State Police. The Clearinghouse:
 - Links to all Virginia law enforcement agencies through the Virginia Criminal Information Network, the FBI, all U.S. police agencies through

the National Crime Information Center, and all children's clearinghouses through computer hookups with NCMEC.

- Helps coordinate efforts between local, state, and federal agencies in recovering missing children.
- Provides tips on handling specific situations.

[Shared Hope International](#) addresses human trafficking, including the foster care population

17.14 Working with Lesbian, Gay, Bi-sexual, Transgender, Questioning (LGBTQ) youth in foster care

According to the Williams Institute, approximately 7.2% of youth identify as lesbian, gay, bisexual, or queer, and 2.25% of youth identify as transgender. However, 19.1% of youth in foster care identify as LGBTQ. LGBTQ youth in care report experiencing significant discrimination related to their actual or perceived sexual orientation, gender identity and gender expression. All youth in foster care deserve to be treated with dignity and respect and be placed in an affirming environment that will support safety, permanency, and well-being. This is often more difficult for LGBTQ youth due to biases and discrimination among placement providers and service providers. These youth are at a significantly higher risk of harassment and violence than their peers. They have a higher rate of suicide and placement instability. Service workers play an important role in ensuring that the needs of LGBTQ youth are consistently met. Service workers should:

- Explore own beliefs and practice affirming language.
- Be prepared to respond in a positive, supportive, and affirming manner should a youth disclose an LGBTQ identity.
- Avoid making assumptions about the youth's LGBTQ identity based on the youth's appearance or stereotypes.
- Empower youth by:
 - Consulting with the youth during the placement process to ensure that the team can work cohesively to identify a safe and affirming placement that will achieve permanency.
 - Permitting the youth to buy and wear clothing that is consistent with their gender identity and expression.
 - Applying the same grooming rules and restrictions regarding hair, makeup, shaving, etc. equally to all youth, regardless of LGBTQ identity. Staff should permit transgender and gender nonconforming

youth to use approved forms of personal grooming consistent with their gender identity and gender expression.

- Asking the youth to share the name and pronouns that they would like others to use when referring to them, and asking those in the youth's life to use them.
 - Ensuring the youth is able to access the natural supports that they have identified.
- Seek placements in families that provide a safe and affirming environment. Regularly evaluate the youth's overall safety, including consultation with the youth, as it relates to their sexual orientation, gender identity and gender expression in terms of placement, emotional, and physical well-being.
 - Identify and make referrals to service providers that are educated in working with LGBTQ youth.
 - Ensure youth receive developmentally appropriate sexual and reproductive health services.
 - Work with the youth's school to address use of names and pronouns, clothing and grooming options, bathroom and locker room use and participation in athletics and other sex-segregated activities.
 - Become familiar with resources in the community for LGBTQ youth and connect youth to all available resources.
 - Provide support and resources to the youth's school, family, placement provider, and anyone else identified by the youth.
 - Ensure that everyone working with the youth is accepting of the youth and does not attempt to change the youth's sexual orientation, gender identity, or gender expression. Conversion therapy and any other treatment intended to change the youth's sexual orientation, gender identity, or gender expression is prohibited.
 - Protect the youth's confidentiality by treating the youth's decision to disclose as sensitive information and do not disclose information about a youth's LGBTQ identity without the youth's consent unless disclosure is necessary to comply with state or federal law or required by court order.
 - Ensure that LGBTQ youth have access to health care providers who are knowledgeable about LGBTQ health issues and capable of inclusive and affirming conversations about a youth's health care needs. This includes ensuring that transgender youth have access to necessary transition-related treatment, as determined based on their individual needs by qualified medical personnel familiar with the relevant standards of care.

- Promptly and appropriately intervene when a youth faces physical, verbal, or sexual abuse or harassment based on actual or perceived sexual orientation, gender identity, or gender expression.

17.14.1 Resources

- Human Rights Campaign-
 - [All Children-All Families: LGBTQ Resources for Child Welfare Professionals](#)
 - [Glossary of terms](#)
- Healthychildren.org- [Supporting LGBTQ Youth in Foster Care](#)
- Child Welfare Information Gateway- [Working with LGBTQ Youth and Families](#)
- “This is a Book for Parents of Gay Kids: A Question and Answer Guide to Everyday Life” by Dannielle Owens-Reid
- Hot Lines:
 - The Trevor Helpline 866-4-U-Trevor (488-7386)
 - National Gay and Lesbian Youth Hotline 800-347-TEEN (8336)
 - GLBT National Youth Talkline 800-246-PRIDE (7743)
 - Gay, Lesbian, Bisexual, and Transgender National Hotline 888-843-GLNH (4564)
 - CDC Information Line 800-CDC-INFO (232-4636)

17.15 When child dies in foster care

When notification is received that a child has died in foster care, the service worker shall immediately notify the agency director and complete the following steps:

- Make a report to the Child Protective Services division of the child’s death.
- Notify the VDSS Regional Director of the fatality or the Regional Foster Care Consultant if the director is not available.
- The service worker shall submit to the regional director a written summary of the incident within three (3) hours (or by 9 a.m. the following business day for reports alerted after hours). This summary should then be forwarded to the VDSS Division Director of Family Services or his designee as soon as possible for:

- Any case receiving media attention.
- Any open foster care case.
- Any case where a youth age 18 and over is receiving IL services.
- This report should include at a minimum:
 - The cause of death, if known.
 - Time of death.
 - Location of death.
 - Circumstances surrounding the child or youth's death and any witnesses. Witnesses may include physicians, police, placement providers or school personnel.

The service worker should also notify the following parties about the child's death immediately:

- The child's parents.
 - If the parent cannot be located, the service worker notifies relatives who have been involved with the child.
 - If the child was under the care and control of the local department of social services at the time of death; the worker may notify the child's parents, even if they have had their parental rights terminated or have executed a relinquishment.

Within 24 hours (or as soon as possible, when a particular party cannot be reached within 24 hours):

- The agency attorney.
- Any legal counsel retained by the parents.
- The guardian ad litem for child and/or parents, if applicable.

17.15.1 Making funeral arrangements

The LDSS should ensure that culturally appropriate funeral arrangements are made and carried out for the child or youth who dies while in the custody of the local department of social services.

If the biological family is not able to assume responsibility, the worker should contact a local funeral home to provide a dignified funeral service within the acceptable

standards of the community. To the extent possible, consider the wishes of the biological family and foster family in making arrangements for the child's burial or cremation.

17.15.1.1 Involving biological parents

The service worker should involve the child's biological parents in the funeral arrangements to the maximum extent feasible, even if parental rights are terminated; if the service worker determines doing so is appropriate.

For example: parental involvement may not be appropriate if rights have been terminated and the child is in a pre-adoptive placement but may be appropriate if a parent has remained in contact with the child or the placement was not considered permanent.

Regardless of legal status, a parent may wish to help with arrangements, express preferences and contribute resources to cover the costs of the child's funeral.

The service worker consults with biological parents whose rights have not been terminated to request that:

- The parents pay reasonable and necessary burial or cremation expenses; and
- The parents spend the proceeds from an insurance policy for the child or any known funds or accounts set up for the child on the funeral expenses.

If the parents are able to fully or partially fund the children's funeral, they may do so by paying the funeral home or other vendor directly.

If a family is unable to assume responsibility for funeral expenses, family participation may be included in such activities as providing clothing, scheduling of services, and provision of clergy. These may be coordinated through the local funeral director and the agency. If the religious affiliation of the biological parents is unknown and cannot be reasonably determined, the religious affiliation of the foster and adoptive parents may be used in the selection of clergy.

17.15.1.2. Involving foster and adoptive parents and other significant individuals

The service worker should invite foster and adoptive parents and other individuals significant to the child's life to participate in the planning of the child's funeral arrangements. The service worker does not solicit contributions from foster parents or other significant individuals. However, if they voluntarily

indicate that they wish to contribute to some of the funeral expenses, they may do so by paying the funeral home or other vendor directly.

17.15.1.3 Accessing funding

The service worker should check to see if the LDSS is holding any available funds that may be utilized on funeral expenses.

If the birth family or other local resources are unable to fully fund the cost of a funeral for a child who died in foster care, for title IV-E children, the VDSS Division Director of Family Services or his designee may approve up to \$2000 per child for reasonable and necessary burial or cremation expenses.

Payment amounts shall be entered into Cost Code 81107 if the child was in a residential facility and into Cost Code 81110 if the child was in a foster home.

For non-title IV-E children, if it is determined that funds are needed, the service worker shall refer the child to the Family Assessment and Planning Team (FAPT), in accordance with local Community Policy and Management Team (CPMT) procedures to access CSA funding.

17.15.1.4 Next steps

The LDSS should identify individuals impacted by the child's death, including the biological family and siblings, foster and adoptive families and their children, extended family, and others that had a significant connection to the child. The LDSS should coordinate the provision of grief and loss counseling services through local community resources and supports as appropriate.

After funeral proceedings have been concluded and the family has had ample time to grieve, if the family has other children for whom the LDSS is providing services, the service worker should schedule a family team meeting to modify the service plan regarding the other children. If there are no other children being served, the LDSS can offer the family a family team meeting to address the family's current needs and facilitate any appropriate referrals to community-based resources or services prior to closing the child's case.

17.16 Emergency/Evacuation Procedures

17.16.1 Emergency/evacuation responsibilities when state office closes

Virginia's child welfare services are carried out in a state-supervised and locally-administered system. If the state office is forced to close or relocate due to an emergency or natural disaster, service provision will continue to be offered through

the LDSS. The following responsibilities should be fulfilled on the state, regional and local levels in the event that a natural disaster or other emergency occurs.

