SUBPART C: DEPARTMENT CHILD WELFARE SERVICES

Communication Requirements

A prerequisite to the provision of services to Department clients is that the services be made available in a manner that can be understood by clients with special communication needs such as those who have limited or no English speaking ability or who have hearing impairments. It is the Department's intent to facilitate communication with such clients through the early identification of communication needs, the assignment of staff who can communicate with the clients, the translation of forms, notices and letters into a language the client can understand and through the use of interpreters and other auxiliary aids as described in **Section 302.20, Definitions**.

Interpreters are to be obtained for clients who are limited/non-English speaking or for clients with hearing impairments who communicate in sign language, in accordance with regional agreements with interpreter services. If situations arise when interpreters are not available, then staff shall explore other possible resources such as churches, social service agencies, court interpreter services, foreign consulates, universities, neighborhood associations and local centers for independent living (for sign language interpreters). Each region will have a communication access liaison appointed to assist staff in obtaining resources related to communicating with clients who have special communication needs.

Clients with hearing impairments or who are limited/non-English speaking shall be given a notice which describes their right to an interpreter free of charge. Payment for these services is described in **Procedures 359, Authorized Child Care Payments**.

In addition to providing interpreters and other auxiliary aids in order to enable clients to access the services described in this Subpart, they shall also be provided when clients must be present in court related to Department matters, if the court does not have such services available, when clients attend a hearing or appeal, when clients must be present at an Administrative Case Review and all other appearances required to conduct business with the Department related to their case.

Section 302.300 Adoptive Placement Services

a) **Voluntary Relinquishment**

Counseling services should be provided to parents toward the goal of voluntarily surrendering their child, when appropriate. Voluntary relinquishment shall be sought only when family preservation or reunification efforts are inappropriate or unsuccessful and written documentation in the Family Service Plan supports that decision.

Parental Unfitness

The Adoption Act lists the grounds for a judicial determination of parental unfitness. Additionally, **Rule 315.220, Substitute Care Pending Court Determination on Termination of Parental Rights** specifies when DCFS should pursue, through court,

termination of parental rights. Whenever termination of parental rights through court is going to be pursued, the permanency worker shall check for any previous adoptive surrenders and prior court actions. Termination of parental rights shall be pursued only when family preservation or reunification efforts are inappropriate or unsuccessful and written documentation in the Family Service Plan supports that decision.

Casework Services

Casework services shall be provided to the child who is old enough to understand the impact of adoption. Casework services shall also be provided to the child's parents to assist them in dealing with the loss of their child when the parents are amenable to such services. The specific type of casework services and the frequency shall be detailed in the "tasks" section of the Family Service Plan.

Total Service Array

The total array of adoption services includes, in addition to terminating parental rights: securing an adoptive resource, placement of the child for the purpose of adoption in a licensed foster family or relative home (does not need to be licensed), approval for adoption assistance for a special needs child, supervision of the adoptive placement for the legally required time (six months unless waived by the court), and, if indicated, ongoing counseling following finalization of the adoption.

Placement Agreement

Whenever a child is placed for the purpose of adoption either a **CFS 426, Adoption Placement Agreement** or adoption assistance forms, as specified below, and as appropriate shall be completed.

Adoptive Finalization

When the Order of Adoption is entered, the worker must close the case using the **CFS 1425, Change of Status Form.**

b) **Considerations in Adoptive Placements**

1) **Preserve Sibling Relationships**

The permanency worker shall give priority to adoptive parents (related or unrelated to the child) who can take an entire sibling group. When siblings cannot be placed together, priority shall be given to adoptive parents who will agree to frequent and ongoing sibling contact, so long as such placement is in the children’s best interests.

2) **Racial Considerations**

// The child's cultural, ethnic and racial background and the capacity of the prospective adoptive parents to meet the needs of a child with this background shall be considered on a case-by-case basis. The factors that may be considered in assessing the adoptive parent's ability to provide an environment that considers the child's cultural, ethnic and racial background include, but are not limited to:

A) Awareness and acceptance of racial and cultural differences;

B) Willingness to make a commitment to a lifestyle that allows a child the opportunity to address and manage the issues related to the child's adoption, racial, and cultural heritage;

C) Recognition of societal, community, extended family, and personal racial, and cultural attitudes; and

D) Ability to provide support when the child experiences aggression and/or discrimination because of the child's race or ethnicity.

3) **Communication Needs**

When a child is hearing impaired or limited/non-English speaking, a factor to consider in a securing a placement resource is the ability of family members to communicate with the child. In an otherwise suitable adoptive home, placement shall not be denied if the prospective adoptive parents indicate a willingness to learn the method of communication used by the child.

4) **Foster Parent Preference**

In accordance with Section 15.1 of the Adoption Act, licensed foster parents who have cared for a child for a continuous period of one year or more shall be given preference and first consideration over all other applicants for the adoption of that child when adoption is the permanency goal and the child is legally free.

5) **Single Parent Adoptive Placement**

Children may be placed in a single parent home when it has been determined that a single parent adoptive placement best meets the needs of the child or when a maximum of a six-month search for a two parent home has been unsuccessful. A maximum six month search for a two parent home shall be documented in writing on a case note and shall include:

A) a search within the Region consisting of specialized recruitment activities; and

B) a search of the Adoption Listing Service to determine the availability of an appropriate family; and

C) listing with the Adoption Listing Service after the first two months of the intra-regional search (refer to **Procedures 309.40, Adoption Listing Service**); and

D) an inter-regional search while the child is listed with the Adoption Listing Service.

E) If the child's current caregiver is not a viable adoptive resource for the child, a diligent search for adoptive parents who are appropriate to the child's needs and best interests shall begin. The diligent search shall include, but not be limited to:

i) a search consisting of contacts with local adoption agencies, parent groups and appropriate religious and civic organizations and service providers, advocacy groups and agencies who serve persons with the same ethnic/national origin and/or disability; and

ii) a search of the Adoption Listing Service to determine the availability of an appropriate family; and

iii) listing the child with the Adoption Listing Service; and

iv) an interstate search, when necessary, consisting of contacts with adoption agencies and referral/advocacy agencies to find a suitable adoptive placement,

The search to locate a viable adoptive resource shall be documented in a case note**.**

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Policy Guide 2018.02

SECTION 302.310, ADOPTION ASSISTANCE

DATE: January 29, 2018

TO: All DCFS and Private Agency Permanency Workers and Supervisors, Adoption Coordinators and Adoption Staff

FROM: Beverly J. Walker, Acting Director

EFFECTIVE: Immediately

I. PURPOSE

Effective immediately this Policy Guide rescinds and replaces Policy Guide 2017.11 which, in addition to the changes outlined below, changed the age of eligibility Adoption Assistance children for employment related day care services from up to three years of age to up to age six. Section III(c)(6) of this Policy Guide reverts the eligibility age for employment related day care services back to up to three years of age. DCFS has proposed amendments and revisions to **Rules** and **Procedures 302.310, Adoption Assistance.** In the interim, this Policy Guide will serve as procedures necessary for implementation.

Additional changes were made in section III (e) which outlines notification requirements to the Department by the adoptive parent for children who were 16 years of age and older and their adoption was finalized after July 1st, 2017.

Section III (h), Termination of Adoption Assistance includes the conditions under which adoption assistance may continue until the child's 21st birthday, for children who were 16 years of age and older and their adoption was finalized after July 1st, 2017.

II. PRIMARY USERS

The primary users of this Policy Guide are POS and DCFS permanency workers and supervisors, DCFS and POS adoption workers, coordinators, their supervisors and managers.

III. SECTION 302.310 ADOPTION ASSISTANCE

a) General Provisions

1) Eligibility, Funding Source, Assistance Amounts

A) Adoption assistance may be provided to those persons adopting children who are legally free for adoption, who are residents or are youth in care of Illinois, and who the Department has determined meet the special needs criteria for non-recurring adoption assistance or who meet both the eligibility and special needs criteria for ongoing adoption assistance and who, it is reasonable to conclude, are not likely to be adopted without the provision of adoption assistance.

B) Adoption assistance is available through a combination of federal and State funding. The State receives federal reimbursement for a portion of the assistance provided for children meeting the Title IV-E eligibility criteria of the Social Security Act. The Department must comply with all of the requirements of that Act to claim funding for Title IV-E eligible children. The Title IV-E adoption assistance process is a combination of the field staff preparing the subsidy and documenting special needs followed by a centralized eligibility unit determining financial aspects of Title IV-E assistance.

C) State funding provides adoption assistance for children for whom the Department has placement and care responsibility and who meet the special needs criteria but are not eligible for Title IV-E adoption assistance. State funding also provides adoption assistance for children who age out of eligibility for Title IV-E adoption assistance and continue in school up to the earliest of their nineteenth birthday or graduation from high school.

D) Adoption assistance shall be determined regardless of the financial circumstances of the adoptive parents. The types and amounts of assistance shall be determined by the Department and the adoptive parents on an individual basis. The Department shall notify the prospective adoptive parents of the availability and the types of assistance. The adoptive parent may refuse any or all of the adoption assistance. The ongoing monthly payment shall be issued to the person identified in the adoption assistance agreement. Any type of adoption assistance services included in this Part that are payable through insurance or other funding sources will not be paid by the Department. The child adopted with adoption assistance is entitled to receive only those services and/or payments specified in the adoption assistance agreement.

2) Responsibility of the State in Interjurisdictional Adoptions

A) When the Department has responsibility for placement and care of a child who is eligible for Title IV-E reimbursement, the Department is responsible for entering into the adoption assistance agreement and paying the adoption subsidy, even if the child is placed in an adoptive home in another state.

B) If the Department does not have responsibility for placement and care of a Title IV-E eligible child, it is the adoptive parent's state of residence where the adoption assistance application should be made. In that event, the public child welfare agency in the adoptive parent's state of residence is responsible for determining whether the Title IV-E child meets the definition of special needs, entering into the adoption assistance agreement and paying the subsidy, consistent with the way public benefits are paid in other programs.

3) Continued Eligibility of Children

A) If an adoption is dissolved because of the termination of parental rights, or the death of the adoptive parents, a child adopted with Title IV-E adoption assistance continues to be eligible for Title IV-E adoption assistance if the State determines that the child meets the definition of a child with special needs prior to finalization of adoption.

B) When an adoption assistance agreement is terminated because of the death of the adoptive parents, or the termination of parental rights and the child is adopted again, the Title IV-E child's state of residence is responsible for entering into the assistance agreement and paying the subsidy, consistent with the way public benefits are paid in other programs.

C) A child who was previously adopted with adoption assistance and whose adoption dissolves or whose adoptive parents die may be treated as if the financial circumstances for a subsequent adoption are the same as the first time the child was adopted.

b) Eligibility for Adoption Assistance

Children who are under the Department's legal responsibility and those who are not under the Department's legal responsibility when the adoption petition is filed are eligible for Title IV-E adoption assistance when they meet one of the eligibility criteria described in this subsection (b)(1) and the special needs criteria detailed in subsection (b)(2). Children for whom the Department of Children and Family Services is responsible for placement and care when the adoption petition is filed who do not meet the eligibility requirements in this subsection (b)(1) but do meet the

special needs criteria detailed in subsection (b)(2) are eligible for State-funded adoption assistance. Children not under the legal responsibility of the Department who do not meet the eligibility criteria described in this subsection (b)(1) but who meet the definition of a child with special needs are eligible for adoption assistance non-recurring expenses only. The Department will not disqualify a child who is otherwise eligible for adoption assistance based on the child being an alien child. A qualified alien child must meet the provisions of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) (P.L. 104-193, 110 Stat. 2168), as amended by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA) (P.L. 104-208), and the Balanced Budget Act of 1997 (BBA) (P.L. 105-33, 8 USC 1642).

1) The child was eligible for AFDC under the provisions of Title IV-A of the Social Security Act in effect as of July 16, 1996 during the month the petition was filed to remove the child from the home and the Department has determined that the child meets the definition of a child with special needs; or

   A) An AFDC-eligible child removed from the home as a result of a court order shall be eligible for adoption assistance when there is a judicial determination in the removal order that it was contrary to the welfare of the child to remain in the home.

   B) An AFDC-eligible child removed from the home as a result of a voluntary placement agreement shall be eligible for adoption assistance when the child was placed in a foster home and at least one Title IV-E maintenance payment was made while the voluntary placement agreement was in effect.

   C) An AFDC-eligible child who was voluntarily relinquished to a public or private not-for-profit agency shall be eligible for adoption assistance in the following circumstances:

      - a petition to officially remove the child from the home was filed with the court within 6 months after the child last lived with the relative who voluntarily relinquished the child; and

      - there is subsequent judicial determination that remaining in the home is contrary to the child's welfare; or

   D) The child's eligibility for Supplemental Security Income (SSI) was established and documented by the Social Security Administration at and the Department determines that the child meets the definition of a child with special needs prior to the finalization of the adoption; or

E) The child is a child of minor parent receiving Title IV-E foster care maintenance payments that include the child, although the child is not a ward of the Department and the child meets the definition of a child with special needs; or

F) The child is a child for whom adoptive parents were previously receiving adoption assistance and the Department has determined that the child meets the definition of a child with special needs prior to the finalization of the subsequent adoption.