VDSS responsibilities

- VDSS will maintain the Active Foster Care Report in an Excel file on an external hardware (jump drive). The jump drive will be in the possession of the Foster Care Program Manager.
- VDSS staff will be available by the state hotline toll- free number for the community to contact for child welfare related service needs, referral information for services, and to notify the state office of displaced clients in the event the situation impacts the LDSS and the local office can not be reached. The toll-free number will be given to the media and disseminated to local departments of social services.

Regional responsibilities

- Regional staff will serve as the liaison and primary point of contact between the LDSS and VDSS in the event of an emergency situation that causes the state office to close. Regional staff will be in touch with LDSS staff in their regions and will be responsible for forwarding home office broadcasts and communications to key LDSS personnel when those agencies are unable to access the VDSS system.

17.16.2 Emergency/Evacuation responsibilities when LDSS closes and/or when a foster child evacuates or becomes displaced

Local responsibilities

- The LDSS, as part of local government, must develop individual emergency procedures as they are aware of emergency resources and supports within their area as well as the unique disasters to which each region of the state is particularly exposed. It is essential that local agencies maintain close communication with their Regional Specialists during system outages. This will enable the regional offices to contact other regional and state staff to enlist support from available staff statewide. It is recommended that all local agencies have at least one laptop computer configured for dial-up access.
- The regional offices serve as operation centers for service referrals and information throughout the state. Virginia also operates “211” Information and Referral hotline that is available for locating services and assistance. In addition, alternative contact information for divisional staff can be highlighted on the Department’s website to make it easier for clients and other states to contact the necessary people.

- The LDSS shall ensure foster families and providers develop plans that help protect their families and also provide communication information for use in emergency situations ([Emergency Plans Form](#)). In the event the foster family or other provider needs to evacuate, information regarding their whereabouts and contact information shall be communicated to the LDSS. If the LDSS can not be reached, the information shall be communicated to VDSS via the hot-line and VDSS will enter the information into OASIS.

17.17 Completing OASIS requirements

OASIS shall be kept up-to-date to reflect required elements needed for AFCARS compliance and compliance with other federal and state requirements. The AFCARS elements are highlighted in red in the system, while the other mandated elements are highlighted in yellow.

The service worker is responsible for entering and updating all case data in OASIS as soon as possible, but **no later than 30 days** after each activity or event. The only exceptions are:

- Children's placement changes shall be entered into the system **within five (5) calendar days** of any placement change.
- The foster care case should be closed **within five (5) business days** after the child leaves the care of the LDSS.

Thirty days following implementation of the mobility application, the service worker will be required to enter and update all case narrative and data in OASIS within five (5) business days moving forward.

17.17.1 Completing the case narrative

The case narrative shall include a detailed chronological account of what is occurring in a case. The narrative should very clearly describe events, contacts, dates, parties involved, problems, interventions, and all other activity regarding the case. Information included in the case narrative should be of such a detailed nature as to provide other readers a clear understanding of developments and issues in the case.

The case narrative should provide ongoing information across the life of the case about how contacts relate to the child's current:

- Safety.
- Risk factors that are impacting the ability to achieve a permanent placement for the child.

- Progress being made towards achieving a permanent and safe discharge of the child from foster care in accordance with the service plan.
- Well-being status, and progress if problems have been identified.

The case narrative shall also demonstrate ongoing, diligent, and timely efforts of the service worker to:

- Conduct family search and engagement and efforts to keep siblings together and to maintain sibling connections.
- Identify successes and to support progress of the family and child towards achievement of the permanency goal.
- Any barriers or changes in the level of need or the types of services that will support successful and timely permanence.

The case narrative in OASIS should specifically include, but is not limited to, descriptions of the following events and activities:

- Face-to-face client contacts.
- Non face-to-face client contacts.
- Court hearings.
- Family visits.
- Provider contacts.
- Collateral contacts.

The case narrative is required in OASIS and is to be entered on the Contacts screen in the Comments box. While not required, hard copies of the narrative may be printed and placed in the case file.

VDSS entered into a contract to provide transcription services to all service workers across the state. Service workers should be accessing this service to ensure that the case narrative is entered timely and efficiently.

17.17.2 Completing additional documentation

All relevant information shall be documented in the appropriate screens of OASIS, including, but not limited to:

- The date(s) written notices were sent to grandparents and other adult relatives when the child was being removed or was removed, with the date(s) the relatives responded.
- Diligent efforts to identify, conduct follow-up contacts, engage with, and assess individuals who were identified through the diligent search process.
- Specific and detailed information regarding the reasons relatives and other significant adults were determined not to be appropriate resources for involvement in the child's life, for foster care placement, and/or for permanent placement at that time.
- FPMs, including the purpose, initiator, location, facilitator, attendees, and meeting outcomes.
- Comprehensive child and family assessments and determinations of the child's best interests.
- Foster Care Plan, foster care plan review, administrative panel review and supervisory review (i.e., the documents and documentation of reasonable and timely efforts to preserve and reunify families and to achieve permanency for the child as quickly as practicable).
- All court hearings involving the child, including custody, delinquency and CHINSupervision or CHINServices hearings.
- Any court hearings involving the parents when the LDSS is a participant (e.g. child support hearing.)
- Child placement and foster care services provided for the child and family, including, but not limited to, ongoing information about the child's safety, health, health care, education, progress, services, and independent living services for youth over age 14.
- Ongoing efforts to support and maintain a child's relationships with siblings, family members, significant other adults, and community connections.
- Outcomes survey information for older as part of the National Youth in Transition Database.
- Maintenance and service payments.
- Summary information at the time of the child's discharge from LDSS custody that explains the support services the child and family were connected with prior to discharge and a summary evaluation of the stability of the permanent placement and any issues that may present later for the child and family.

Supporting documents shall be maintained in the paper case file for use throughout the child's involvement with the child welfare system.

17.18 Failure to provide foster care services

The Commissioner has the authority to create and enforce a corrective action plan (CAP) for any LDSS when they:

- *Fail to provide foster care services or make placement and removal decisions in accordance with state and federal law;*
- *Take any action or fail to act in a manner that poses a substantial risk to the health, safety, or well-being of any child under their supervision and control.*

If the LDSS fails to comply timely with the CAP, the Commissioner shall have the authority to temporarily assume control over all or part of the LDSS' foster care services and associated funds. See Section 3 of Practice Foundations Guidance for more information on the process for shared accountability for foster care outcomes, including the process for CAP and intervention by the Commissioner.

18

FUNDING MAINTENANCE COSTS

TABLE OF CONTENTS

18.1	Paying for basic maintenance	3
18.1.1	Definition of maintenance	3
18.1.2	Sources of funding.....	3
18.1.3	Rates	4
18.1.4	General guidance regarding maintenance payments	4
18.1.5	Maintenance payments from title IV-E Funds.....	6
18.1.6	Maintenance payments from State Pool Funds.....	8
18.1.7	SSI and maintenance (title IV-E and State Pool Funds).....	8
18.1.8	Documenting maintenance payments in OASIS	9
18.2	Paying for enhanced maintenance (VEMAT guidance)	11
18.2.1	Rationale and purpose of enhanced maintenance	11
18.2.2	The Virginia Enhanced Maintenance Assessment Tool (VEMAT)	12
18.2.3	Completing the VEMAT prior to placement	25
18.2.4	Completing the VEMAT after placement	25
18.2.5	Agency responsibilities for supporting foster parents receiving enhanced maintenance	26
18.2.6	Responsibilities of foster parents receiving enhanced maintenance	28
18.2.7	Discontinuing or suspending enhanced maintenance payments	30
18.2.8	Reviews	30
18.3	Paying supplemental clothing allowance	32
18.4	Paying expenses by foster parents on behalf of child	34
18.5	Paying for children supervised by another agency	34
18.6	Contingency Fund	35
18.6.1	Prior to filing a claim	35

18.6.2	Who may file a claim	35
18.6.3	Exclusions related to property damage	35
18.6.4	Filing a claim.....	36
18.6.5	Guidelines for filing a claim.....	37
18.6.6	Home Office handling of a claim.....	38

18

FUNDING MAINTENANCE COSTS

18.1 Paying for basic maintenance

18.1.1 Definition of maintenance

Maintenance means payments made on behalf of a child in foster care to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel for the child to visit with family or other caretakers and to remain in his or her previous school placement. In the case of child care institutions, such term must include the reasonable costs of administration and operation of such institutions as are necessarily required to provide the items described in the preceding sentence.

18.1.2 Sources of funding

Maintenance costs should be paid with:

- A child's own income (i.e., SSI, SSA, or child support).
- Title IV-E funds for eligible children.
- State pool funds for non-title IV-E children.
- Local only funds when the locality is not in compliance with guidance.

18.1.3 Rates

Age groupings and uniform monthly maintenance payment rates are as follows:

Effective *July 2021*

Maintenance Payment Rates					
Age of Child	Room and Board	Clothing	Personal care, Recreation, Reading	Monthly Allowance	Total Payment Rate
0 thru 4	\$339	\$62	\$95	\$0	\$496
5 thru 12	\$388	\$80	\$102	\$10	\$580
13 and over	\$470	\$124	\$109	\$32	\$735
Maximum Independent Living Stipend					\$644
Supplemental Clothing Allowance					
Age 0 thru 4					\$330
Age 5 thru 12					\$414
Age 13 and over					\$497

18.1.4 General guidance regarding maintenance payments

- Maintenance payments are designed to assist the caregiver in providing for the child’s basic needs as defined in [Section 18.1.1](#). It is not expected that the maintenance rates will cover all the needs of the child. Service needs of children and their families are not included in the definition of maintenance. Therefore, services shall not be paid for with maintenance funds.
- Maintenance is paid directly to the foster parent by the child-placing agency on a monthly basis. The costs of day care and transportation of the child for visitation or to school may be reimbursed to the foster parent if they are paying the cost “up front” or may be paid directly to the individual or organization providing the service directly. Receipts for such costs are required for reimbursement.
- Maintenance payments paid to a child care institution are limited to include only those items that are included in the term “foster care maintenance payments.”
- Duplicate payments for maintenance shall not be made. Title IV-E payments to a placement for room and board are not considered duplicate payments if the child is temporarily absent for 14 or fewer consecutive days **and the child returns to the same placement**. An absence may include run away, respite

care, hospitalizations, family visitation, or detention (not to include commitment to the Department of Juvenile Justice). Paying maintenance during the child's absence is intended to ensure that the temporary absence does not result in a placement disruption.

During the temporary absence, should it become apparent, at any point during the 14 days, that the placement has disrupted, the placement should be closed and the maintenance payment should cease. If the intention was for the child to return to the home within 14 days but the child does not, IV-E funds can not be used, but state pool funds may be used to fund the placement for no more than 14 days. For example:

- If the youth runs away and the placement indicates that the youth can not return, the placement should be closed and payment should cease at that point.
- If the youth runs away and is unexpectedly detained on day 10 of the AWOL episode so will not be able to return to the placement by the 14th day, the placement should be closed on day 10 and payments should cease. State pool funds may be used to fund the maintenance for 9 days.
- If the child requires psychiatric hospitalization that is expected to last less than 14 days but on day 14 the child has an incident that leads to a longer hospital stay, state pool funds may be used to fund the placement for the 14 days. Also on day 14, the original placement should be closed, and the hospitalization should be entered as a placement in OASIS.
- If the child requires psychiatric hospitalization that is expected to last less than 14 days and on day 8 the placement determines that the child cannot return, the placement should be closed, payments should cease, and the hospitalization should be entered as a placement. State pool funds may be used to fund the original placement for 7 days.
- If the child goes to visit relatives/parents for periods of time, maintenance can be paid to the placement as long as the absence does not go beyond 14 days and the child returns to the placement.
- If the youth has a probation violation and is detained for 10 days but returns to the foster home when he/she is released from detention, maintenance can be paid for the entire absence.
- Placement begins on the day a child is placed. For payment purposes, the last day of placement is the day before the date of removal. Example: Child is placed on June 1st. Child is removed on June 14th. Payments are made for placement from June 1 through June 13th. Payments begin for the new placement on June 14th.

- For those instances where there is an event that increases the amount of maintenance (i.e. birthday change in rate, enhanced maintenance payment), then the new rate shall become effective on the first of the month following the event that caused the increase in maintenance.
- When a child begins or ends a foster care placement or episode; prorating room and board for part of a month is based upon the actual number of days of care provided and the number of days in the month.
- Personal incidentals, which are included in the basic maintenance payment, are those costs associated with the personal care of a child such as (but not limited to) items related to personal hygiene, cosmetics, over the counter medications and special dietary foods; infant and toddler supplies, including high chairs and diapers; and occasional fees related to recreational activities.
- For children in foster care, the LDSS shall not decrease or increase the state-determined basic maintenance rates to foster parents. The VEMAT shall be used to provide enhanced maintenance for increased supervision and support from the foster parent due to a specific child's behavioral, emotional, or physical/personal care requirements.
- When documenting a change in maintenance costs due to a birth date, enhanced payment, etc., the worker should input the information so that it is effective the first day of the month following the actual date that initiated the rate change in OASIS.
- A [Financial Agreement for Local Department of Social Services Approved Providers](#) should be used to document the maintenance and enhanced maintenance amounts. The Agreement should be signed by the foster and adoptive parent and the LDSS representative on the day of placement.
- When the maintenance or enhanced maintenance rate changes, the LDSS should notify the foster or adoptive parents in writing of the changes and a new agreement should be developed. This pertains to both LDSS foster homes and LCPA foster homes.
- **Children that are placed on a trial home visit are NOT eligible for maintenance payments but continue to be eligible for service payments with FAPT approval. Child care may be paid as a service if deemed appropriate and approved by FAPT.**

18.1.5 Maintenance payments from title IV-E Funds

- Temporary absences from an approved placement for reasons of hospitalization, education or training, a vacation, detention (not to include

- commitment to the Department of Juvenile Justice) or trial home visit do not terminate eligibility for title IV-E.
- If the court orders a child's removal from the home and the child is otherwise title IV-E eligible, the child must be physically removed in order to be eligible for title IV-E foster care payment.
 - For young adults who are in congregate care, title IV-E eligibility may continue beyond the age of 18 if the child is enrolled in a high school or vocational/technical school and expected to complete the high school or vocational/technical program prior to or in the month of his or her 19th birthday. The eligible 18-year-old child is considered to be enrolled full-time, regardless of the number of courses or length of time in school. The child is eligible for the month in which completion of the school program occurs; however, eligibility cannot be extended past that month. The program is considered completed on the last day of final exams or, if exams are not required, the last day of scheduled classes, or the date the graduation ceremony is scheduled to occur. Under no circumstances shall eligibility continue beyond the last day of the month of the child's 19th birthday. If, at any time during the child's 18th year, it is determined that the child will not complete the program of study by the last day of the month of his 19th birthday, the child's IV-E eligibility ends on the last day of that month. Once the young adult no longer meets the criteria above, he shall be moved out of congregate care prior to the end of the month. The young adult shall then enter the Fostering Futures Program and will be evaluated for title IV-E funding based on the new foster care episode. It is the responsibility of the service worker to provide notification to the benefit programs specialist of any change of educational status within **three (3) business days**.
 - When the local department of social services (LDSS) accepts custody or placement of a child and places the child in a relative home, the agency shall approve the relative home as a foster family home only if they meet foster home provider requirements, and shall pay the relative foster parents maintenance payments per state rates. *To support children remaining with kin and in their communities, the service worker may make an immediate placement with a kinship provider whose kinship foster home is in pre-approval status. The required steps for the process of emergency kinship home placement and subsequent foster home approval are outlined in Section 1.5 of [Local Department Foster and Adoptive Family Home Approval Guidance](#).*
 - The LDSS may use title IV-E to pay enhanced maintenance when foster parents provide care to title IV-E eligible children placed in LDSS homes and the Virginia Enhanced Maintenance Assessment Tool (VEMAT) is used to determine the need for, and amount of, enhanced maintenance. title IV-E eligible children placed in treatment foster care programs shall be assessed

with the VEMAT for enhanced maintenance and if such payment is indicated, all maintenance costs shall be charged against title IV-E for the eligible child. A copy of the VEMAT and all supporting documentation of the child's needs resulting in an enhanced maintenance payment shall be documented in the case record. These additional payments are made from State Pool funds for non-title IV-E children.

See "Rate-Structuring for Enhanced Maintenance" Guidance at:

- [DSS public website](#)

18.1.6 Maintenance payments from State Pool Funds

This is a source of funding, using primarily state and local money, through the Children's Services Act (CSA).

- Costs of maintenance are paid from this source for all foster care children who are not eligible for title IV-E. This includes the basic as well as the enhanced maintenance rate. Enhanced maintenance payments shall be utilized only when the VEMAT is used and the child is determined to have a clearly defined need for increased supervision and support from the foster parents due to the child's behavioral, emotional, or physical/personal care requirements.
- Service needs of children and their families are not included in the definition of maintenance. Therefore, services shall not be paid for with maintenance funds.
- The LDSS shall use procedures established by the Community Policy and Management Team (CPMT) for referring the child to the Family Assessment and Planning Team (FAPT) for services and funding.
- The CPMT may establish policies and procedures for authorizing payments for children who only require foster care maintenance without a full review by the FAPT ([§ 2.2-5209](#)).
- The LDSS shall not decrease or increase the state-determined basic maintenance rates to foster parents.
- State pool funds can only be used for placement in an approved or licensed facility or foster home.

18.1.7 SSI and maintenance (title IV-E and State Pool Funds)

- It is the responsibility of the service worker to inform the Social Security Administration (SSA) whether title IV-E benefits are being received for the care of the child:

- At the time of application for Social Security benefits; or
- When the LDSS becomes the representative payee for a child who is already receiving SSI.
- SSI benefits shall be reduced dollar for dollar by the amount of title IV-E funds actually received for the child. A title IV-E eligible child does not have to receive a title IV-E payment. The LDSS may choose to receive only the SSI payment to cover the costs of the child's care.
- SSI benefits are not reduced for children whose maintenance is paid from state pool funds.
- If a title IV-E eligible child is in a residential facility where the monthly maintenance rate is greater than the SSI payment, the LDSS should use title IV-E benefits to pay for maintenance. If title IV-E funds are used, the service worker shall immediately, **within two (2) business days**, notify the SSA to suspend the SSI payment. If a child returns to a foster home, the service worker shall evaluate and determine which funding option is most beneficial for the child and inform the SSA of the change in placement and maintenance rate **within two (2) business days** if SSI benefits are to be reinstated.
- When a child enters a Medicaid funded residential facility, the LDSS shall notify the SSA of the placement in order to ensure that the child's SSI benefits are reduced to appropriate levels. In some situations, the child may continue to receive full SSI benefits. For [additional information](#), see Social Security Administration Online.

18.1.8 Documenting maintenance payments in OASIS

With the introduction of OASIS 3.12, the funding screen has been tabbed into three separate screens including Basic Maintenance, Additional Maintenance, and IL Stipend.

Eligibility was formerly referred to as Program Category and is the category from which funding is obtained. Foster children will either be IV-E or CSA funded.

The Date Effective is the date a payment began. The End Date is the date when the payment ended.

The Source of Payment is the source from which funding is paid. This could be IV-E, CSA, or Local Funds. The selection of none indicates no monies are being paid out for the child.