2) Special Needs Criteria

In order to be eligible for adoption assistance, the Department must determine that the child meets all three of the following criteria that comprise the definition of a child with special needs:

A) The child cannot or should not be returned to the home of his or her parents as evidenced by:

i) a voluntary or involuntary termination of parental rights; and/or,

ii) the death of a parent.

or

B) There exists a specified factor or condition because of which it is reasonable to conclude that the child cannot be placed with adoptive parents without providing adoption assistance. These factors or conditions include:

i) an irreversible or non-correctable physical, mental or emotional disability; or

ii) a physical, mental, or emotional disability correctable through surgery, treatment or other specialized services; or

iii) the child is one year of age or older; or

iv) the child is a member of a sibling group being adopted together where at least one child meets one of the conditions in subsections (b)(2)(B)(i) through (iii); or

v) the child is being adopted by adoptive parents who have previously adopted, with adoption assistance, another child born of the same mother or father; and

C) A reasonable, but unsuccessful, effort has been made to place the child with adoptive parents without providing adoption assistance, and the prospective adoptive parents are either unwilling or unable to adopt the child without adoption assistance, as evidenced by a written statement from the adoptive parents. A documented search for alternative adoptive placements without adoption assistance shall be made unless the Department determines that such a search would not be in the best interests of the child because the child has developed significant emotional ties with the prospective adoptive parents while in their care.

c) Types of Adoption Assistance

The types of adoption assistance that a family may apply for include:

1) Non-recurring Expenses

Payment for non-recurring adoption expenses incurred by or on behalf of the adoptive parents in connection with the adoption of a special needs child, up to a maximum of $1500 for each adopted child.

2) Monthly Payments

An ongoing monthly payment is to be determined through the discussion and negotiation process between the adoptive parents and the Department based on the needs of the child and the circumstances of the family. This payment should combine with the parent's resources to cover the ordinary and special needs of the child. This payment shall not exceed the amount the child receives in his or her current foster family upon entry of the final order of adoption unless the child is an unlicensed relative placement. In such a case, upon entry of a final order or adoption, the adoptive family may receive up to the applicable licensed foster family home rate. The ongoing monthly payment shall only be issued to one custodial caregiver identified as payee in the adoption assistance agreement, and this person shall be the designated authority for the purpose of service provision. In the event that there is a change in the custodial status of the child, the Department shall be notified. If a change in payee is necessary, notification shall be sent to the Department in writing with the supporting legal documentation attached. A non-custodial parent may request notice of periodic reviews or subsequent amendments to the adoption assistance agreement regarding their children.

3) A Medicaid card.

4) Needs Not Payable through Other Sources

A) Payment may be made for physical, emotional and mental health needs not payable through insurance or public resources (e.g., other

State or community funded programs) that are associated with, or result from, a condition whose onset has been established as occurring prior to the entry of the final order of adoption. Payment shall not be made until the Department has been notified in writing that such services will begin and has approved the requested services, and a contract (when applicable) has been executed. The Department's reimbursement shall be limited to what are usual, customary, and reasonable based on Medicaid-eligible service rates in the community as determined by the Department.

B) The Department will not pay for physical, emotional, medical, mental health or psychological services or treatment for a pre-existing condition or risk factors unless the pre-existing condition, service or risk factor is included in the adoption assistance agreement or can be documented as a pre-existing condition that was unknown at the time of the agreement by a medical provider.

5) Therapeutic Day Care

Therapeutic day care is available only for children who are determined to have a disability that requires special educational services through an Individualized Education Plan (IEP), an Individual Family Service Plan (IFSP), or a 504 Educational Special Needs Plan and is not fundable through another source. Specific therapeutic interventions must be provided as an integral part of the day care programming. Payment for therapeutic day care shall not be made until the Department has been notified in writing that such services will begin, has approved the requested services, and a contract has been executed (when applicable).

6) Employment Related Day Care

Payment for day care for children under the age of three years may be made if the adoptive parent is employed or in a training program that will lead to employment. Payment for day care services shall end on the child's third birthday. This day care payment cannot be used in addition to therapeutic day care.

7) College Scholarships and the Education and Training Voucher Program

Children who are receiving adoption assistance may apply for a 4-year college scholarship awarded by the Department on a competitive basis. A limited number of scholarships are awarded by the Department each year to high school or high school equivalent graduates. Youth who are adopted from foster care after attaining age 16 are eligible to enter the Education and Training Voucher (ETV) Program.

8) Conditional Adoption Assistance

Conditional adoption assistance is available to children adopted before February 1, 2004. To be eligible for conditional adoption assistance, the child must meet all of the eligibility requirements for adoption assistance and have a documented disability or risk factor not evident at the time of the adoption but that may require intervention, treatment or services in the future.

d) Adoption Assistance Agreement

The adoption assistance agreement shall be signed prior to the entry of the final order of adoption. The types, amount and duration of adoption assistance shall be agreed to in writing by the Department and the adoptive parents prior to the entry of the final order of adoption, and shall be set forth in the adoption assistance agreement, which shall be binding on the parties to the agreement. This payment shall not exceed the amount the child received in his or her current foster family home upon entry of the final order of adoption unless the child is in an unlicensed relative placement. In such a case, upon entry of the final order of adoption, the adoptive family may receive up to the applicable licensed foster family home rate. The adoption assistance agreement shall remain in effect, regardless of where the adoptive parents currently reside and shall contain provisions for the protection of the interests of the child in cases where the adoptive parents and child move. The adoptive parents may request a change in their child's subsidy due to a change in the family or child's circumstances. All changes and/or services are subject to periodic review and authorization by the Department.

e) Notification Requirements by Adoptive Parents

The adoptive parent shall notify the Department no later than 30 days after any of the following occurrences:

1) the child is no longer the legal responsibility of the adoptive parents;

2) the adoptive parents no longer financially support the child;

3) the child graduates from high school or equivalent;

4) there is a change of residential address or mailing address of the adoptive parents or the child;

5) the child dies;

6) the child becomes an emancipated minor;

7) the child marries;

8) the child enlists in the military; or

9) the child's custodial status changes.

10) If the child was adopted before July 1, 2017, or was younger than 16 years of age when the adoption was finalized on or after July 1, 2017, the adoptive parent is also required to notify the Department no later than 30 days after the child completes their secondary education or a program leading to an equivalent credential.

11) If the child was adopted after July 1, 2017 and was 16 years of age or older when the adoption was finalized and the child reaches the age of 18, the adoptive parent is also required to notify the Department no later than 30 days of the child's participation in any of the following:

A) the child is completing secondary education or a program leading to an equivalent credential;

B) the child is enrolled in an institution which provides post-secondary education or a vocational program;

C) the child is participating in a training program or activity designed to promote, or remove barriers, to employment;

D) the child is employed at least 80 hours per month; or

E) the child is incapable of doing any of the above due to a medical condition.

f) Notification Requirements by the Department

The Department shall provide adoptive parents of children adopted with adoption assistance with information about the Department's post-adoption search and reunion services, including information about accessing these services, at least once each year until adoption assistance payments cease. Youth who were adopted with adoption assistance shall be provided this same information within 30 days after his or her eighteenth birthday.

g) Periodic Reviews

The Department shall mail annually a **CFS 1800-Q, Adoption Assistance/Subsidized Guardianship Medicaid Information** form, and the **Annual Notification Letter** to the adoptive parent(s), which will facilitate the adoptive parent's communication with the Department.

h) Termination of Adoption Assistance

The adoption assistance shall terminate when the Department has determined that one of the following has occurred:

1) The terms of the adoption assistance agreement are fulfilled.

2) The adoptive parents have requested that the adoption assistance permanently stop.

3) The adoptive parents are no longer legally or financially responsible for the child.

4) The child becomes an emancipated minor.

5) The child marries.

6) The child enlists in the military.

7) If the adoption was finalized before July 1, 2017, or the child was under the age of 16 when the adoption was finalized on or after July 1, 2017, assistance will terminate when:

   A) the child reaches age 18;

   B) a child 18 years of age graduates from high school or equivalent or reaches age 19, whichever occurs first; or

   C) a child who has a physical, mental or emotional disability associated with a condition or risk factor that existed prior to the finalization of the adoption and documented prior to the youth's 18th birthday reaches age 21.

8) For children who were 16 years of age or older when the adoption was finalized on or after July 1, 2017, the adoption assistance terminates at age 21. Between the ages of 18 and 21, the adoption assistance payments may stop and start based on the child's compliance with, and the adoptive parent's confirmation of the requirements listed below (failure of the adoptive parent to provide annual written confirmation will cause the subsidy payment to stop):

   A) the child is completing secondary education or a program leading to an equivalent credential;

   B) the child is enrolled in an institution which provides post-secondary education or a vocational program;

   C) the child is participating in a program or activity designed to promote or remove barriers to employment;

   D) the child is employed at least 80 hours per month; or

E) the child is incapable of doing any of the above due to a medical condition.

If the child later meets one of the requirements listed (A-E) above, the payment may be restarted following notification of the Department.

9) The adoptive parents die.

10) The adoptive parents' parental rights are terminated.

11) The child dies.

i) Appeal of Department Decisions

Adoptive parents may appeal the following Department decisions in accordance with 89 Ill. Adm. Code 337, Service Appeal Process:

1) The Department failed to advise the potential adoptive parents about the availability of adoption assistance to children under the care of the Department;

2) The adoptive parents disagree with the Department's determination that a child is ineligible for adoption assistance;

3) The Department's denial of Title IV-E adoption assistance eligibility to a child for whom it does not have placement and care responsibility;

4) Inaction on the part of the Department on a Title IV-E adoption assistance eligibility determination request;

5) Adoption assistance or a specific component of adoption assistance was denied;

6) Relevant facts regarding the child were known by the Department and were not presented to the adoptive parents prior to the finalization of the adoption;

7) The Department denies the adoptive parents request to modify the adoption assistance agreement; or

8) An adoption assistance agreement has been amended, suspended or terminated without the concurrence of the adoptive parent.

IV. REVISED FORMS

The following forms have been revised and may be found on the “T” drive and D-net as usual;

- CFS 1800-C-A, Adoption Assistance Agreement;
- CFS 1800-C-A-Interim, Interim Adoption Assistance Agreement;
- CFS 1800-B-A, Adoption Assistance Application; and
- CFS 1800-T-A, Adoption Assistance Case Record Checklist.

V. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or e-mail to OCFP on Outlook. Persons and agencies not on Outlook can e-mail questions to cfpolicy@idcfs.state.il.us.

VI. FILING INSTRUCTIONS

Please remove Policy Guide 2017.11 found immediately following Rule Section 302.310 and replace with this Policy Guide. Please remove Policy Guide 2017.11 found immediately following Procedures 302.300 and replace with this Policy Guide.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2011.08

Distribution X, Z and L

PROCEDURES FOR REQUIRED BACKGROUND CHECKS FOR ADOPTION OR GUARDIANSHIP CASES PRIOR TO SUBSIDY APPROVAL

RELEASE DATE: September 19, 2011

TO: Child Welfare Agencies, Rules and Procedures Bookholders, DCFS and POS Child Welfare Staff, and DCFS Licensing Staff

FROM: Erwin McEwen, Director

EFFECTIVE DATE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to issue procedures for background checks that must be done prior to subsidy approval on all members of the foster home/caregiver household, ages 13 and over. This includes cases of DCFS wards moving to adoption or transfer of guardianship. The required timeframes for the background checks are indicated within these procedures.

This Policy Guide does not apply to requirements for background checks at the time of a child's initial placement with an unlicensed relative, nor at the time of initial foster home licensure.

This Policy Guide conforms to the requirements of the Adam Walsh Act, the Adoption Act and the Child Care Act.

Background checks on licensed providers/foster homes are no longer required for pre-screening and/or legal screenings for the purpose of:

- filing a petition for Termination of Parental Rights;
- transfer of guardianship (KinGap); or
- Expedited Adoption.

For unlicensed providers, in addition to being fingerprinted for a background check at the time of the initial placement as provided in Rule 385, Child Abuse and Neglect Tracking System (CANTS) and Law Enforcement Agencies Data System (LEADS) and Sex Offender Registry checks must still be updated every six months.

Regardless whether a caregiver is licensed or not, everyone in the home age 17 and over must be fingerprinted for a background check, including any ward of the State residing in the home.