The Basic Maintenance Payment is the monthly/daily maintenance amount paid to the placement provider to assist the caretaker in providing for the child's basic

needs. This will be a monthly rate for payments to foster home placement providers and a daily rate for congregate care providers.

The basic maintenance tab is used to record the Eligibility Determination (program category), source of maintenance payment, amount of the basic maintenance payment, effective date and end date for each child in foster care.

Maintenance for a child newly placed in foster care is initially paid from the CSA state pool funding source until the child's eligibility for title IV-E has been determined. If the child is determined to be eligible for IV-E State pool funds expended for maintenance during the determination process shall be reimbursed by title IV-E funds except for any period where the provider was not fully approved.

If the child remains funded by CSA, then CSA shall remain the "eligibility determination" and the "source of maintenance payment" on the Funding screen

The worker should indicate receipt of other resources including: Child Support, SSA, SSI, title IV-A TANF, and other. The worker should indicate if the child is eligible for title XIX (Medicaid) and if the child is eligible for Medicaid Treatment Foster Care or Medicaid Treatment Residential. Even if an LDSS initially pays for a child out of CSA and then reimburses CSA out of SSI, the LDSS should choose the resource that ultimately pays for maintenance as the funding source.

The additional maintenance tab is used to record enhanced maintenance payments or any additional costs paid to a residential facility above and beyond room and board for additional daily supervision. Like the Basic Maintenance tab, the Additional Maintenance tab records the Eligibility Determination (program category), source of additional maintenance payment, amount of the additional maintenance payment, effective date and end date. These payments can be enhanced maintenance as determined by the VEMAT (monthly rate) or can be additional residential costs related to supervision of the child (daily rate).

The service worker is responsible for updating the funding screen every time the child's source of payment changes.

The child may become temporarily ineligible for title IV-E payments. For example, title IV-E payments cannot be made to a provider which is provisionally approved. However, a provisionally approved placement in which the child is placed may become fully approved again. As of the first date of the month in which the facility is fully approved, title IV-E payments could be made again as long as no other conditions had changed. When title IV-E payments can be made again, no new title IV-E determination is required. The conditions that make it permissible to use title IV-E funding again shall be documented in the OASIS case record on the contacts screen. Not all conditions are able to be corrected. If the child loses eligibility for payment due to a condition that is not corrected or able to be corrected, no title IV-E funds may be used.

For additional information on what to include in the OASIS Funding screen on this topic, workers are referred to the “Help” section of OASIS.

18.2 Paying for enhanced maintenance (VEMAT guidance)

18.2.1 Rationale and purpose of enhanced maintenance

Maintenance payments are provided to assist in meeting the basic needs of a child. Enhanced maintenance payments are available when a child has a clearly-defined need that requires the parent to provide increased support and supervision due to the child’s behavioral, emotional, or physical/personal care requirements. When children first enter foster care, it is expected that their needs may be higher due to the circumstances that led to the child’s removal and the impact of the removal itself. However, as the child stabilizes in the foster home and the child’s needs are met consistently over time, it is expected that the child’s on-going need for support and supervision would decrease, and therefore the VEMAT score would decrease with subsequent reassessments. Virginia’s practice of providing basic and, when applicable, enhanced maintenance payments to foster or adoptive parents is consistent with federal law and regulation.

The Virginia Children’s Services Practice Model and the CSA emphasize the Commonwealth’s focus on a “child-centered, family-focused, community-based” system of care. Providing financial support for children in foster care and adopted from the foster care system is consistent with this emphasis by keeping the unique needs of the child in the forefront of financial support decisions. A child’s needs are best met through the unconditional support of caring adults. Supplemental supports may include the provision of services to the child and family, the provision of enhanced maintenance, or both.

For children in foster care, the purpose of the Virginia Enhanced Maintenance Assessment Tool (VEMAT) is to assess the child’s behavioral, emotional, and physical/personal care needs to determine if an enhanced maintenance payment is necessary to ensure the safety and well-being of the child. Understanding the needs of the child in each of these domains is not unique to the administration of the VEMAT but is based on and part of the over-all casework process. Administering the VEMAT should be integrated into case management, using the knowledge about the child gained through all interactions between the ongoing service worker, the child, the family, other individuals knowledgeable about the child, and other service providers. This increases the likelihood that the information discussed in the VEMAT meeting is already the subject of ongoing planning. Specifically:

- The monthly face-to-face contact with the child conducted by the service worker for children in foster care and those awaiting finalization of adoption, affords an opportunity for ongoing, quality assessments of the child’s adjustment to the home, service and case planning needs, and anticipated needs. Service workers are encouraged to use the [Monthly Worker Visit](#)

- [Checklist](#) to make these contacts meaningful. Service workers should also use these contacts to talk with the foster and the adoptive parents about the child, his strengths, changes in behavior, and services being provided to the child and family.
- Regular and frequent contact with the foster or adoptive parent is an opportunity to discuss children's needs, concerns the foster or adoptive parent may have related to the child, and ways in which the parent may identify and use the child's strengths to improve behavior. These visits should serve as opportunities to provide training and for the worker to proactively consider what the child and foster or adoptive parent may need to ensure the child's safety, maintain the placement and improve the child's over-all well-being.
 - Service workers' contacts with the LCPA and other service providers through regular communication (e.g., in person, by phone, and through regular progress reports) is also a mechanism for assessing ongoing progress and anticipating other needs of the child which may require either new, or a change in, service provision or a need for additional support for the child to be provided by the foster or adoptive parent.

For children being adopted and assessed for adoption assistance, see [Section 2](#) of Chapter F, Adoption, in the Child and Family Services Manual.

18.2.2 The Virginia Enhanced Maintenance Assessment Tool (VEMAT)

18.2.2.1 General guidelines for use of the VEMAT

- The LDSS shall ensure that the VEMAT is administered in a fair and accurate manner in accordance with the guidance throughout this section and is consistent with the training provided by the Department. LDSS that do not administer the VEMAT consistent with this guidance are subject to fiscal paybacks using local only funds.
- LDSS are responsible for ensuring the child-specific team as discussed in this guidance is assembled and used in the administration of the VEMAT.
- Title IV-E and state funds shall only be claimed for enhanced maintenance payments when the LDSS uses the VEMAT to determine the need for and amount of enhanced maintenance. (The only exception is adoption assistance payments for enhanced maintenance determined prior to October 1, 2009. [See Section 2.3.1 of Chapter F, Adoption](#), in the Child and Family Services Manual).
- LDSS are responsible for maintaining appropriate documentation in the child's case record to support the rating category. Examples include but

are not limited to: formal recommendations for interventions from the child's therapist/psychiatrist/psychologist, critical incident reports, foster parent's log of behaviors/interventions, home care plan (physical therapy, occupational therapy, etc.), terms of probation, etc.

- LDSS benefit programs specialist shall have access to all documentation necessary to ensure that enhanced maintenance paid out of title IV-E funds complies with federal title IV-E eligibility requirements and this guidance. These documents shall include a hard copy of the completed web based VEMAT tool.
- The VEMAT shall be used by the LDSS for any child placed in treatment foster care (TFC) homes.
- LDSS may also use the VEMAT for children placed in their non-TFC homes. If the LDSS chooses to use the VEMAT for children placed in their non-TFC homes, all related requirements as described in subsequent sections of this guidance document shall be followed. The VEMAT shall be used for all eligible children. (That is, the VEMAT shall not be used for some eligible children but not used for others). Eligible means that the child has demonstrated evidence of a behavioral, emotional and/or physical/personal care need that may warrant the receipt of enhanced maintenance.
- If the LDSS believes that the child is ineligible for enhanced maintenance, this needs to be documented in OASIS.
- Any time the LDSS makes payments to foster or adoptive parents for additional daily supervision and support for the child, regardless of what the payments are named, the LDSS shall use the VEMAT. If the VEMAT is not used, the LDSS shall use local-only funds for the payments.
- The VEMAT shall be applied consistently for all children regardless of a child's maintenance funding source (e.g., title IV-E, CSA, etc.). That is, the LDSS shall not apply the VEMAT for children funded under title IV-E but choose not to use the VEMAT for children funded by CSA.
- Enhanced maintenance payments made to foster parents for a specific child may increase or decrease over time based on changes in the child's needs as reflected by changes in the child's VEMAT score.
- Enhanced maintenance payments for children in foster care are to be paid exactly as directed by the score on the VEMAT. When administering the VEMAT, the rater and child specific team shall consider the services provided to the child that reduce or eliminate any direct additional supervision or support provided to the child by the foster parent and

reduce the enhanced maintenance payment based on these services ([22 VAC 40-221-25](#)).

- Enhanced maintenance payments shall not be reduced at the discretion of the LDSS or based on other services the family receives (e.g., child care services).
- LDSS shall provide a copy of the VEMAT including the amount of enhanced maintenance payments made to the foster parents to the local FAPT.
- LDSS should notify foster or adoptive parents in writing of any rate changes to VEMAT payments. The Financial Agreement should also be updated to reflect the changes (see [Section 18.1.4](#)).

18.2.2.2 The VEMAT rating categories structure

The VEMAT consists of a series of items (i.e., characteristics) that are used to identify a child's needs in three (3) domains: emotional care needs, behavioral care needs, and physical/personal care needs.

- Under each domain, four (4) categories exist under which a child's identified characteristics are rated. These categories are "not applicable," "minimal," "moderate," or "severe."
- "Not applicable" means the characteristic either does not occur or occurs occasionally and is responsive to intervention. Evidence that a characteristic exists (e.g., an act of aggression) is not sufficient for the characteristic to be rated in a category above "not applicable."
- "Minimal" means the characteristic occurs occasionally and requires occasional intervention.
- "Moderate" means the characteristic occurs frequently and requires occasional intervention.
- "Severe" means the characteristic occurs frequently and requires frequent intervention.

These rating categories are used as the basis for determining the child's behavioral, emotional, and physical/personal care characteristics in each domain. In determining a rating of not applicable, minimal, moderate, or severe, the team shall consider if the child's characteristics are:

- Appropriate for the child's age group or developmental level. Developmental delays are considered to be any significant lag in a

child's physical, cognitive, behavioral, emotional, or social development in comparison to norms.

- Not be due to a short-term condition (e.g., recent move from one placement to another; new prosthetic device; recovery from surgery).
- Clearly documented in terms of the frequency, duration, and intensity of the characteristic and the need for foster parent intervention.

The frequency, duration, and intensity of a characteristic shall be considered when describing the child's characteristics.

- Frequency is defined as the rate of occurrence or how often an event repeats itself over a set amount of time. A frequent occurrence is the fact of happening often or regularly at short intervals.
- Duration is defined as the period of time that something lasts or exists, continuance or persistence in time, or a period of existence or persistence.
- Intensity is defined as: the strength, power, force, or concentration of something.

To select the category that best describes the child's characteristics in each domain, the team shall consider the frequency, duration, and intensity of the characteristic.

- "Not applicable" means the characteristic either does not occur or occurs occasionally and is responsive to intervention. The frequency of occurrence of the characteristic is low, the duration is short-lived, and the intensity is weak. The child either self-corrects or the need for intervention is infrequent and the child responds promptly to redirection.
- "Minimal" means the characteristic occurs occasionally and requires occasional intervention. The frequency of occurrence of the characteristic is low, the duration is short-lived, and the intensity is weak. The need for intervention is infrequent and the child responds with little opposition to intervention.
- "Moderate" means the characteristics occurs frequently and requires occasional intervention. The frequency of occurrence of the characteristic is high, but the duration is short-lived or the intensity is weak. The need for intervention is infrequent and the child responds with little opposition to intervention.
- "Severe" means the characteristics occurs frequently and requires frequent intervention. The frequency of occurrence of the characteristic

is high, the duration is ongoing, and the intensity is strong. The need for intervention is frequent and the child requires additional assistance and time to respond to intervention.

Points are assigned under each domain as applicable. Each domain may score 0 – 4 – 8 – or 12 points based only on the highest category (N/A, mild, moderate, or severe) that receives points.

No more than a total of 12 points may be assessed for each domain with the exception of the physical/personal care domain (see below). The maximum total points that may be assessed across all three domains is 36. The number of characteristics required to accrue points in each category is listed on the VEMAT.

- The physical/personal care domain alone may result in a total score of 24 or 36 points when:
 - A child presents with characteristics indicating catastrophic physical needs.
 - The child's scores in the emotional and behavioral domains are N/A.
 - Two (24 points) or three (36 points) items are checked as severe in the physical/personal care domain.

The applicability of each item in each category shall be considered, beginning with the mild, then moderate, and finally severe categories. Items are checked based on the description that most closely meets the identified characteristics of the child. If items for the same characteristic are checked in more than one category (e.g., the item for “impulsive, distractible, or hyperactive behavior” is checked in both the minimal and moderate categories), the “mild” category will be disregarded and the automated VEMAT tool will compute the total score per domain based on the highest category checked (see the [VEMAT Users Guide](#) on the DSS internal website).

18.2.2.3 How the VEMAT is administered

- The VEMAT shall be administered by a child-specific group or team of individuals who know the particular child being assessed.
- The team shall include at a minimum, the caseworker(s), caregiver, and the individual who completed Departmental training to administer the VEMAT.
- The team shall review current documentation of the child's behaviors to establish the intensity, duration, and frequency of needs that require

foster parent intervention above and beyond what is expected for a child that age. [See section 18.2.2.1.](#)

- Other individuals with knowledge of the child shall be invited to participate in the meeting or provide input about the child's needs. This may include family members, other significant individuals in the child's social support network, and other providers.
 - Individuals who do not have first-hand knowledge of the child and cannot contribute to a discussion of the child's strengths and needs, overall functioning, and behavior over time shall not be included in the meeting. The only exception to this is when the VEMAT is completed in the FAPT meeting.
 - The meeting held to score the VEMAT shall be child-specific and focus on the child's demonstrated and documented behavioral, emotional, or physical/personal care needs.
 - Teams shall meet in ways that meet the needs of the participants in order to provide input regarding the child's needs. Face-to-face meetings should be held although phone or video conferencing meetings may be used when a face-to-face meeting is not feasible. LDSS are strongly encouraged to be creative and flexible to obtain the most input possible regarding a child's characteristics relevant to the need for enhanced maintenance.
 - All individuals participating in the meeting shall be given written notice of the meeting (by email, fax, or letter) five (5) or more business days before the meeting.
 - If sent by email, the email "delivery receipt" option serves as verification that the notice was sent within required time frames.
 - If the foster or adoptive parent is approved and is under the auspices of a LCPA, a copy of the written notice should be sent to the LCPA worker. If sent by email, the "delivery receipt" option should be used as verification that the notice was sent within required timeframes. Notice may also be sent by fax. The fax receipt is verification of compliance with notification time frames.
 - If notice is sent by mail, the LDSS should send such notice a **minimum of seven (7) days** from the date of the meeting to ensure participant notification within required time frames.

- Service workers are encouraged to call the foster or adoptive parent directly to ensure they are notified of the meeting. Such notification should be documented in the “contacts” section of the OASIS case file.
- The written notice shall include a description of information the attendees should bring to the meeting, the date, time, and location of the meeting and instructions for rescheduling the meeting if necessary (see sample template [VEMAT Notification Letter](#) on the DSS internal website).
- The VEMAT meeting may be held **without the five (5) business days notice** only if the caregiver agrees and the rater has all documentation needed to review the child’s needs.
- LCPA staff who are closely involved in supervising the care of the child by the TFC parent are key informants regarding the child. Their involvement on the child-specific team is a critical aspect of ensuring that individuals knowledgeable of the child’s behavior are involved. LCPA staff’s active involvement in the VEMAT meeting should be sought. At a minimum, written input from the LCPA shall be included in the VEMAT meeting.
- Written input should also be collected from service providers or additional individuals who have information on the child’s behavioral, emotional, physical, and personal care needs, but who are unable to attend the meeting. Obtaining written input in this manner is not ideal as it limits discussion but, if provided, should be considered along with the information provided by the individuals attending the meeting.
- The use of a team is critical to completing the VEMAT in as unbiased and inclusive manner as possible to facilitate the best possible decision for the child. It is the team’s job to describe and discuss the child’s characteristics in measureable ways (e.g., frequency, intensity, and duration of the characteristic or behavior; severity, onset, and relevance to the child’s age and developmental level).
- When a child is transitioning to a foster home from residential care or is new into the foster care system, the LDSS shall (unless the VEMAT was administered prior to placement change) place the child in the foster home, pay the emergency maintenance amount, and conduct the VEMAT within 60 days of the placement.
 - The emergency payment shall be prorated, starting on the first day the child enters the foster home.

- The VEMAT shall be conducted within 60 days of the date the child enters the home. Any change in the enhanced maintenance amount shall begin on the first day of the subsequent month. NOTE: 60 days is interpreted to mean 60 calendar days from the time the child enters the home through the end of the month in which the 60th day falls (e.g. a child's 60th calendar day is June 15th. The VEMAT, with all required signatures, must be completed no later than June 30th).
 - If the LDSS does not conduct the VEMAT within the stated definition of 60 days (the end of the month in which the 60th day falls), local-only funds shall be used from the first of the month following until the VEMAT is completed. The basic maintenance payment shall continue to be paid by title IV-E or CSA, based on the child's title IV-E eligibility status.
 - If the VEMAT is not completed due to the foster parent not participating in the VEMAT as agreed upon, no emergency or enhanced maintenance payment shall be payable. The LDSS shall continue to attempt to arrange for the VEMAT administration and make diligent efforts to work around the issues that prevented the foster parents from participating. Once the VEMAT has been administered, any enhanced maintenance shall go into effect on the first day of the subsequent month. No retroactive payments shall be made.
- The emergency VEMAT payment shall only be utilized when a child is first entering care or transitioning from a higher level-of-care placement. When a change in placement is made from one foster home to another regardless of whether or not the home is with the same agency, it is not necessary to complete a new VEMAT unless there has been a significant change in the child's behavior that would indicate a need to reassess for additional enhanced maintenance.
 - A change in placement is not considered a reason to make an emergency VEMAT payment.
 - If the child is entering a foster home placement after having been placed on a trial home placement, the agency may use the prior VEMAT rate (if unexpired) or the emergency rate. The LDSS may assess that the emergency rate is warranted as the child was on a trial home placement between foster

home placements and may experience an escalation in behaviors due to a second removal.

- The date scheduled for conducting the VEMAT should be based on the foster parent and the case worker having ample time to experience and understand the child's strengths and needs. Worker's monthly (or more frequent) contacts with the child and observed interactions in the home are critical to the discussion of the child's needs.
- A child's overall functioning should be considered within the context of the child's unique situation. Generally, a child's characteristics should be considered within the recent past (i.e., 30 days), but the child's known patterns of behavior which may not have been observed in the last 30 days should also be addressed. For example, if a behavior has not occurred for three (3) months (no running away while the child was in a locked facility) but it has relevance to the ongoing needs of the child (child has a history of running away), it should be considered in the VEMAT meeting.
- The completion date of the VEMAT is the date all required signatures are obtained. If any individuals participate by phone, the VEMAT rater shall write that person(s) name on the signature line in the VEMAT and note that they participated by phone. The effective date of payment is the first day of the following month.