II. ADOPTION/TRANSFER OF GUARDIANSHIP CASES: LICENSED PROVIDERS / FOSTER HOMES

For all subsidized adoption or guardianship cases involving licensed foster family homes, the background checks listed below must have been conducted by the caseworker/licensing representative within **2** years prior to the subsidy approval:

1) Child Abuse and Neglect Tracking System (CANTS) and Sex Offender Registry (SOR) checks of all household members ages 13 and over.

2) Fingerprint-based Illinois State Police (ISP) and Federal Bureau of Investigation (FBI) checks of all household members ages 17 and over.

If the household member is a ward of the State, see **Section IV** of this Policy Guide for instructions.

The results of the background check may be located on either the BC-11 or BC 04 and BC-05 screens and/or the Licensed Provider's Individual License Summary (ILS) located in their licensing file. **See Section V of this Policy Guide for instructions on the process for obtaining the background checks** if the background checks have not been updated within the last two years and/or there is missing/inaccurate information.

Background check information on wards ages 13 and over currently living in the home will not be listed on the ILS but will be contained in the Licensed Provider's licensing file. All arrests and convictions shall be explained in the **CFS 411, Report of Investigation** and the **CFS 486, Adoption Conversion Assessment** forms.

If any household member has a criminal conviction listed in **Rule 385, Appendix A** and/or an indicated report of an allegation listed in **Section 385.50**, this finding must be resolved before the adoption/transfer of guardianship can proceed. In case of DCFS wards with convictions or indicated reports, see **Section IV** of this Policy Guide for instructions.

The **CFS 718-L, Request for Updated Background Check for a Licensed Provider** form shall be used for CANTS, SOR, ISP and FBI clearances for providers that have an active license.

III. ADOPTION CASES: UNLICENSED PROVIDERS / FOSTER HOMES

For all cases moving toward adoption involving DCFS wards placed in unlicensed homes, the background checks listed below must be conducted by the caseworker prior to the subsidy approval within the required time frame. Please see **Section VI** of this Policy Guide for instructions on the process for obtaining the background checks:

1) Child Abuse and Neglect Tracking System (CANTS), Sex Offender Registry (SOR) and name-based Law Enforcement Agencies Data System (LEADS) checks on all household members ages 13 and over **within the 6 months** prior to the subsidy approval.

2) Fingerprint-based Illinois State Police (ISP) and Federal Bureau of Investigation (FBI) checks of all household members ages 17 and over within **2** years prior to the subsidy approval.

All arrests and convictions shall be explained in the **CFS 411, Report of Investigation** and the **CFS 486, Adoption Conversion Assessment** forms.

If the household member is a ward of the State, see **Section IV** of this Policy Guide for instructions.

If it is determined that any household member has a criminal conviction as listed in **Rule 385, Appendix A** and/or indicated reports of allegations listed in **Section 385.50,** this finding must be resolved before the adoption can proceed.

In addition, the **CFS 718-RL, Authorization for Background Check for RELATIVES Applying for Foster Home License** shall be used for ISP and FBI clearances for unlicensed relatives that are adopting, as well a re-adoption of a previously adopted ward by a person (even if not a relative), to whom DCFS has agreed to provide a non-ward subsidy, and in interstate adoption cases. The individual's provider ID number must be included on the **CFS 718-RL**.

The **CANTS 48, Request for LEADS-CANTS Check** shall be used to obtain the CANTS and LEADS background checks.

The Illinois and National Sex Offender Registries' websites shall be used to obtain the SOR checks. The web addresses are: http://www.isp.state.il.us/sor and http://www.nsopw.gov

IV. DCFS WARDS

If a DCFS ward is a member of the household, the **CFS 718-W, Authorization for Background Check of Wards of the State** shall be completed for the background check. If the home is unlicensed, the workers need to use this form for ISP/FBI only and do their own CANTS/LEADS/SOR checks.

The caseworker shall complete a **CFS 596-G-W, Protective Plan** for any DCFS ward with convictions listed in **Rule 385, Appendix A** and/or indicated reports of allegations listed in **Section 385.50**. This Protective Plan shall be part of the licensing file (if applicable) as well as the ward's case file. The caseworker, licensing representative (if applicable), foster parent and ward must participate together in developing and reviewing this Protective Plan. The Protective Plan must take into account each of the following:

1) court provisions, such as home monitoring, terms of probation, any orders of protection, etc.;

2) the nature of the offense and how it affects other members of the household;

3) what steps will be taken to ensure safety in the home and who is responsible for monitoring; and

4) what level of supervision is needed, indicators to support supervision level and who will be responsible for monitoring the indicators and levels of supervision.

The Protective Plan must be reviewed every six months or more frequently as needed. A ward's criminal history will not impact a provider's license.

V. PROCEDURES FOR OBTAINING BACKGROUND CHECKS FOR LICENSED PROVIDERS / FOSTER HOMES

Step 1
Determine the current family composition of household members.

Step 2
Compare the current family composition with what is listed on the BC11 screen or the Individual License Summary (ILS). Wards will not be added to the BC11 screen or ILS.

Step 3
Determine if there are discrepancies. If yes, go to Step 4. If no, skip to Step 5.

Step 4 (Discrepancy found)
Contact the licensing worker to correct any discrepancies between BC11/ILS and the family composition. If there are any household members, who require background checks that are not listed on the ILS, in most instances it will be the licensing worker's responsibility for correcting and resolving this issue. However, Adoption staff and/or caseworkers may also assume responsibility for correcting and resolving this issue. You may not submit the **CFS 718-L** until the discrepancies have been resolved. Upon resolution, proceed to Step 6.

Prior to sending a household member for fingerprinting the worker shall complete the following:

Check the Background Check Unit – Finger Print Search website for each household member subject to an ISP and FBI check. The website address is: https://fingerprintsearch.dcfs.illinois.gov/.

Enter the following information: Provider ID (of the agency, not the individual; either the CWA provider ID or 999901 for DCFS); First Name; Last Name; Birth Date; Last 4 Digits of SSN and click on search.

If the screen indicates that prints are not on file, print the screen. The household member will need to take a **CFS 718** and the screen print to Accurate Biometrics and be fingerprinted. After fingerprinting, Accurate Biometrics will issue a receipt for fingerprinting and will either stamp the **CFS 718** and return the form or they may keep the copy. The household member will return the form and/or receipt to the worker who will forward it to Central Office of Licensing (COoL).

Step 5 (No discrepancies)
If there are no information discrepancies between the current household members and the BC-11/BC-05 screens or ILS, and all the above background check information is listed within two years with Clearances for subsidy approval, no additional steps may be needed**.**

If the BC-11/BC-05 screens or ILS indicate CL - no additional steps/documentation is needed.

If the BC-11/BC-05 screens or ILS indicate CH/CR - the rap sheet/criminal abstract and FBI response are required.

> **NOTE:** All other codes require additional response/documentation before proceeding to Step 6. Caseworkers should consult with their licensing supervisor, POS adoption liaison or DCFS adoption supervisor.

Step 6 (Discrepancy resolved)
Complete the **CFS 718-L**, including all household members age 13 and over who are subject to background checks. The box "Adoption" or "Subsidized Guardianship" should be checked. Ensure that the form is complete and accurate.

Step 7
The worker shall submit the **CFS 718-L** directly to the "Permanency Updates" mailbox via DCFS Outlook and skip to the Disposition.

> **NOTE:** Caseworkers shall communicate background check related information only via DCFS Outlook to ensure confidential and secure communication.

DISPOSITION

The Central Office of Licensing (COoL) will conduct the background checks. If there are no "hits," CYCIS will be updated to show "CL" (cleared). If there are hits, the rap sheet/printout with detail on arrests, charges and convictions will be sent to the caseworker/manager via DCFS Outlook (if there isn't an Outlook account, results will be sent via USPS). CYCIS will reflect IS (ISP rap sheet sent) and/or FS (FBI rap sheet sent).

The caseworker and supervisor shall review all information to assess the safety and appropriateness of the provider before proceeding with the adoption/guardianship process.

VI. PROCEDURES FOR OBTAINING BACKGROUND CLEARANCES FOR UNLICENSED PROVIDERS

Step 1
Determine the current family composition of household members

Step 2
Determine what checks need to be done on each member in the family composition. Verify if the checks have already been conducted and if the dates of the results fall within the appropriate timeframe.

Household members ages 13 to 16 – CANTS, LEADS, and SOR
Household members ages 17 and older – CANTS, LEADS, SOR, and fingerprint-based ISP and FBI

Step 3
Complete the **CANTS 48** for each household member subject to a CANTS and LEADS check. Fax **CANTS 48** to the State Central Registry (SCR) – fax number is listed on form. Check the Illinois and National Sex Offender Registries for all household members age 13 and over and the caregiver's address. Print the results. The website addresses are: http://www.isp.state.il.us/sor and http://www.nsopw.gov

For all current/new household members that it is uncertain or unknown if they have been fingerprinted, proceed to Steps 4.

Step 4
Check the Background Check Unit – Finger Print Search website for each household member subject to an ISP and FBI check. The website address is: https://fingerprintsearch.dcfs.illinois.gov/.

Enter the following information: Provider ID (of the agency, not the individual; either the CWA provider ID or 999901 for DCFS); First Name; Last Name; Birth Date; Last 4 Digits of SSN and click on search.

Step 5 (a)
If the screen indicates that prints are not on file, print the screen. The household member will need to take a **CFS 718-RL** and the Finger Print Search website screen print to Accurate Biometrics and be fingerprinted. After fingerprinting, Accurate Biometrics will stamp the **CFS 718-RL**. The household member will return the form to the worker who will forward it to COoL.

Step 5 (b)
For all household members whose prints are on file and subject to ISP and FBI checks, the worker shall complete the **CFS 718-RL**. The box "Adoption" should be checked. *Note: Unlicensed caregivers are not eligible for KinGap (subsidized guardianship).* Ensure that the form is complete and accurate.

Step 6
The worker shall submit the **CFS 718-RL** by fax to either 217-782-6446 or 217-785-6368.

DISPOSITION

COoL will conduct the background checks. If there are no hits, CYCIS will be updated to show "CL" (cleared). If there are hits, the rap sheet will be sent to the caseworker via DCFS Outlook (if there isn't an Outlook account, results will be sent via USPS). CYCIS will reflect IS (ISP rap sheet sent) and FS (FBI rap sheet sent).

SCR will return the form with the results of the CANTS and LEADS checks.

The caseworker and supervisor shall review all information to assess the safety and appropriateness of the provider before proceeding with the adoption/guardianship process.

VII. ATTACHMENTS – (New forms)

CFS 596-G-W, Protective Plan form
CFS 718-W, Authorization for Background Check of Wards of the State form

VIII QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or via Outlook at OCFP – Mailbox. Non Outlook users may e-mail questions to cfpolicy@idcfs.state.il.us.

IX. FILING INSTRUCTIONS

File this Policy Guide immediately following Procedures 302.310 Adoption Assistance.

This page intentionally left blank.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

ACTION TRANSMITTAL 2017.01
AUTHORIZATION FOR BACKGROUND CHECK FOR FOSTER CARE & ADOPTION

RELEASE DATE: October 4, 2017

TO: Child Protection Specialists and Supervisors

FROM: Nora Harms-Pavelski, Deputy Director Child Protection

EFFECTIVE DATE: Immediately

I. PURPOSE

The purpose of this Action Transmittal is to provide Child Protection staff with instruction regarding the form to use to obtain authorization for background checks of foster care providers seeking licensure.

II. BACKGROUND

On December 8, 2014, the **CFS 718-RL Authorization for Background Check for Relatives Applying for a Foster Home License** form was rendered obsolete when it and several other forms were incorporated into the **CFS 718-A Authorization for Background Check for Foster Care & Adoption** form. Some staff have continued to use old supplies of the CFS 718-RL.

III INSTRUCTIONS

Child Protection staff shall immediately cease using the **CFS 718-RL Authorization for Background Check for Relatives Applying for a Foster Home License** form and use only the **CFS 718-A Authorization for Background Check for Foster Care & Adoption** form to obtain authorization for a background check of a foster parent seeking licensure. Please remove and recycle any remaining supplies of the CFS 718-RL.

IV UPDATED FORM/PACKETS

The CFS 454-1, Relative Caregiver Information Checklist Licensure Forms and the Investigation Specialists' Relative Caregiver Packet have been updated to reflect the use of the CFS 718-A. This form and packet are available to staff on the Templates (T:) drive.

The Initial Foster Family Home License Application Packet for Relative Caregivers has been updated to reflect the use of the CFS 718-A. This packet is available to staff on the Templates (T:) drive and the DCFS Website.

V QUESTIONS

Questions concerning this Action Transmittal should be directed to the Office of Child and Family Policy by emailing the OCFP - Mailbox on Outlook. Persons and agencies not on Outlook can e-mail questions to cfpolicy@idcfs.state.il.us.