18.2.2.4 Completed VEMAT forms

- The web-based version of the VEMAT shall be completed for all decisions about enhanced maintenance. VEMAT raters who do not have access to the web-based version may complete a paper copy. The LDSS shall transfer the paper copy results onto the web-based VEMAT **within five (5) business days** of the VEMAT meeting.
- The completed VEMAT shall be printed and placed in the child's foster care paper case record. **All supporting documentation shall be placed in the child's paper case record.**
- Benefit programs specialist shall have access to the completed VEMAT tool. Printed copies of the completed web-based version of VEMAT and all re-administrations shall be included in the eligibility file.
- A copy of the VEMAT should be provided to the LCPA for children in their homes **within ten (10) business days** of the meeting.
- A completed VEMAT should be "saved," which will then store the tool in the web-based system. Saved VEMATs are retrievable by the LDSS

unless the document is “closed.” Once a VEMAT is “closed,” the completed tool is no longer available for access by the LDSS. Completed VEMATs should remain on the system until the case is closed. For additional information about saving and closing a completed VEMAT, please refer to the [VEMAT User’s Guide](#) on the DSS internal website.

18.2.2.5 The VEMAT rater

The VEMAT rater is an individual who has completed rater training through the Department according to a designated training curriculum.

VEMAT raters cannot be the child’s caseworker, a caregiver, or LCPA staff. LDSS directors should not be VEMAT raters since they are the individuals to whom a request for a review would be made should a caregiver not agree with the VEMAT’s findings.

VEMAT raters may be LDSS services staff (e.g., foster care, CPS, adoption, adult services) or members of other public child-serving agencies such as the Community Services Board staff or the CSA Coordinator. Individuals selected as VEMAT raters should possess the following skills and knowledge:

- Ability to facilitate a focused dialogue that uses all available information to identify the child’s strengths and needs.
- Understanding of child development and norms for child and youth behavior, as well as the effects of abuse, neglect, and other trauma on childhood development.
- Understanding and discernment of the short and long-term impact of placement in foster care and subsequent events such as: a change in placement, the potential effect of events such as termination of parental rights, visitation with parents and other family members, a change in permanency goal, etc.
- Ability to use such information to determine whether the child’s characteristics in each domain are within the expected developmental range; and ability to assume and maintain the role as final arbiter for making decisions about VEMAT ratings.

LDSS are encouraged to train as many qualified individuals as necessary as VEMAT raters and/or to share raters across jurisdictions to ensure that access to a qualified rater is never a barrier to administering the VEMAT.

Prior to conducting the VEMAT meeting, the rater is responsible for verifying that:

- The foster or adoptive parent(s) were invited to the VEMAT meeting according to [Section 18.2.2.3](#) and all efforts were made to provide them with the opportunity to participate.
- All identified individuals were given a written invitation to attend the VEMAT meeting as per [Section 18.2.2.3](#).
- All individuals participating in the VEMAT meeting are present in person or through other agreed upon forms of communication (e.g., phone, etc.).
- Input from all sources knowledgeable regarding the strengths and needs of the child are presented and considered in making the decision in scoring each domain. The VEMAT rater shall, based on the best available evidence regarding the child's characteristics and the corresponding support and supervision required by the foster parent, score each item of the VEMAT.
- The team is prepared to provide documentation to support the rating level for each category in terms of minimal, moderate, and severe as it pertains to the level of interventions required by the foster parent. Acceptable documentation includes written information from treatment providers, written documentation from public or private agency service workers, behavior logs maintained by the foster parent, etc. (See [Section 18.2.2.3](#))

When there is disagreement as to the rating of the child's characteristics (i.e., type, frequency, severity), the VEMAT rater shall make a final decision as to how to score the VEMAT based on the information presented. The VEMAT rater's decisions are final and not open to voting by the team or being overridden by any individual or agency.

VEMAT raters may elect to not issue a completed VEMAT by the end of the meeting but shall determine and issue the final score **within five (5) business days**. VEMAT raters shall share a copy of the final VEMAT with the caregiver and review these documents with them if requested.

18.2.2.6 Frequency of administering the VEMAT

- The initial VEMAT shall be administered within 60 days of a child entering a TFC home or an agency-approved regular foster home where the LDSS has chosen to provide enhanced maintenance payments. NOTE: 60 days is interpreted to mean 60 calendar days from the time the child enters the home through the end of the month in which the 60th day falls; (e.g. a child's 60th calendar day is June 15th. The VEMAT, with all required signatures, must be completed no later than June 30th).

- Reassessment of the enhanced maintenance payment is accomplished through a re-administration of the VEMAT.
 - For VEMAT scores BELOW 28, reassessments shall occur within 12 months of the previously administered VEMAT and no more frequently than quarterly unless requested by the foster or adoptive parent (see [Section 18.2.2.7](#)). NOTE: 12 months shall mean 365 calendar days from the time the last VEMAT was administered and signed by all parties, through the end of the month in which the 365th day falls; (e.g. a child's 365th calendar day is June 15th. The VEMAT must be completed no later than June 30th). If the LDSS does not conduct the VEMAT within 365 days as defined above, the cost of the enhanced maintenance amount shall not be covered by title IV-E or CSA state pool funds. Local only funds shall be used from the first of the month following the 365th day; until the VEMAT is completed and becomes effective: the first day of the month following the month the VEMAT is administered. The basic maintenance payment shall continue to be paid by title IV-E or CSA, based on the child's title IV-E eligibility status.
 - For VEMAT scores 28 and ABOVE, reassessments shall occur within **three (3) months** of the previously administered VEMAT. NOTE: Three (3) months shall mean 90 calendar days from the time the last VEMAT was administered and signed by all parties, through the end of the month in which the 90th day falls; (e.g. a child's 90th calendar day is June 15th. The VEMAT must be completed no later than June 30th). If the LDSS does not conduct the VEMAT within 90 days as defined above, the cost of the enhanced maintenance amount shall not be covered by title IV-E or CSA state pool funds. Local only funds shall be used from the first of the month following the 90th day; until the VEMAT is completed and becomes effective: the first day of the month following the month the VEMAT is administered. The basic maintenance payment shall continue to be paid by title IV-E or CSA, based on the child's title IV-E eligibility status.
 - If the child scores 36 solely due to severe medical/physical needs that are not going to improve, the LDSS may administer the VEMAT annually. The child's condition shall be clearly documented by a physician. The documentation should include the extent of the child's needs and that the child's condition is unlikely to improve within a year. The LDSS should obtain the physician's statement at the time of or prior to the VEMAT. If the statement is obtained after VEMAT administration, the LDSS is required to obtain the physician's statement before the three month reassessment deadline. If the statement has not been obtained, the VEMAT

should be readministered every three months. The annual reassessment schedule would begin when the VEMAT is administered and the statement is available.

- Beyond the requirement above, the LDSS may choose the frequency with which they re-administer the VEMAT. The administration schedule shall be applied consistently across all cases regardless of funding source. However, the LDSS may select different reassessment frequencies for different enhanced maintenance payment levels (e.g., all cases rated in the severe category may be reassessed quarterly while all cases rated at moderate or mild may be reassessed less often).
- The LDSS shall select the frequency of re-administration of the VEMAT and such information should be provided to the foster parent and the LCPA.

18.2.2.7 Foster parent request for readministration of the VEMAT

When foster parents believe a child's need for supervision and support is not being sufficiently addressed, the parents may contact the services worker to discuss their concerns about the child's behavior and options for how the behavior may best be addressed (e.g., does the child need a specific service that they are currently not receiving?). The service worker, the parent, and others who may have input regarding the child's needs (e.g., individuals participating in the FAPT, service planning meetings, etc.) are responsible to assess the child's needs and determine how to best meet those needs.

Foster parents may request a reassessment if the child's circumstances have changed in such a manner as to require four (4) or more weeks of clearly demonstrated increased or decreased need for supervision and support by the parents. Such change in behavior shall be documented and a request shall be made in writing to the LDSS to have the VEMAT readministered. (The "[Request for VEMAT Administration Due to Change in Child's Behaviors](#)" is available on the DSS public website.

- The LDSS shall re-administer the VEMAT according to guidance in [Section 18.2.2.6](#).
- The VEMAT shall be readministered **within 15 calendar days** of the foster parents' written request.
- If the VEMAT indicates the enhanced maintenance payment should increase or decrease, any change shall take effect on the first day of the month following the readministered VEMAT.

18.2.3 Completing the VEMAT prior to placement

A VEMAT may be administered for a child prior to his entry into foster care or when transitioning out of residential care to a foster home placement. The VEMAT may be administered prior to the placement when the LDSS has sufficient time and information available to allow for a proper administration of the tool. The identified foster parents shall be invited to the VEMAT meeting. Factors to consider in holding the VEMAT meeting prior to the change in placement include:

- Whether the foster or adoptive parent will be able to attend the VEMAT meeting.
- Whether a current caregiver or someone with direct knowledge of the child's current needs and behavior can be a part of the VEMAT team.

18.2.4 Completing the VEMAT after placement

When the VEMAT cannot be administered prior to placement and the child will be placed in a foster or adoptive home, the following procedures shall be followed:

- A VEMAT shall be administered within 60 days of a child being placed on an emergency basis. NOTE: 60 days is interpreted to mean 60 calendar days from the time the child enters the home through the end of the month in which the 60th day falls (e.g. a child's 60th calendar day is June 15th. The VEMAT must be completed no later than June 30th).
- The emergency enhanced maintenance payment is automatically paid for any child placed on an emergency basis and is pro-rated for the first month. The emergency payment begins on the first day of placement.
- If the VEMAT indicates the payment is to be increased or decreased from the emergency payment rate, the change in payment shall begin on the first day of the month following the completion of the VEMAT.
- If the LDSS does not administer the VEMAT within 60 days, the emergency payment shall continue until the VEMAT is completed and becomes effective. The emergency payment shall be paid from local-only funds (see [Section 18.2.2.3](#)) beginning on day 61 until the first day of the month following the month the VEMAT is administered.