Pat Quinn
Governor

Illinois Department of
DCFS
Children & Family Services

Bobbie Gregg
Acting Director

INFORMATION TRANSMITTAL

DATE: December 8, 2014

TO: DCFS and Purchase of Service Agency (POS) Staff

FROM: George Vennikandam, Acting Deputy Director, Division of Regulation and Monitoring

SUBJECT: New Background Check Forms

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Information Transmittal is to inform Department and POS staff of the consolidation of several background check forms into two new forms.

II. PRIMARY USERS

The primary users of these forms are licensing staff of the Department and POS agencies.

III. FORMS

The forms **CFS 718, Authorization for Background Check**, **CFS 718-E, Authorization for Background Check for Employees-Volunteers of Child Care Facilities**, **CFS 718-RL, Authorization for Background Check for Relatives applying for a Foster Home License**, and **CFS 718-W, Authorization for Background Check for Wards of the State**, have been consolidated into new forms **CFS 718-A, Authorization for Background Checks for Foster Care and Adoption**, and **CFS 718-B, Authorization for Background Checks for Child Care**.

Staff should check with their supervisory staff if they are unclear which form to use. As rules and procedures are amended, references to the forms no longer in use will be changed to reflect which of the two new forms is appropriate. The new forms may be ordered from Central Stores and are also available on the T-Drive and D-net. Spanish versions of the new forms will be made available as soon as the translation is completed.

IV. QUESTIONS

Questions regarding this Information Transmittal should be directed to supervisory staff or to the Office of Child and Family Policy at **217-524-1983** or e-mail to OCFP - Mailbox on Outlook. Persons and agencies not on Outlook can e-mail questions to cfpolicy@idcfs.state.il.us.

This page intentionally left blank

ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X, Z, C-3 (Cook County)

POLICY GUIDE 97.2

COOK COUNTY ADOPTION REDESIGN INTERIM PROCEDURES

DATE: January 1, 1997

TO: Rules and Procedures Bookholders and All Cook County Direct Service Staff

FROM: Jess McDonald, Director

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to define the responsibilities of field staff, purchase of service providers, and DCFS adoption specialists during the first phase of the Cook County Adoption Redesign. These procedures, **which are only effective for cases assigned to the three Cook County Regions**, provide a guide for adoption activities for both adoption cases currently served by adoption workers and future referrals from DCFS and POS field staff.

The intent of these procedures is to maximize permanency through adoption for children who cannot return home. The reform expands the Department's adoption capacity by making adoption expertise more accessible to field staff. The plan should facilitate the aggressive identification of children for whom adoption is an appropriate goal.

II. PRIMARY USERS

The primary users of these procedures are Cook County adoption staff, placement staff and private agency workers who serve children for whom the Department is legally responsible.

III. ASSIGNMENT OF STAFF

A) Department Adoption Staff

For cases served directly by the Department, adoption staff will be aligned with three to four placement teams. Adoption staff will assist placement workers and supervisors in the identification of children for adoption and be assigned to

perform functions necessary for adoption, such as home studies, preparation of children and families for adoption, and the development of adoptive resources when children will not be adopted by their relatives or foster parents.

Adoption workers will assume full case responsibility only for those cases where a new adoptive resources must be developed. These cases will be transferred to the adoption worker at the point the child is placed in the new adoptive home. Cases involving conversion of a foster care or relative placement to an adoptive placement will remain the responsibility of placement workers.

B) Department Placement Workers

Placement workers will continue to carry the cases of children who are to be adopted by their foster parents or relatives. They will be responsible for casework services, including case planning with clients and preparation of case plans, attendance at administrative case reviews, and Juvenile Court hearings. As stated above, when a new adoption resource other than the foster parent or relative home must be found, the placement worker will transfer the case to the adoption worker at the point the child is placed in the new adoptive home.

C) Private Agencies

DCFS adoption workers who served as monitors to POS agencies will no longer carry case responsibility for adoption cases served by POS agencies. Case responsibility will be assigned consistent with the Purchase of Service Redesign as outlined in Action Transmittal 96.1. Private agency workers will be the caseworker of record and will be responsible for attending administrative case reviews and Juvenile Court hearings. DCFS will continue to provide adoption subsidy approvals as appropriate, the consent and appearance of the guardian to adoption, the receipt of the case after the adoption is finalized in order to open and provide ongoing management of the adoption subsidy case. Agencies with the standard adoption contract will be expected to provide adoption services consistent with the provisions of their contracts. For agencies without adoption contracts, DCFS adoption workers will be available to assist the agency with adoption work, but the case will remain the responsibility of the private agency.

D) Additional Functions

There are changes in two additional adoption functions.

1) Adoption subsidies may be approved by the DCFS adoption supervisors rather than the Regional Administrator or designee.

2) The Expedited Adoption Project is managed by the Department's Legal Permanency Unit at Cook County Juvenile Court. Each adoption team has designated an adoption workers to work with the Unit to provide expedited adoption Services.

IV. CASES MANAGED DIRECTLY BY THE DEPARTMENT

A) DCFS Cases Where The Adoption Worker is Currently The Direct Service Worker

DCFS cases where the adoption worker is currently the direct service worker will remain on adoption workers' caseloads until the adoption is finalized. Contested adoptions currently on the adoption caseload will remain the in adoption units until the conflict is resolved. Staff and supervisors should review caseload listings and take the necessary stops to ensure that these cases are appropriately assigned to adoption staff on MARS/CYCIS.

B) Identification of Children for Potential Adoption Planning

Placement workers and supervisors will provide early identification of permanency options for wards. Placement supervisors will review their caseloads to identify children who may be appropriate for adoption. ACR alerts and other guides such as listings of children between the ages of two and five who have been in DCFS custody for more than two ears will be used to target these case reviews. The adoption liaison assigned to the team will assist the placement supervisor with the identification process.

A list of indicators that suggest adoption as an appropriate plan is attached to this Policy Guide.

C) Joint Responsibilities

DCFS cases will be worked jointly by the assigned placement worker and the adoption worker. The roles of both workers are important. The involvement of the placement worker serves to maintain continuity of services so that the Department can maximize the benefit of the relationship, knowledge and history that the placement worker has with the child and family. The adoption worker contributes expertise in the area of adoption which has unique and complex issues that require specialized training and experience.

As stated above, adoption workers will be aligned with three to four placement teams to provide adoption functions for placement team workers. The placement teams, assisted b the adoption workers, will identify cases that might be appropriate for a more permanent option and work together in the following ways:

1) Placement supervisors will review cases with placement workers. The team's adoption worker will assist in these reviews

2) Placements workers will meet with the adoption worker to discuss a case that they believe has potential for adoption.

3) If adoption appears to be an appropriate plan, the placement worker will contact the caregiver and explore the caregivers interest in considering adoption. If the caregiver expresses an interest in learning more, the placement worker will schedule a home visit with the caregiver, the placement worker and the adoption worker. The placement and adoption workers will discuss permanency options with the caregiver and explain the implications of adoption. The adoption subsidy should also be explained. When older children are involved the workers should discuss with them their interest in being adopted.

4) After each visit the placement and adoption workers will discuss and assess the permanency options for the child. If adoption appears to be an appropriate plan, the workers will discuss which means is most appropriate to legally free the child for adoption such as voluntary surrenders, kinship permanency planning, directed adoption consents, expedited adoption, or termination of parental rights.

5) The placement worker is responsible for completing the intake forms for the Expedited Adoption Project, the Kinships Permanency Planning Project, or the Diligent Search Center. The Kinship Permanency Planning Project and the Diligent Search Center are explained in attachments to this Policy Guide. The placement worker is also responsible for preparing materials necessary for screening and termination of parental rights. Adoption staff will assist the placement worker with these processes.

6) If the foster or relative caregiver decides to adopt, the adoption worker will complete a home stuffy of this adoptive resource. The adoption worker will also work with the child and foster or relative caregiver to prepare them for adoption.

   The adoption conversion cases will remain assigned to the DCFS placement worker who will continue to do the direct service work. This includes the development of the case plan, attendance at ACR's and Juvenile Court hearings.

7) If a new adoptive family is required because the current caregivers do not wish to adopt the child, the adoption worker will do this development work. Children in need of an adoption resource will be promptly listed with the Adoption Information Center of Illinois.

   At the point an adoptive resource has been developed, these cases will be transferred to the adoption worker, who will assume direct case responsibility in order to make the adoptive placement, prepare and monitor the adjustment of the child and adoptive family, and do the work necessary to finalize the adoption. While the adoption worker assumes case responsibility, the placement worker is encouraged to assist with the child's transition to the new adoptive home.

8) The adoption worker will assist the placement worker in gathering the documentation necessary to complete the adoption subsidy.

9) In addition to the activities listed above, the adoption worker is responsible for:

- Reviewing the final adoption subsidy package and submitting it to the adoption supervisor for approval;
- Preparing and filing the consent and appearance of the guardian for the adoption of the child;
- Receiving the final adoption case file in order to close the DCFS and Juvenile Court case and prepare the file for storage, and;
- Preparing the adoption assistance application packet and sending it to the Adoption Assistance Unit to be opened and managed by the Adoption Assistance Office Specialist with the assistance of the Post Adoption Caseworker.

10) The placement worker continues to be responsible for all case related activities, including service plans, service delivery, court appearances, etc.

D) Children on the DCFS Adoption Caseload Who Do Not Appear to Be Readily Adoptable

These cases will be reviewed with adoption supervisor and field service manager to determine whether all adoption efforts have been explored. If adoption is ruled out, the permanency goal will be changed and the case transferred to a placement team for ongoing service.

In order to determine that adoption is not an appropriate permanency goal for a child, the adoption supervisor must document one or more of the following reasons:

1) It is in the child's best interest to remain with the current foster parents and/or relatives, but the have signed affidavits that the do not wish to adopt;

2) The child is age 14 or over and does not wish to be adopted;

3) The child was listed on Adoption Information Center of Illinois Adoption Listing Service at least 12 months with active recruitment efforts and no adoptive resource was found even with an offer of adoption assistance.

The adoption worker must also verify that he/she has discussed with the foster or relative caregiver, as well as the child, if the child is mature enough to understand, the decision not to pursue adoption as a permanency goal.

The appropriate field services manager will review each case and supporting documentation. If further efforts toward adoption are recommended by the field services manager, the adoption worker will be directed to develop a plan to that effect. If the field services manager concurs that adoption is no longer an appropriate plan, he or she will approve the case for transfer from the adoption unit to a DCFS placement team. The adoption and placement workers will have a case transfer meeting. The case plan should be amended by the receiving placement worker at the case transfer meeting to reflect an appropriate permanency goal

V. CASES MANAGED BY PURCHASE OF SERVICE AGENCIES

Adoption cases served by private agencies will be handled as follows:

A) Transfer of Cases

Consistent with the Cook County POS Redesign, all POS cases currently assigned to the adoption workers on MARS/CYCIS will be transferred to the private agency worker who is responsible for the direct service foster care or home of relative work. All POS cases will be shown as the responsibility of the appropriate private agency, consistent with the POS redesign for all other placement cases. Private agencies will be responsible for all court appearances and administrative case reviews.

The DCFS adoption liaisons to the private agencies will continue to assist agencies with certain adoption functions, as specified below.

B) POS Case Transfer Procedure

1) Review of Current Caseload

Adoption supervisors shall review the current caseload list for each worker. Cases served by private agencies should be marked, and the agency and private agency worker entered on the caseload list. The lise should also indicate whether termination of parental rights has occurred for the private agency cases.

These lists shall be given to the Agency Performance team supervisors with a copy to the Associate Deputy Director for Resources, Division of Operations and Community Services. The Agency Performance teams will communicate with the agencies they monitor to ensure that the private agencies properly record the agency's case assignment in MARS/CYCIS.

2) Case File Transfer

For children for whom parental rights have been terminated, or where termination is not needed due to surrenders or consents to adoption, the private agency workers may copy those portions of the DCFS file they need. This process is consistent with the standard procedure for private agency files under the POS redesign.

DCFS staff will copy the complete file when ordered by the court for discovery.

C) Functions to be Provided by DCFS for POS Cases

DCFS will continue to provide the following functions for adoptions managed by all private agencies:

1) Review and approve subsidies,
2) File the consent and appearance of the guardian,
3) Receive the finalized adoptions and POS case file in order to close the DCFS and Juvenile Court case, and
4) Open and manage the ongoing adoption subsidy.

DCFS will designate adoption liaisons for each private agency to facilitate these processes.

D) Agencies With the Standard Adoption Contract

For POS agencies with the standard adoption contract, the private agency will be expected to perform all functions necessary to finalize the adoption, as listed in the standard adoption program plan.

E) Agencies Without Adoption Contracts

POS agencies without adoption contracts will refer cases to the appropriate DCFS adoption liaison for assistance with the adoption functions. The POS agency retains responsibility for case management. An adoption specialist will be assigned to the case to assist the agency with the adoption work.