18.2.5 Agency responsibilities for supporting foster parents receiving enhanced maintenance

18.2.5.1 Agency support services

Agencies shall provide additional support and assistance to foster parents who have children placed in their homes where enhanced maintenance payments are made. Such assistance is critical in avoiding placement disruptions and ensuring that foster parents have the guidance and tools to understand the child's needs and provide appropriate support to the child while ensuring the child's safety. Agency supports that shall be provided include at a minimum:

- Twenty-four-hour, seven-day per week access to an on-call case worker.
 - A supervisory-level human services worker shall be available to the case worker 24 hours, seven days per week to provide direction and assistance as necessary.
 - The agency may provide these services directly or may contract with private agencies or individuals to provide these services.
 - Agencies may also share access to an on-call worker and supervisor to meet these criteria.
 - Monthly face-to-face contacts with the foster parents by a service worker. The monthly contacts should focus on:
 - The foster parent's relationship with and perceptions of the child in care including such things as:
 - Their attachment to the child.
 - The child's strengths and progress in all life domains.
 - Any concerns the parent has about the child's behavior.
 - Needs or their ability to work with the child.
 - The impact of having the child in their home.
 - The need for additional training, services, or agency support.
- Discussion should also occur about the foster and the child's progress toward service plan goals.
- The expectations for how the foster or adoptive parent is to address the needs of the child. This shall include the specific support and supervision

activities to be conducted by the foster or adoptive parent that are required to meet the needs of the child.

18.2.5.2 Purchased services

The LDSS may purchase services for monthly contacts with the foster parent.

LDSS may develop and share contracts with private providers to meet the requirements of this section.

All LDSS or contractual worker contacts with the family shall be documented in OASIS or, when the contact is by a private provider, documented in the child's record maintained by the agency and included in required reports to the LDSS.

The LDSS shall monitor and document the contractor's performance if the LDSS chooses to contract out activities (i.e., conducting monthly face-to-face contacts; providing an appointed on-call service worker that shall be available to make face-to-face contacts if necessary to provide services to the child and the foster family 24 hours per day, seven days a week) ([22 VAC 40-221-30](#)).

18.2.5.3 Training

Training shall be discussed with and provided to the foster parent(s) that is unique to their needs and their ability to manage the needs of the child.

If needed training is available as part of an already-established curriculum, (e.g., PRIDE) the foster parent should be directed to attend that training. If needed training requires access to other training sources (e.g., attending specialized training on gavage feeding or autism), the agency shall identify the training source and assist the foster in accessing the training.

- LDSS are encouraged to contact their CRAFFT Coordinator and Adoption and Family Recruitment Consultants as sources of support in locating or providing training resources. FACES of Virginia's Families should also be used as a source of training and support.
- The cost of training is an agency responsibility. LDSS may pay the cost of such training through title IV-E training funds when the VDSS has approved the training through the LDSS' title IV-E training plan.

18.2.5.4 Documentation

Any contacts made with the on-call worker by the foster parent should be documented in the Contacts screen in OASIS or, when it is a private agency, documented in the child's record maintained by the private agency and included in required reports to the LDSS.

Discussions should occur with the foster parent(s) regarding the need for documenting the child's behavior(s), responses to services, and interventions, including any parental involvement and support. This discussion will result in a joint decision as to the manner in which such documentation shall be completed. Documentation is critical to the agency's ability to accurately assess ongoing service needs, progress, training for the foster and the child's general adjustment.

When the child receives enhanced maintenance, the foster care service plan or Individual Family Service Plan shall include, but is not limited to:

- Measureable goals, objectives, and strategies for the foster and adoptive parent and the child placing agency in addressing the identified needs of the child.
- Provisions for providing training to the foster and adoptive parent consistent with the identified needs of the child.
- Provisions for services to prevent placement disruption and maintain a stable placement.
- The method developed jointly by the child placing agency and the foster and adoptive parent to document the child's progress ([22 VAC 40-221-30](#)).

18.2.6 Responsibilities of foster parents receiving enhanced maintenance

18.2.6.1 Responsibilities of foster parents

Foster parents receiving enhanced maintenance payments have accepted children into their family whose needs will require a greater level of adult supervision and support than other children, either initially or long-term. Foster parents accept these children into their homes with the expectation that they will provide the type of environment and support necessary for the child to:

- Remain in the home until permanency for the child is achieved.
- Progress in their overall development including academic achievement.
- Have their medical, dental, and mental health care needs met.

As a partner in helping meet these needs for the child, foster parents are expected to provide a great deal of the support and supervision required for a child to remain safe and have the opportunity to build on their strengths and progress in their development. Other partners such as the school, therapists, mentors, in-home providers, service workers, and others will help support the child in addressing areas of need. As a result, it is necessary for the LDSS to

identify the specific requirements for support and supervision expected from the foster parent, which may include but are not limited to:

- Participate in and cooperate with the LDSS in developing the service plan, attend Family Partnership Meetings as requested, and attend any meetings the private agency, local education association, or other providers may hold.
- Discuss with the agency and follow through on all services provided to them or expected of them in order to ensure the child's well-being and progress, maintain the child's safe placement, and support reunification when appropriate for the child.
- Assume responsibility for managing the daily supervision and supportive tasks a child may need including but not limited to:
 - Transporting the child to appointments, visits with birth family members and other previous custodians, school, after-school activities, etc.
 - Supervising visitation with family and siblings when appropriate as determined by the case worker.
 - Attending and participating in court hearings, therapy, or other appointments with the child.
 - The LDSS should take into consideration time and distance when requiring foster parents to transport and participate in appointments and therapy with the child. LDSS and LCPA staff may assist in these parental activities but should do so as an occasional support to the family and not as a matter of rule.
 - Following up on any services for the child such as in-home physical therapy exercises, additional educational assistance, implementing in-home strategies designed to remediate problems or promote progress in a child's development, and documenting progress on such strategies and their goals.
- Communicate to the agency any and all difficulties in understanding or managing the needs of the child and any training needs that would be helpful in improving their ability to parent the child and effectively meet the child's needs.
- Contact the agency and request assistance when they experience difficulty managing the child and need support in order to safely maintain the child in their home. Foster parents should always contact the agency

prior to a situation reaching a critical level and avoid requesting the removal of the child from their home.

- Accurately and consistently monitor and document the child's behavior(s) and the parent's involvement and support in a manner that has been decided on with direction from the agency. (See [Section 18.2.5.4](#) for the agency worker's role in assisting in documentation.)
- Participate in all VEMAT meetings or, when unable to attend a scheduled meeting, work with the LDSS to promptly reschedule the meeting.
- Consistently meet all foster home approval requirements.

18.2.7 Discontinuing or suspending enhanced maintenance payments

Enhanced maintenance payments may be suspended or discontinued by the LDSS when:

- The foster parent does not follow through on all requirements as documented in the service plan or any additional requirements that are identified by the LDSS or other providers as important to the safety and well-being of the child.
- The foster parent does not participate in the VEMAT meeting as agreed upon.

Prior to suspending or discontinuing the enhanced maintenance payment, the LDSS should discuss any concerns with the foster parent in an attempt to rectify the conditions that are of concern. LDSS or LCPAs that suspend or discontinue the enhanced maintenance payment should evaluate the safety needs of the child and whether continued placement in the home is in the child's best interests.

If enhanced maintenance payments are suspended or discontinued, basic maintenance payments shall continue and be paid from the same funding source for which the child is eligible.

18.2.8 Reviews

Reviews of the decision for an enhanced maintenance payment as determined by the VEMAT may be held when the foster parent or the child's GAL, believes the administration of the VEMAT did not accurately portray the needs of the child or the VEMAT meeting was not held in accordance with this guidance.

If the foster parent or GAL elects to request a review of the results of the VEMAT, he shall submit a written request for a review by the LDSS Director or their designee. The following should be documented on the request form:

- Specific reasons as to why the results of the VEMAT did not accurately capture the needs of the child shall be documented on the [Request for VEMAT Review](#) available on the DSS public website.
- Specific VEMAT meeting protocols that the foster parent believes were not followed and, therefore, justify a new VEMAT, shall be documented on the Request for VEMAT Review form.

Foster parents or GAL have **five (5) business days** after receipt of the completed VEMAT form to request a review. The request shall be in writing and directed to the LDSS Director. Completion of the VEMAT means the final score was determined by the rater and the foster parent requested and received a copy of the VEMAT.

- The Director or his designee shall conduct the review. The designee will not be an agency staff member who has direct responsibility for the case.
- The LDSS Director or his designee has **15 business days** after receipt of the written request for a review to conduct the VEMAT administrative review. The LDSS Director or his designee shall:
 - Become familiar with all documentation used to complete the VEMAT.
 - Review any guidance that is germane to the request for a review.
 - Discuss the decision-making process with the VEMAT rater. The discussion should focus on the specific reasons the caregiver identified in the Request for VEMAT Review Form.
 - Determine whether they will also contact other members of the team, including the caregiver, to obtain additional information. If other team members are contacted:
 - The discussion should focus only on the issues identified in the Request for VEMAT Review form and should seek to obtain additional clarifying information.
 - The confidentiality of individuals and the information shared shall be protected.

The LDSS Director or designee shall require a new VEMAT meeting be held when procedures for scheduling and holding the VEMAT meeting were not followed. This includes:

- Written notice that the VEMAT meeting was not provided to the foster parent **at least five (5) business days** prior to the meeting.