F) The Kinship Permanency Planning Project

The Kinship Permanency Planning Project continues to accept cases for mediation. All intake should be referred to Resource Alliance Incorporated (RAI). A copy of the Kinship Permanency Planning Project intake form is attached. The address and phone number of Resource Alliance Inc. is on the referral form.

DCFS adoption supervisors, some DCFS adoption workers, and representatives of several POS agencies are being trained as mediators. This expanded mediation capacity will allow greater access to the adoption mediation process

by placement, adoption and private agency staff. RAI will continue on an interim basis to do the intake of all requests for mediation.

G) Surrenders of Parental Rights

DCFS adoption supervisors may take surrenders of parental rights. Staff should contract their supervisors to make arrangements for the surrender.

H) Directed Consents

DCFS adoption supervisors may take directed consents (consent for adoption in which the parent names the prospective adoptive parents and authorizes only those named to adopt the child). Directed consents may also be taken in Juvenile Court by the judge. In order to ensure proper legal notification of all parties, requests for consents will be managed by Resource Alliance Incorporated. RAI will notify all the parties, and set up an appointment with the appropriate supervisor to take the consent or surrender.

I) Diligent Search Center

A Diligent Search Center has been established at Juvenile Court to assist workers with the diligent search process necessary for termination of parental rights.

A copy of the diligent search intake form is attached for your convenience.

J) The Expedited Adoption Project

The Expedited Adoption Project is managed by the Legal Permanency Unit at Juvenile Court. Cases appropriate for the expedited adoption process include cases where:

1) both parents are deceased;

2) one parent is deceased and the other parent has signed consents or surrenders;

3) both parents have signed consents or surrenders;

4) one parent has signed consents or surrenders and the other parent cannot be located after a diligent search;

5) one parent is deceased and the other parents is unknown or is known but cannot be located after a diligent search; or

6) parental rights have been terminated on one or more parents and the other parent has signed consents/surrenders, is deceased, is unknown, or is known but cannot be located after a diligent search.

Each adoption team has appointed one expediter to manage the expedited adoption process. Intake to the Expedited Adoption Program opened on July 1, 1996.

K) Approval of Adoption Subsidies

Adoption supervisors are authorized to do adoption subsidy approvals for both DCFS and private agency adoptions. Completed subsidy packages should be submitted to the appropriate adoption worker (DCFS or private agency liaison) to be logged in and reviewed for accuracy and completeness. The adoption liaisons will submit the completed subsidy packets to their adoption supervisor for final approval.

L) Log of Adoption Cases

Until a computerized tracking system can be developed, the **adoption supervisors will maintain** a log of the cases referred to the adoption workers by each placement team and POS agency. This log will specify the tasks to be completed by adoption staff.

M) Pre-Screenings

The Office of Legal Services conducts pre-screening of cases prior to a worker attending the States Attorney's Adoption Screening. The purpose of pre- screening is to ensure that a higher number of cases appropriate for termination of parental rights and adoption actually receive approval from the States Attorney's Office for the filing of a petition for the appointment of a guardian with the right to consent to adoption.

No case will be scheduled for Adoption Screening without having been prescreened. Prescreening occurs in each field office. Present for each pre-screening is a regional counsel and/or paralegal and the worker. The worker will bring to the pre-screening appointment the materials requested by the State's Attorney for Adoption Screening. The materials will be reviewed for completeness and accuracy. Once a case has been determined to meet the requirements of Adoption Screening, the worker will be given an appointment for the Adoption Screening conducted by the State's Attorney.

V. FILING INSTRUCTIONS

Place this Policy Guide immediately following yellow page Procedures 302.300-(6).

Attachments:

Indicators for Identification of Children for Potential Adoption Planning
Kinship Permanency Planning Project Referral Form
Diligent Search Center Referral form

This page intentionally left blank.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2002.02

Distribution: X and Z

APPROVING, CHANGING, AND AMENDING ADOPTION AND GUARDIANSHIP ASSISTANCE AGREEMENTS

DATE: January 17, 2002

TO: All DCFS and Purchase Of Service Agency Child Welfare Staff and All Rules and Procedures Bookholders

FROM: Jess McDonald

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to clarify Procedures 302.310 and 302.405 regarding approving, changing, and amending adoption and guardianship assistance agreements/subsides.

II. PRIMARY USERS

The primary users of this Policy Guide are DCFS and purchase of service agency staff responsible for the preparation and approval of assistance agreements/subsidies.

III. PROCEDURES

A. Approval of the Assistance Agreement/Subsidy Before Finalization of an Adoption or Transfer of Guardianship

The **CFS 470-C, Adoption Assistance Agreement**, shall be reviewed and approved by the adoptive parents and the adoption attorney **prior** to Department approval.

If the proposed guardian chooses to have an attorney review the assistance agreement prior to the transfer of guardianship, the **CFS 482-A, Agreement for Subsidized Guardianship**, shall be reviewed and approved by the proposed guardian and attorney prior to Department approval.

The assistance agreement shall be signed only after all parties have agreed to the provisions of the subsidy.

B. Changing an Assistance Agreement/Subsidy Before Finalization of an Adoption or Transfer of Guardianship

If it becomes necessary to change a subsidy that has been signed by all parties **prior to finalization** of the adoption or transfer of guardianship, a **new** agreement (**CFS 470-A or CFS 482-A**) must be completed and approved as discussed in the above Section A. Under no circumstances is an amendment to be used to make changes to an assistance agreement/subsidy prior to the finalization of the adoption or transfer of guardianship.

C. An Amendment to an Assistance Agreement Can Only Be Used if the Adoption or Transfer of Guardianship is Final

If it becomes necessary to amend an assistance agreement/subsidy after finalization of the adoption or transfer of guardianship, the development and processing of the amendment shall be handled by the staff of the appropriate regional post-adoption/subsidized guardianship unit.

Also, **no** amendment to an assistance agreement/subsidy shall be signed by anyone until the adoptive parent(s) or guardian and their attorney [if the adoptive parent(s) or guardian has an attorney] has reviewed the amendment and all parties have agreed to the provisions of the amendment.

IV. QUESTIONS

Questions about this Policy Guide should be directed to the appropriate regional post-adoption/subsidized guardianship unit.

V. FILING INSTRUCTIONS

File pages 1 and 2 of this Policy Guide immediately after Procedures 302.310. File page 3 of this Policy Guide after Procedures 302.405.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X, Z, C-3

POLICY GUIDE 98.5

ADOPTION ASSISTANCE ONE-TIME ONLY ELIGIBILITY

DATE: June 15, 1998

TO: Rules and Procedures Bookholders and Child Welfare Staff

FROM: Jess McDonald

EFFECTIVE: July 1, 1998

I. PURPOSE

The purpose of this Policy Guide is to provide instructions for the approval and issuance of state-funded adoption assistance for children who cannot be adopted without adoption assistance, and who became the legal responsibility of the Department through voluntary surrenders or consents to adoption by a specified person when there has been no court adjudication or probable cause finding of abuse, neglect, or dependency.

II. BACKGROUND

Prior to November 28, 1995, children who became the legal responsibility of the Department through a voluntary adoption surrender or consent to adoption by a specified person without court involvement were eligible for adoption assistance if all other eligibility criteria were met. After November 28, 1995, such children were no longer eligible for adoption assistance due to a change in Department policy. The change in policy required that to be considered as a child with special needs the Department must first determine that a child cannot or should not be returned to the home of his or her parents as determined by a judicial adjudication that the child is abused, neglected or dependent or other judicial determination that there is probable cause to believe that the child is abused, neglected, or dependent.

Prior to the May 15, 1998, adoption of new Rule 309, Adoption Services for Children For whom the Department of Children and Family Services Is Legally Responsible, Section 309.70, Freeing Children for Adoption, subsection (c), Department and purchase of service agency workers were not required to inform parents wishing surrender their children for adoption or wishing to consent to adoption by a specified person that a judicial determination of abuse, neglect, or dependency was required for their children to be eligible for adoption assistance. Rule Section 309.70(c) states:

Parents shall be informed that surrenders or consents signed prior to a court determination of abuse or neglect, or dependency may render the child ineligible for adoption assistance.

There are some special needs children currently in the care and custody of the Department who were surrendered prior to the requirement of this explanation and who cannot be adopted unless some form of adoption assistance is provided. Because parental rights have already been surrendered, there is no basis for obtaining a judicial determination or probable cause finding that these children are abused, neglected or dependent, and they are not eligible for the federally-funded adoption assistance program. However, without adoption assistance, these children will remain in state custody. In order to provide a means of achieving permanent homes for these DCFS cases, the Department is providing one-time, state funded adoption assistance for these children who are already in DCFS care and custody and where parental rights have already been surrendered. An explanation of the terms of this policy is contained in Section III. below.

This limited policy is intended to specifically address the circumstances of cases affected by the previous changes in policy regarding the required court determination that the child cannot or should not be returned to the home of the parent. In order to avoid these circumstances in the future, as set forth in Section IV. below, effective July 1, 1998, it is the Department's policy that voluntary surrenders or consents to adoption by a specified person for the purpose of adoption are not to be accepted unless and until there has been a judicial determination or probable cause finding of abuse, neglect, or dependency.

III. ONE-TIME ONLY ADOPTION ASSISTANCE

The following criteria must be met in order for a child to receive adoption assistance under this one-time only policy:

1) The child must be in the care and custody of the Department prior to July 1, 1998, but the child does not have to be legally free for adoption prior to July 1, 1998.

2) The child was surrendered (including a child who had been voluntarily placed and later surrendered) or was the subject of a consent to adoption by a specified person and there has been no judicial determination or probable cause finding that the child was abused, neglected, or dependent as required by Rule 302.310, Adoption Assistance Agreements.

3) The child must meet all the other eligibility criteria for a special needs child as described in Rule Section 302.310, Adoption Assistance Agreements, prior to July 1, 1998, including the requirement that the child cannot be adopted without adoption assistance. Therefore, children whose adoptions have already been finalized do not qualify for this one-time only eligibility for adoption assistance.

Adoption assistance available under this policy is subject to the following additional terms:

- This adoption assistance can be requested at any time as long as the child meets the above criteria prior to July 1, 1998.

- Children who qualify will be eligible for nonrecurring adoption expenses, conditional adoption assistance, ongoing adoption assistance (monthly subsidy) and medical assistance.

- Adoption assistance agreements will be drawn up by Department and private agency field staff. No special agreement is required for this population.

- The child must be placed in the adoptive home and the adoption assistance agreement signed prior to finalization of the adoption.

IV. ACCEPTANCE OF SURRENDERS

Effective July 11 1998, Department workers and private agency workers managing DCFS cases are not to accept voluntary surrenders for purposes of adoption, unless and until there has been a judicial adjudication that the child is abused, neglected, or dependent or other judicial determination that there is probable cause to believe that a child is abused, neglected, or dependent. If the proper adjudicatory or probable cause finding has not been or cannot be made, the worker should refer parents who wish to surrender their children for purposes of adoption to a private agency for a private adoption.

Children who are surrendered on or after July l 1998, without a judicial adjudication or probable cause finding of abuse, neglect, or dependency, will not be eligible for adoption assistance.

V. PAYMENT PROCEDURES

The following type service codes are to be used for children who qualify under this one-time only expansion of eligibility for adoption assistance:

0340 Adoption Assistance One-time Eligible - Regular
0341 Adoption Assistance One-time Eligible - Intensive
0342 Adoption Assistance One-time Eligible - Specialized
0343 Adoption Assistance One-time Eligible - Manually Calculated (This would cover subsidies reduced because the child is receiving other benefits.)
0344 Adoption Assistance One-time Eligible - No COLA
0345 Non-Recurring Adoption Cost/One-time Eligible

All other payment procedures as found in Procedures 302.310 and 359.40 continue -c-c to apply.

VI. FORMS INSTRUCTIONS

Forms CFS 470-A, Child's Summary, has been revised based on the policy described in this Policy Guide. A copy of the revised form is attached. Copies of the CFS 470-A with an effective date other than 6/98 shall be recycled.

VII. QUESTIONS

Questions regarding this Policy Guide shall be direct to Bill Duda, Office of Rules and Procedures, DCFS, 406 E. Monroe, Station #65, Springfield, Illinois 62701. Phone number (217) 524-1983. PROFS CFS9D63.

VIII. FILING INSTRUCTIONS

Place this Policy Guide in your volume of Rules and Procedures directly behind Procedures 302.310, Adoption Assistance Agreements.

Section 302.320 Counseling or Casework Services

// In all cases involving persons who are hearing impaired or limited/non-English speaking, efforts shall be provided by counselors who are able to communicate in the client's preferred mode of communication and are knowledgeable about deaf culture or who speak the client's primary language. If it is not possible, interpreters or other auxiliary service shall be used.

When interpreters must accompany clients to counseling sessions, they must agree to keep all information confidential. Signed statements to that effect shall be obtained from the interpreter and kept on file in the client's case record.

Providers of counseling services who serve Department clients who are hearing impaired or limited/non- English speaking shall do whatever is necessary to make their services understandable to the client or arrange for appropriate referrals. This includes use of TDD's, the Illinois Relay Center, interpreters or other aids which facilitate communication with the client.

a) Counseling Intact Families

Counseling is a basic service provided to intact families to assist in preserving the family as a unit. Counseling may be provided by DCFS staff directly or through purchase. It can be offered both to assist parents and children with problem resolution or to assist families and children identify and obtain other community services including but not limited to Public Aid, DMH/DD, local mental health center, well-baby clinic, visiting nurses association, general assistance, housing assistance, and Big Brothers/Big Sisters.

b) Counseling Families and Children Who Are Separated

Counseling is likewise provided to families and children who have been separated through placement of a child and for whom return home is the permanency goal. Counseling shall be provided to children for whom the permanency goal is adoption to the extent of their ability to participate as well as to children who are involved in youth development related programs.

c) Advocating for Individuals

Individual advocates or agencies providing advocate services having purchase of service agreements (contracts) with DCFS may be used when establishing a one-to-one relationship with an adult is part of the child's service plan. Advocates may also work with or, when necessary, on behalf of, clients in assuring their rights to receive services.

d) Relationship to Service Planning

Counseling services shall be provided in relation to an identified service objective on the **CFS 497, Part II**. In accordance with **Procedures 305, Client Service Planning**, the appropriateness, effectiveness and necessity of continuing or terminating counseling or advocate services shall be documented on the **CFS 497** form series by the worker and supervisor during the six month case review (administrative or non-administrative) process.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2025.01

Clinical Staffing and Consultation Process
CFS 399-1, Clinical Referral Form

DATE: February 24, 2025

TO: All DCFS/Child Welfare Contributing Agency (Contributing Agency) Staff

FROM: Heidi E. Mueller, Director

EFFECTIVE: Immediately

I. PURPOSE

This Policy Guide provides updated and detailed instructions for Department and Child Welfare Contributing Agency (Contributing Agency or CWCA) staff on the updated Clinical Staffing or Consultation process, now utilizing the combined/revised **CFS 399-1, Clinical Referral Form.** It also facilitates the transition from the **Clinical Intervention for Placement Preservation (CIPP)** model to the new **Clinical Staffing** approach and to change the role title from **CIPP facilitator** to **Clinical Support Specialist (CSS)**.

Effective immediately, Policy Guide 2025.01 supersedes the following previous policies:

- Policy Guide 2010.03: Consultations or Clinical Staffings by Regional Clinical Units;
- Policy Guide 2012.03: Division of Clinical Practice Consultations by Specialty Services Program Specialist; and
- Policy Guide 2013.03: Clinical Intervention for Placement Preservation (CIPP).

All Clinical referrals will now be initiated using the standardized form **CFS 399-1**.

The **CFS 399-1** form has been revised to combine **CFS 399-6** and **CFS 1452-1** into CFS **399-1**. By combining these three (3) forms into one (1), the **CFS 399-6, Specialty Services Case Consultation Referral Form,** and **CFS 1452-1, Clinical Intervention for Placement Preservation (CIPP) Meeting Referral Form,** are obsolete. Now, when any staffing or consultation is needed, form **CFS 399-1, Clinical Referral Form,** should be used.

II. PRIMARY USERS

The primary users of this Policy Guide are DCFS and Child Welfare Contributing Agency (Contributing Agency or CWCA) staff.

III. BACKGROUND

This Policy Guide introduces the Clinical Division's new process for requesting the following Clinical Staffings and Clinical Consultations:

- Linkage to Specialty Services and Expert Clinical Team Members, for youth in any placement type or treatment setting;
- Best Interest Decisions;
- 14-Day Notice/Risk of Placement Disruption;
- Level of Care/Treatment Assessment;
- Priority Clinical Staffings - urgent need to staff youth who do not have a discharge plan/placement from a hospital, detention, or emergency placement setting;
- Director's Waivers: Expanded Capacity Assessments or Post Adoption Funding;
- Clinical Placement Reviews; and
- Specialized Assessment (Egregious Acts) and Staffing Process (in conjunction with Integrated Assessment and DCFS Regional Counsel), **per Procedures 315 Appendix F**.

Note: When there are questions about the appropriateness of requesting a Clinical Staffing, or a Consultation, the request should be made by forwarding a **CFS 399-1, Clinical Referral Form**, to DCFS.Clinicalref@illinois.gov. A regional clinical manager or another clinical team member can consult with the referral source.

IV. DEFINITIONS

"Clinical Intake Process" means a baseline summary of a client's medical and social needs collected by the **CFS 399-1**. This information enables the clinical staff to determine if the referral is appropriate for the Division of Clinical Practice and the appropriate team of staff for the Consultation or Clinical Staffing. The purpose of the intake is to gather information that allows the professionals to learn about the child/youth's needs and develop a plan that is tailored to them.

"Clinical Support Specialist" or "CSS" (formerly known as CIPP facilitator) means a clinical team member who provides clinical guidance, an action plan, psychoeducation, and follow-up to caregivers and the case management team after the Clinical Staffing.

"Clinical Staffing" means the following:

> a facilitator-guided, team decision-making process to improve placement preservation and increase placement stability and a structured multi-disciplinary meeting convened to analyze a case situation. The focus may include a review of the service needs of the client(s), safety concerns, progress toward the permanency goal or well-being, problem-solving, making a case decision, or practice recommendations. Clinical specialists may be invited including staff from the Clinical Division's Behavioral Health Specialty Services. Staffings are convened to view a case in a new way, which may provide the casework staff with new clinical insight or information. Staffings may also disclose old information that wasn't previously considered.

Clinical Staffing is conducted to determine the array and intensity of services needed for a child or youth:

whose current placement is threatened with disruption;

whose care cannot be provided for in his/her current placement;

who is enduring emotional/behavioral dysregulation and instability; or whose placement has already been disrupted.

a meeting where key people in the child's life come together with the assistance of a clinical staff member who leads a discussion sensitive to the individual needs, motivation, and capabilities of the child/youth. Participants are encouraged to offer their assessment of the child/youth's wishes, needs, and strengths and to generate ideas on how those wishes, needs, and strengths can be best addressed, ideally in the child/youth's current placement.

The formal staffing process consists of three phases:

pre-staffing review of the case and clinical materials;

the Staffing Meeting(s); and

report writing and sharing of findings and recommendations.

"Consultation" means a supportive clinical activity where cases are reviewed and analyzed to provide guidance and insight. This may include the consideration of various practice alternatives that will enhance the determination of a course of action. Consultation is **not meant to replace supervisory decision-making** or existing DCFS or Contributing Agencies' clinical processes. Consultation may consist of, but is not limited to:

Client advocacy and empowerment;

Diagnostic clarification and treatment/service recommendations;

Procedural and policy clarification;

Resource and service linkage;

Education in clinical specialty areas; or

Systems facilitation and coordination of collateral providers.

V. OVERVIEW OF CLINICAL PRACTICE

a) Regional Clinical Services Program

The Regional Clinical Services Program provides support to the field through the provision of Clinical Consultations or the convening of Clinical Staffings. The Regional Clinical Services Program focuses on the safety of children and families, prevention of maltreatment, permanency for children, and ensuring the well-being of children, through an enhanced trauma attuned lens. The Regional Clinical Services Program consists of the Clinical Managers and Clinical Service Coordinators. The Clinical Services Coordinator (CSC) gathers clinical assessment information to make a determination about the appropriate level of treatment and services. As a part of the consolidation process, the CSC works as a team with the

Clinical Services Specialist to lead the Clinical Staffing process, when assessing the level of treatment and service needs.

Types of Clinical Staffings and Clinical Consultations:

- Linkage to Specialty Services and Expert Clinical Team Members, for youth in any placement type or treatment setting;
- Best Interest Decisions;
- 14-Day Notice/Risk of Placement Disruption;
- Level of Care/Treatment Assessment;
- Priority Clinical Staffings - urgent need to staff youth that needs a discharge plan from a hospital, detention (managed by CSS and Dually Involved Specialist when available), or emergency placement setting;
- Director's Waivers: Expanded Capacity Assessments or Post Adoption Funding;
- Clinical Placement Reviews; and
- Specialized Assessment (Egregious Acts) and Staffing Process (in conjunction with Integrated Assessment and DCFS Regional Counsel), per **Procedures 315 Appendix F**.

For Priority Clinical Staffing, 14-Day Notice/Risk of Placement Disruption, Level of Care/Treatment Assessment Referrals: Submit the completed **CFS 399-1, Clinical Referral Form,** via Outlook to DCFS.ClinicalIntake@illinois.gov.

For Director's Waivers, Clinical Placement Reviews, and Specialty/Behavioral Health Referrals or Other Consultations: Submit the completed **CFS 399-1, Clinical Referral Form,** via Outlook to DCFS.ClinicalRef@illinois.gov.

b) Clinical Support Specialist Program

This program is managed by a child welfare contributing agency (CWCA), that helps to emphasize early intervention and follow-up work to improve placement and relationship stabilization, by preserving youth and family social connections and relationships and minimizing changes in placement. The Clinical Support Specialist (CSS) is a clinical team member who provides clinical guidance, an action plan, psychoeducation, and follow-up to caregivers and the case management team after the Clinical Staffing. As a part of the consolidation process, the CSS works as a team with the Regional Clinical Services Coordinator to lead the Clinical Staffing process, when assessing the level of treatment and service needs.

c) Sexual Behavior Problems Program

The Sexual Behavior Problems Program (SBP) provides Clinical Consultation and assessments for the Illinois Department of Children and Family Services (DCFS) and CWCA staff so that youth (and associated adults) who are in DCFS's care and who present with sexually problematic behaviors can be identified, treated, and

monitored effectively and efficiently through the system. To make a referral, complete and submit the **CFS 399-1, Clinical Referral Form,** and supporting documentation to DCFS.ClinicalRef@illinois.gov.

d) Nursing Services Program

The DCFS Child Welfare Nurse Specialist (CWNS) performs duties as a health services consultant, provides consultative services for health-related concerns for children with special health care needs, including children with health-related issues who are the subject of investigations of child abuse or neglect.

DCFS nurses also provide interpretation of medical and clinical information by performing a review of the client's record in order to provide accurate assessments and recommendations regarding nursing interventions relative to the individual client's needs. DCFS nurse consulting expertise focuses on health/safety related issues/concerns and recommendations to ensure optimal health care delivery for children who require care and treatment beyond what children in general may require. To make a referral complete and submit the **CFS 399-1, Clinical Referral Form,** to DCFS.ClinicalRef@illinois.gov and a **CFS 531, DCFS Regional Nurse Referral Form,** to DCFS.nurseref@illinois.gov.

e) Psychology and Psychiatry Program

The DCFS Psychology & Psychiatry Program supports the Department's mission of promoting prevention, child safety, permanency, and well-being by providing expert Clinical Consultation grounded in experience, knowledge, and skills as psychologists.

Our Consulting Psychologists:

- Provide in-depth analysis and discussions regarding developmental, social, educational, psychological, and psychiatric needs;
- Manage requests for secure care assessments; and
- Work to ensure that DCFS involved children and family members receive appropriate assessments, accurate diagnoses, and relevant recommendations and treatments.

To make a referral for a Clinical Consultation with a consulting psychologist, complete and submit the **CFS 399-1, Clinical Referral form**, and supporting documents to DCFS.ClinicalRef@illinois.gov.

Note: For questions and referrals for **psychological evaluations, neuropsychological evaluations, and parenting capacity assessments**, please follow the instructions provided on the **CFS 417, Psychology Department Testing Referral Form,** or visit the D-net and select/navigate to Clinical Practice>Psychology & Psychiatry for more information.

f) Behavioral Health Specialty Services Program

The Clinical Behavioral Health Specialty Services (BHSS) program focuses on enhancing the behavioral health support and resources available to staff working with youth and families. The BHSS program provides high-quality clinical recommendations, educational resources, and guidance to effectively address the behavioral health needs of youth and families, ensuring a comprehensive approach to care.

The Behavioral Health Specialty Services Coordinators offer an array of services to all DCFS/CWCA staff for the following types of case situations:

- Substance Use and Recovery (SUR);
- Health Services, Acute/Chronic Health Condition, Home/Vehicle modifications, medical equipment, funding for out of ordinary medical, dental, vision expenses;
- Deaf or Hard of Hearing;
- Blind or Vision Loss;
- Intellectual or Developmental Disabilities (ID/DD), Transition to Adult Services;
- Domestic Violence;
- Lesbian, Gay, Bisexual, Transgender, Questioning/Queer, Intersex, and Asexual (LGBTQIA+) youth; and
- Severe Mental Health (please see D-net clinical tab for diagnoses).