- Individuals with first-hand knowledge of the child's strengths and needs and whose presence at and input into the VEMAT meeting was requested by the foster parent were not provided written notice of the meeting **at least five (5) business days** prior to the meeting.
- Available documentation specific to understanding the child's strengths and needs was not allowed to be presented in the meeting by participants.

The LDSS Director or his designee shall either concur with the original decision or shall order a new administration of the VEMAT. When the Director or his designee does not concur with the original decision, the Director or his designee shall not adjust the rate but shall direct that a new VEMAT be completed.

- The LDSS has **ten (10) business days** to re-administer the VEMAT if the Director or his designee decides a new VEMAT is required.
- The VEMAT rate under review shall take effect the first of the following month pending the VEMAT being re-administered.
- If the re-administration of the VEMAT indicates there should be a change in the enhanced maintenance rate, the new rate shall be initiated on the first day of the subsequent month.

Example: The annual reassessment is completed on 9/28 and the child scores a 20. The rate that coincides with the score of 20 shall take effect 10/1. On 9/29, the foster parents request that the VEMAT be readministered and the director agrees. The VEMAT is readministered on 10/5 and the child scores a 24. The rate that coincides with a score of 24 shall take effect on 11/1.

18.3 Paying supplemental clothing allowance

In addition to basic maintenance payments, the supplemental clothing allowance in [Section 18.1.3](#) should be used for:

- Every child each year they are in foster care.
- The child of a foster child.
- A new foster care episode for the child, even if the child was in care previously during the year and received the allowance in the initial foster care episode.

The clothing allowance should pay for needed clothing:

- At initial placement.
- At placement changes.

- For back-to-school.
- As the child grows.
- If items are lost or destroyed.

The supplemental clothing allowance shall not exceed the designated rate posted in [Section 18.1.3](#), regardless if the amount was paid for by title IV-E, CSA or a combination of the two. However, if the child outgrows clothing or his clothing is lost or destroyed, an additional supplemental clothing allowance may be approved by the VDSS Regional Foster Care Consultant, using the following protocol. The LDSS provides the name, age, and why the emergency amount is needed for the child/youth over and above the supplemental clothing allowance for the year. The regional Foster Care Consultant may approve up to \$250.00 additional emergency clothing monies for the year. This process must be documented in writing; an email request with documented approval shall suffice. As clothing is a maintenance cost, this protocol will be followed for children regardless of funding source. The Code of Virginia ([§ 2.2-5209](#)) allows a CPMT the discretion to create policies which exclude maintenance costs from FAPT review. Thus, in localities with these policies, FAPT review is not necessary following the consultant's approval. In localities where the CPMT has not established such policies, the usual FAPT process is followed after the consultant's approval. Lack of documentation for the approval will be considered a fiscal error and local money shall be used.

It is at the discretion of the LDSS as to how to reimburse the purchaser for the use of the supplemental clothing allowance for the children in its custody. However, the supplemental clothing allowance should be reimbursed or disbursed and claimed within the guidelines of the LASER reimbursement process to be counted in the correct state fiscal year.

LDSS are tax-exempt organizations. It is not necessary for tax to be paid on clothing purchased for children in the custody of the LDSS. LDSS can provide foster parents with tax exempt information or make clothing purchases through agency vouchers or other means. However, when this is not practical, tax paid on clothing purchases is an allowable expense. Tax paid will be calculated as part of the total clothing allowance for that child.

The decision as to the appropriateness and reasonableness of the items purchased is the responsibility of the service worker. If the service worker has questions regarding the appropriate use of the supplemental clothing allowance, the service worker should discuss the issue with his or her supervisor and may consult the regional Foster Care Consultant for technical assistance.

All supplemental clothing allocations shall be verified and tracked through documentation that the funds were used to purchase clothing for the designated child. This may include a purchase order to the store and receipt or a receipt from the store(s) where the foster parent purchased the items. The service worker is responsible for

securing documentation from the foster parents and monitoring the clothing amounts paid annually for supplemental clothing for the children in his caseload.

The benefit programs specialist is responsible for determining eligibility for title IV-E and recommending accurate payments to ensure the allocation does not exceed the limits established by the state.

Supplemental clothing allowances apply to all children regardless of funding source.

For the IV-E eligible child, supplemental clothing expenditures shall be verified with receipts and any undocumented portion of the supplemental clothing allowance shall be reimbursed with local only funds.

For the non IV-E child, supplemental clothing expenditures are monitored as established by the local CMPT and its policies.

18.4 Paying expenses by foster parents on behalf of child

The procedures required to reimburse foster parents for expenses paid by them on behalf of the foster child are:

- The services shall be pre-authorized.
- Services purchased on behalf of the child may include, but are not limited to, transportation, exclusive of that required for medical care under title XIX, school fees, and purchases from commercial establishments.

18.5 Paying for children supervised by another agency

- Payment for the costs of maintenance and social services is the responsibility of the agency holding custody of the child or having accepted placement of the child.
- Certification of a child to a state mental health facility does not relieve the LDSS of custody. In this instance, room and board and medical costs are the responsibility of the public facility. Costs of clothing and personal care items shall be paid by the LDSS holding custody and cannot be title IV-E funds.
- The Department of Juvenile Justice (DJJ) is responsible for the maintenance and care of the child committed to its care. Payments cannot be made by the LDSS for maintenance of the child at the DJJ facility.
- For children placed in out-of-state foster homes:
 - Payment for the child's maintenance is at the standard rate for Virginia. When this rate is not acceptable to the other state, payment of the other state's rate, even if over Virginia's rates, shall be made.

- The foster homes shall meet standards for care set by the other state.

18.6 Contingency Fund

18.6.1 Prior to filing a claim

The agency worker responsible for handling the claim, or the service worker for the foster child shall discuss with the foster child and foster parents the circumstances surrounding the incident involved in the claim.

The following should be addressed with the foster parent:

- Adequacy of foster parent(s) insurance for coverage of valuables
- Adequacy of supervision of foster child's activities
- Precautions taken to prevent damages
- Consequences to child if applicable

18.6.2 Who may file a claim

Claims may be made on behalf of foster parents approved by the local board of social services.

Claims made on behalf of foster parents approved by a CPA are not eligible for reimbursement.

Claims are to be submitted to the Virginia Department of Social Services by the local department of social services (LDSS) worker for approval.

Local social services directors or designees must sign off on all claims being submitted for payment.

18.6.3 Exclusions related to property damage

- Claims for theft or destruction by a foster child of cash or uninsured jewelry
- Claims for normal wear and tear or property
- Claims for any property other than where the foster child resides
- Claims for stolen guns or ammunition
- Claims for lost clothes or any theft where the foster parent's ownership is not clearly established

- Claims for vandalism or stolen property in excess of a police report estimate of damages
- Claims for lost wages due to injury

18.6.4 Filing a claim

- All claims of \$3000 and above must be submitted to the home owner's insurance of the foster parents prior to filing a claim with VDSS.
- The foster parent must notify the LDSS worker within **30 days** of the discovery of the loss or damage.
- Within **7 days** of the report to the LDSS, the foster parents should file a claim with their own insurance.
- The foster parent must provide home owner's insurance information at the initial claim.
- For claims involving destruction, damage, or theft of property, the foster parent must produce evidence the items stolen or damaged were in their possession.
- All damaged or destroyed items must be viewed by the LDSS worker, within **30 days** of discovery of the loss or damage.
- In limited circumstances, if the item cannot be safely stored until viewed by the LDSS worker, the foster parent must produce proof of ownership. Acceptable proof of ownership includes sale receipts, photographs, or verification by the LDSS worker.
- In cases involving theft or intentional damage, LDSS workers and foster parents must determine whether a police report should be filed. Decisions may be based on the need for the personal accountability of the youth. If a police report is filed it should be attached to the claim filed with VDSS.
- The Contingency Fund may pay insurance deductibles of \$500 or less.
- Exceptions to filing a claim with the home owner's insurance of the foster parents are as follows:
 - If a claim is less than the insurance deductible
 - If the home owner's insurance policy of the foster parents excludes damages or theft by residents/occupants of the home (proof of such exclusion must be submitted with claim)

- If the foster parents only have automobile liability coverage and the damage falls under collision coverage (proof of such exclusion must be submitted with claim)
- If the foster parents are filing multiple claims with VDSS and the amount of reimbursement for one claim is less than the insurance deductible, a claim for this item need not be filed. The other claims, if higher than the deductible may be submitted.
- In the above instances, a copy of the insurance policy with information regarding the deductible, exclusions, should be submitted with the claim to VDSS.
- All police report requirements of the home owner's insurance of the foster parent(s) must be met prior to filing a claim with VDSS. A copy of the approval/rejection letter from the homeowner's insurance of the foster parents must be submitted with the claim to VDSS.
- An original signed estimate is required for claims involving repair or replacement of damaged property. A statement regarding the feasibility of repair versus replacement should be included. Additional estimates may be requested at the discretion of the LDSS or VDSS.
- All damages with an estimate of \$1000 or more require a second estimate.
- All medical liability claims must first be filed with the individuals' medical insurance company and accompanied by a physician's invoice and/or billing statement.

18.6.5 Guidelines for filing a claim

- The following completed forms should be submitted to VDSS within 45 days of the discovery of the loss or damage to the foster parent(s):
 - Foster Care Contingency Claim Form (032-02-0509-00-eng)
 - Department of Social Services W-9 Form (032-06-0016-00-eng)
- All receipts or estimates must be submitted on official letterhead of the business providing the service.
- A statement from foster parent's insurance company regarding their action
- If the foster parent has a valid reason for not applying to their insurance company, a letter of explanation should be included with information submitted to VDSS.

18.6.6 Home Office handling of a claim

Decisions will be made on completed claim information within 30 days of the request. Any questions or concerns regarding the status of the claim should be made by the LDSS worker contacting the Adoption and Family Recruitment Consultant.