To make a referral complete and submit the **CFS 399-1, Clinical Referral Form,** and supporting documentation to DCFS.ClinicalRef@illinois.gov. For more information, please see **Procedures 302 Appendices**.

g) Human Trafficking

This program addresses concerns regarding Commercial Sexual Exploitation of a Child (CSEC)/Human Trafficking (labor and sex). A Clinical Consultation can be requested to provide support to investigative and casework personnel in planning and obtaining clinical services for youth that are beyond the ability of the existing array of services. A Consultation is a supportive clinical activity where a youth's case is reviewed and analyzed to provide guidance and insight. This may include the consideration of various practice alternatives that will enhance the determination of a course of action.

The worker and supervisor should discuss the need for a Clinical Consultation before completing the **CFS 399-1, Clinical Referral Form,** and emailing it to the Outlook mailbox "DCFS.clinicalref@illinois.gov".

h) Psychiatric Hospital Program

Psychiatric Hospital Program (PHP) Liaisons/Specialists monitor and assess psychiatric hospital care programs statewide to ensure compliance with regulations and best practice care, as well as compliance with standards regarding appropriate clinical capacity, admission requirements, and overall performance. The Specialist provides consultation and oversight to placement staff regarding services delivered to youth and young adults in care in psychiatric hospital settings. The Specialist monitors psychiatric treatment to ensure progress is being made toward treatment goals and conducts on-site reviews as assigned. The Specialist provides input into Priority Clinical Staffings and hospital Staffings to collect information and to advocate for services such as Intensive Placement Stabilization and other identified needs. All youth in care are tracked automatically by the PHP. Visit the D-net and select/navigate to Clinical Practice>Psychiatric Hospital Program for more information and the PHP Specialist Hospital Assignment List.

VI) THE REFERRAL AND INTAKE PROCESS

Clinical Staffing and Consultation requests may be made by, but not limited to, DCFS/CWCA staff such as Child Protection Specialists, Child Welfare Specialists, Licensing Workers, Resource Workers, and their supervisors. Court personnel acting on behalf of DCFS youth in care can also make referrals.

a) Making the Referral

Requests for **Clinical Staffings and Consultation** are made by completing the **CFS 399-1, Clinical Referral Form**, and emailing it to the corresponding Outlook mailbox:

- For Priority Clinical Staffing, 14-Day Notice/Risk of Placement Disruption, Level of Care/Treatment Assessment Referrals: Submit the completed **CFS 399-1, Clinical Referral Form,** via Outlook to DCFS.ClinicalIntake@illinois.gov.
- For Director's Waivers, Clinical Placement Reviews, and Specialty/Behavioral Health Referrals or Other Consultations: Submit the completed **CFS 399-1, Clinical Referral Form,** via Outlook to DCFS.ClinicalRef@illinois.gov.

Exceptions for the use of the **CFS 399-1** are:

- When seeking to make a referral for a psychological evaluation, neuropsychological evaluation, or parenting capacity assessment, follow instructions on the **CFS 417, Psychology Department Testing Referral Form**.
- When making a referral for the Nursing Division services, submit both a **CFS 399-1, Clinical Referral Form,** to DCFS.ClinicalRef@illinois.gov **AND** a **CFS 531, DCFS Regional Nurse Referral Form,** to DCFS.nurseref@illinois.gov.

- If the youth is currently in a setting such as a group home or QRTP (Qualified Residential Treatment Program) the Clinical Staffing happens with the provider team, the permanency team, and the Child/Family Team. The permanency team may invite a DCFS clinical team member to join the Therapeutic Residential Clinical Staffing if there is a need for additional clinical support by completing a **CFS 399-1, Clinical Referral Form,** and forwarding it to the DCFS.Clinicalref@illinois.gov mailbox.

Note: When there are questions about the appropriateness of requesting a Clinical Staffing, or a Consultation, the request should be made by forwarding a **CFS 399-1, Clinical Referral Form,** to DCFS.Clinicalref@illinois.gov. A regional clinical manager or another clinical team member can consult with the referral source.

b) Clinical Intake/Processing of the Referral

Referrals will be screened, and a determination of its appropriateness will be made within two (2) working days of receipt. Appropriate referrals will be assigned to the Regional Clinical staff, Clinical Support Specialist, Behavioral Health Specialty Services Coordinators, or other appropriate clinical staff for Clinical Staffing or Consultation.

1) Clinical Consultations

A) The Clinical Consultation will be initiated by the assigned specialist or other clinical staff, who will contact the referral source (DCP, caseworker, etc.). The Clinical Consultation may occur via telephone, in person, through document review, virtual meetings, or by email correspondence (as specified by the corresponding program).

B) The Consultation will be considered completed once the Clinical Supervisor approves the Consultation note on the final page of the **CFS 399-1**. A copy of the Consultation note will be provided to the referral source and will be stored electronically. A copy may also be entered into a Department System of Record case note.

Note: Prior to the **Consultation** the caseworker and supervisor will be responsible for providing all requested supporting documentation to the clinical team. If all documentation requested by the Consultant is not provided within 10 days of the Consultant's request for information, the referral may be administratively closed.

2) Clinical Staffings

A) When referrals are received through **DCFS.Clinicalref@illinois.gov or ClinicalIntake@Ilinois.gov** mailbox they are screened and prioritized in terms of urgency required.

- Youth in a psychiatric hospital, emergency placement setting, or detention facility, ready for discharge/release without a discharge resource are examples of a Priority Clinical Staffing (PCS) and these must be scheduled with immediacy.
- Placement instability/14-day notices are considered urgent circumstances and may be scheduled on an emergency basis.
- Other types of staffings will be conducted within **21 working days** from the date the case is assigned to the Regional Clinical Staff or Clinical Support Specialist. Extensions beyond this time frame will be documented via e-mail to the casework staff and the Clinical Assignment Administrator.

B) To initiate the Clinical Staffing the convener will send an e-mail to the caseworker and supervisor, to begin the Clinical Staffing process, within 2 working days of the assignment. The email will request the clinical material needed for the staffing not found in the System of Record case file. The caseworker and supervisor are responsible for providing all requested supporting documentation not in the System of Record at least one (1) week before the Clinical Staffing. The caseworker and supervisor should also provide any other names of appropriate people who should be included in the staffing, to discuss the youth's needs, functioning, and well-being.

C) Pre-staffing – the clinical staff assigned will review all documents received in order to be prepared for the staffing meeting.

Note: A lack of timely response from the referral source may result in the closure of the referral. A timely response is considered to be 10 working days from the date the casework staff is e-mailed by the Convener to begin the staffing process. This determination will be at the discretion of the Clinical Manager or the assignment Administrator.

VII. THE CLINICAL STAFFING PROCESS AND OUTCOMES

a) The Clinical Staffing meeting will be scheduled according to the urgency of need. The clinical staff coordinating the meeting will contact all parties by email, to notify them of the meeting date and time. The confirmation email will indicate which parties need to attend (e.g., worker, supervisor, youth (if 12 and over and clinically appropriate). Staffings will be held via a web-based meeting unless the team decides an in-person meeting is necessary.

b) The Clinical Staffing will be a structured, multi-disciplinary, facilitator-guided meeting convened to analyze the case situation. It will be a team decision-making process to improve placement preservation and increase placement stability. The focus may include a review of the service needs of the client(s), safety concerns,

progress toward the permanency goal or well-being, problem-solving, making a case decision, or practice recommendations. Clinical specialists may be invited including staff from the Clinical Division's Behavioral Health Specialty Services. Staffings are convened to view a case in a new way, which may provide the casework staff with new clinical insight or information. Staffings may also disclose old information that wasn't previously considered.

c) During the Clinical Staffing, the gathered team will make recommendations to address the identified needs of the DCFS involved or youth in care. Depending on the type of staffing, this may involve a referral to services or a referral to a higher or specialized level of care or treatment.

d) When the services needed cannot be provided in the current placement, staffing participants will determine the type of treatment/setting best suited to meet the child/youth's individual needs; the Clinical Placement Administration Team may be invited to the Clinical Staffing to support the discussion around services and placement resources. Additionally, when appropriate, caregivers will be encouraged to participate in the child/youth's treatment and to remain a placement and/or visiting resource for the youth when residential/group home care, transitional living, or independent living program is warranted.

e) The type of staffing or purpose of the staffing determines the type of clinical reports shared. A Priority Clinical Staffing includes a CANS 2.0, Clinical Summary Formulation, and Clinical Action Plan. For other types of Staffings or Consultations, the applicable Clinical Summary or a Clinical Consultation note with recommendations will be shared.

- The **CFS 399-3, Clinical Action Plan**, will be copied into the Department's System of Record case note and shared with participants within 24-48 hours after the Clinical Staffing is held whether a match to a higher level of treatment is required or not.

- If the clinical team determines that a higher level of treatment is warranted and provider matches are required, the clinical team has five (5) business days to complete the Clinical Summary Formulation, to be forwarded to the matching team, so that the matching process can begin. The Clinical Summary Formulation will be copied into the Department's System of Record case note, by the clinical team.

- If no match is required, the clinical team will complete the Clinical Summary within 7-10 business days after the completion of the Clinical Staffing and share the Clinical Summary with staffing participants. The Clinical Summary will be copied into the Department's System of Record case note by the clinical team.

f) Whenever a referral to Placement Administration is needed for matching services, at the end of the Clinical Staffing the clinical staff will discuss the next steps with the casework team, including familiarizing them with the **CFS 1452-3, Placement Referral Packet Documentation Checklist,** identifying which documents will be

sent by clinical staff to Placement Administration and what documents from the checklist the casework team should be collecting and preparing to send, via the matching stream email.

g) If the youth needs a higher level of care, the CSS team will forward the core documents (at minimum the Clinical Summary/Formulation, Clinical Action Plan, and CANS) to the Placement Administration and alert them of the need to initiate placement matching services. They will also forward any additional important referral documents already obtained (e.g., psychological, IEP, or Integrated Assessment).

h) It will be important for the case management team to look out for the matching stream email and immediately utilize the stream to send the rest of the referral packet documents, answer any questions, and ensure preplacement interviews are scheduled when requested by providers. The **CFS 1452-3, Referral Packet Documentation Checklist**, should be utilized to ensure the collection and distribution of all necessary documents.

i) If the clinical recommendations are different from those currently in the System of Record Client Case Plan, the caseworker/supervisor should transfer the updated recommendations into the Client Case Plan. If no Client Case Plan exists because it is a new case to DCFS/CWCA, the clinical recommendations must be included in the initial System of Record Client Case Plan. If the caseworker or supervisor disagrees with the recommendations, they may first consult with their chain of command and then the Clinical Staffing team's chain of command by sending a new referral to DCFS.clinicalref@illinois.gov, to discuss further changes to the recommendations.

VIII. DEVELOPMENT OF THE CLINICAL SUMMARY FORMULATION AND ACTION PLAN

a) The Clinical Summary Formulation is completed for any staffings considered a Priority Clinical Staffing (youth in a hospital – detention or emergency placement setting). It is a summary of clinical assessment information gathered through the life domains in the CANS 2.0. The Clinical Summary Formulation includes the following sections, purpose of the staffing, diagnoses, medication, developmental, intellectual/cognitive, and adaptive functioning. In addition, it includes clinical impressions of the youth, along with recommendations for the level of treatment/services, recommendations for caregiver support, and recommendations for follow-up.

b) The **CFS 399-3, Clinical Action Plan,** developed during the Clinical Staffing shall focus on concerns identified during the meeting. The **CFS 399-3, Clinical Action Plan,** will include the youth's strengths and needs, the participants invited to/attended the Staffing, a description of services and supports needed, identification of those involved in the action, and a time frame. The **CFS 399-3, Clinical Action Plan,** shall be drafted by the CSS and distributed to all staffing participants within 48 hours of the Clinical Staffing meeting. The casework team is responsible for ensuring the parent(s) receive a copy. The CSS may provide follow-up, regarding the action steps 30 days after the Staffing.

c) The casework supervisor shall monitor and ensure the implementation of all tasks identified in the **CFS 399-3, Clinical Action Plan,** within 30 days of the Clinical Staffing meeting. The caseworker and supervisor shall review the **CFS 399-3, Clinical Action Plan,** in ongoing casework supervision, and the supervisor shall document that review in a supervisory note. The caseworker shall invite the Clinical Staffing participants to ongoing Child and Family Team Meetings to review the implementation of the **CFS 399-3, Clinical Action Plan**. The **CFS 399-3, Clinical Action Plan,** shall be reviewed at each Administrative Case Review.

d) When the current caregiver or child/youth age 12 or older is not able to attend the Clinical Staffing meeting by phone or in person, the Clinical Staffing meeting and **CFS 399-3, Clinical Action Plan,** shall address urgent safety needs and include steps to be taken to engage the absent required participants in future staffing/meetings. Decisions involving placement changes for an absent child/youth shall only be considered when CSS staff verify (prior to the meeting) the child/youth or caregiver's refusal to participate in the meeting. In these situations, the **CFS 399-3, Clinical Action Plan,** shall address steps needed to communicate with and engage the caregiver or youth when a placement move is pending.

e) When a child/youth age 12 or older is unable to participate in the Clinical Staffing either in-person or by phone, the caseworker shall ensure that the youth receives a copy of the **CFS 399-3, Clinical Action Plan,** within 7 business days.

IX. PROPOSED AMENDMENTS AND REASON FOR PROPOSED FORM CHANGE

1. Revisions to CFS 399-1 will render CFS 399-6 and CFS 1452-1 as obsolete)

To reduce redundancy, the Clinical Practice Division is now using the CFS 399-1 for all Clinical Referrals. Also, terminology and instructions have been updated.

2. Revisions to CFS 1452-2 includes:

- The CFS form number has changed to 399-3;
- The title of the form now is Clinical Action Plan;
- The acronym "CIPP" is deleted (on page 1); and
- Terminology and formatting have been updated.

3. Revisions to CFS 1452-3 includes:

- The acronyms "CIPP" has been deleted (on page 1 of 6) and replaced with "Clinical Staffing"; and
- Terminology and formatting have been updated to streamline the process.

X. FORMS (Revised or Obsolete)

CFS 399-1, Clinical Referral Form (**Revised 2/2025**).

CFS 399-6, Specialty Services Case Consultation Referral Form (**Rendered Obsolete**).

CFS 1452-1, Clinical Intervention for Placement Preservation (CIPP) Meeting Referral Form (**Rendered Obsolete**).

CFS 1452-2, CIPP Action Plan (**Rendered Obsolete**).

CFS 399-3, Clinical Action Plan (**Revised 2/2025**).

CFS 1452-3, Referral Packet Documentation Checklist (**Revised 2/2025**)

All revised forms above are available on the DCFS Website and Template (T) Drive.

XI. QUESTIONS

Questions regarding this Policy Transmittal may be directed to the chain of command in the Division of Child Protection, the Division of Intact Services, the Division of Permanency, or the Contributing Agency Intact/Permanency Division. All other questions may be directed to the Office of Child and Family Policy at DCFS.Policy@illinois.gov.

XII. FILING INSTRUCTIONS

Please remove and discard Policy Guide 2010.03 from behind Rules 316, Administrative Case Reviews and Court Hearings and replace with this new Policy Guide 2025.01.

Please remove and discard Policy Guide 2012.03 from behind Procedures 302, Subpart C, Section 302.320 and replace with this new Policy Guide 2025.01.

Please remove and discard Policy Guide 2013.03 from behind Procedures 301.60 and from behind Procedures 302.320 and replace with this new Policy Guide 2025.01.

This page intentionally left blank.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution X, Z and C-3

POLICY GUIDE 99.07

TREATMENT REFERRALS FOR VICTIMS OF SEXUAL ABUSE

RELEASE DATE: June 30, 1999

TO: Rules and Procedures Bookholders and Direct Service Staff

FROM: Jess McDonald, Director

EFFECTIVE: July 15, 1999

I. PURPOSE

More than 8,000 children in Illinois were identified victims of sexual abuse in 1998 and thousands more have been brought to the attention of the Department of Children and Family Services in previous years. Sexually abused children who do not receive prompt clinical intervention for their victimization are at risk of developing serious and persistent emotional disorders, including reactive behaviors which may pose a risk of sexual harm to others.

Child protection workers, case managers and supervisors routinely refer child victims of sexual abuse for medical and counseling services to protect the physical and emotional health of these children. The purpose of this policy guide is to encourage more focused therapeutic interventions for these children, while supporting the ongoing efforts of workers in the public and private sector of child welfare. In support of this goal, the Department requires that child victims of sexual abuse be referred to qualified treatment providers who have clinical experience in the field of child sexual abuse.

II. PRIMARY USERS

The primary users of this policy guide are Department caseworkers, supervisors, Field Services Managers, Administrative Case Review (ACR) staff, Agency Performance Teams (APT), and purchase of service agency (POS) caseworkers and supervisors.

III. KEY WORDS

Child victims of sexual abuse, focused therapeutic intervention, qualified treatment providers, Treatment Referral Form, Clinical Services Manager, best practice

IV. IDENTIFICATION OF CHILD VICTIMS OF SEXUAL ABUSE

Child victims of sexual abuse (Allegations 18, 19, 20 and 21) will be brought to the attention of caseworkers and supervisors by the Division of Child Protection in compliance with Procedures 300, Section 300.150 (Referral for Services). Child victims of sexual abuse shall be screened for referral for specialized treatment services in accordance with this policy guide.

V. TREATMENT SERVICE REFERRAL STANDARDS

1. Child victims of sexual abuse shall be referred to qualified and experienced providers to receive treatment for their victimization when:

    a. the child was a victim of sexual abuse on or after the effective date of this policy guide; and

    b. the child has been determined to have a sexually transmitted disease (Allegation 18); or

    c. the child has been determined to have been sexually penetrated (Allegation 19); or

    d. the child has been determined to have been sexually exploited (Allegation 20); or

    e. the child has been determined to have been sexually molested (Allegation 21); and

    f. the child/family has an open case with the Department (Intact Family or Placement); or

    g. the child/family has been referred for case opening; or

    h. the child/family is being served directly by the Department or through a purchase of service agency.

2. Department and POS caseworkers are not required to refer child victims of sexual abuse for treatment services when any of the following conditions exist:

a. The child and/or family are already receiving appropriate therapeutic services from a qualified clinician, including residential treatment, and the clinician has been informed of the child's victimization. This includes children and/or families who have completed treatment with a therapist who was aware of the child's sexual abuse.

b. There are no child safety or protection issues and a Child and Youth Centered Information System (CYCIS) case is not being opened. In cases that are not referred for opening, including reports which are unfounded, the assessing worker in downstate regions or the Division of Child Protection (DCP) worker in Cook County shall provide the parents with resource information for treatment and intervention, including child advocacy centers, assault and abuse services, or family counseling centers.

c. Parents of an intact family case decline the treatment referral for their child who is not a ward of the Department and under the age of 13. Children ages 13 and older can consent to the treatment referral. When treatment services are declined, the caseworker shall monitor the child's safety in accordance with the Child Endangerment Risk Assessment Protocol. When appropriate, the caseworker should continue to encourage the family to accept a referral for treatment.

VI. SERVICE REFERRAL PROCEDURE

1. Department and POS caseworkers and their supervisors are responsible for referring child victims of sexual abuse for specialized therapeutic services within **ten** working days after receipt of the CFS 1440.

2. All treatment referrals are to be made by the caseworker using the **CFS 603, Sexual Abuse Treatment Referral** form (Attachment I).

3. Child victims of sexual abuse **must be referred to qualified treatment providers with clinical experience in the field of child sexual abuse.** The attached list of treatment providers (Attachment II) is not definitive. Caseworker questions concerning the use of providers in their area not identified in Attachment II should be directed to his/her immediate supervisor or the regional Clinical Services Manager.

4. The supervisor's signature approval is required on the CFS 603 before the caseworker establishes the first appointment for the client with the qualified provider identified in Section I of the form.

5. Within ten working days of receipt of the CFS 1440, Department and POS caseworkers shall forward a copy of the completed CFS 603 to the following persons:

   - Treatment Provider
   - Clinical Services Coordinator
   - Susan Netznik
     DCFS – Division of Clinical Services
     406 East Monroe Street, Station #222
     Springfield, IL 62701
     Phone: 217/524-3697
     FAX: 217/524-3241

VII. DEFLECTED TREATMENT REFERRALS

1. Caseworkers shall complete Section II of the CFS 603 when the caseworker determines that a referral for treatment services is not required or appropriate (e.g., child is under the age of four, child has functional impairments which preclude participation in treatment).

2. The caseworker shall obtain the approval and signature from his/her regional Clinical Services Manager as well as his/her immediate supervisor on the CFS 603.

3. The caseworker shall forward the completed CFS 603 to Susan Netznik within **ten** working days of receipt of the CFS 1440.

NOTE: Children cannot be deflected from treatment without the approval of the caseworker's immediate supervisor and the regional Clinical Services Manager.

VIII. CASE MONITORING AND OVERSIGHT

Department and POS supervisors are responsible for assuring that child victims of sexual abuse are referred for and receive treatment in accordance with this policy guide, as well as performing case oversight and monitoring functions. Supervisory approval is required for any planned change of providers, changes in services or termination. The reason(s) for any change in the child's treatment plan must be clinically sound and clearly documented in the child's case record.

The Clinical Services Manager or his/her designee will provide case consultation at the request of the Department or POS supervisor, or when there are concerns/questions about services or treatment goal progress. Clinical Services Managers may review case records and/or request a telephone conference or staffing on behalf of any child receiving treatment services for sexual abuse.

IX. STANDARDS OF SERVICE

The Department of Children and Family Services is committed to providing therapeutic services that represent best practice to child victims of sexual abuse. Services must meet the following criteria in order to achieve this goal:

- Therapeutic treatment determinations must be individualized to the child's age and gender.
- Treatment plans must emphasize the child's strengths rather than weaknesses.
- Therapeutic treatment services must be focused and time-limited.

Children who have been sexually or physically abused over extended periods of time, or who have suffered physical trauma from abuse, or have been traumatized by domestic violence typically require longer-term treatment. Services for these children shall continue until established treatment goals have been achieved.

Standards of intervention for child victims of sexual abuse will be developed by the Department with input from the provider community to ensure that these children receive clinically sound services. These standards will be used to establish a clinical protocol for treatment as well as certification requirements for providers. Department and POS staff will receive training on the requirements in the standards for treatment and intervention with sexually abused children.

Questions regarding referrals or services for child victims of sexual abuse should be directed to Susan Netznik, 217/524-3697.

X. CASE TRACKING

The CFS 603, Sexual Abuse Treatment Referral form, will be used by the Division of Clinical Services to develop a monthly tracking report which will list all children identified as victims of sexual abuse, agencies providing treatment services, and referral and initiation of treatment dates. Dispositional information for children deflected from treatment and the reason(s) for the deflection shall also be included in the monthly tracking report. Monthly tracking reports will be sent to Regional Administrators, Clinical Services Managers, DCP managers and supervisors and Agency Performance monitors.

XI. ATTACHMENTS

The following items are attached to this policy guide:

- Attachment I, CFS 603, Sexual Abuse Treatment Referral form
- Attachment II, Treatment Providers

XII. FILING INSTRUCTIONS

This policy guide is to be filed with Procedures 302, Subpart C, Section 302.320 (Counseling or Casework Services).

CFS 603
Rev. 04/99

Attachment I

State of Illinois
Department of Children and Family Services

SEXUAL ABUSE TREATMENT REFERRAL

Date: _____ SCR/UIR #: _____

Child's Name: _____ Age: _____ DOB: __/__/__ Race: _____ Sex: _____

I.D. #: _____ Region: _____ Team #: _____ POS Agency: _____

Section I **Child Referred For Treatment Services**

The above referenced child was referred for treatment of sexual abuse on _____/_____/_____.
Date of first appointment _____/_____/_____

Name of treatment provider:
Address:
Phone:

Supervisor's Signature _____ Date: _____

Caseworker's Signature _____ Date: _____

Section II **Child Not Referred For Treatment Services**

A supervisory review of the available information and reports concluded that a referral for treatment of sexual abuse for the above referenced child is unnecessary or inappropriate for the following reason(s)

Caseworker's Signature _____ Date: _____

Supervisor's Signature _____ Date: _____

Clinical Services Manager's Signature _____ Date: _____

This form is to be submitted to Susan Netznik, Department of Children and Family Services, 406 East Monroe Street, Station #222, Springfield, IL 62701

Distribution by caseworker:
- **Treatment Provider**
- **Clinical Services Coordinator**
- **Susan Netzik**

This page intentionally left blank.

Attachment II

TREATMENT PROVIDERS FOR VICTIMS OF SEXUAL ABUSE

SOUTHERN REGION

Advance Behavioral Health Services (St. Mary's Hospital) 1921 Broadway Mt. Vernon, IL 62864 618/242-9226 Fax: 618/242-9230	**Family Life Consultants** 2014 Vandalia Avenue Collinsville, IL 62234 618/345-9536 Fax: 618/349-9536 3 Meadow Heights Professional Bldg. Collinsville, IL 62234 618/345-9536 Fax: 618/345-9536
Alternative Counseling, Inc. #1 Mark Twain Plaza, Suite 325 Edwardsville, IL 62025 618/656-5104 Fax: 618/656-5196	
Call for Help 7623 (R) West Main Belleville, IL 62223 618/397-0996 Fax: 618/397-6836	**Franklin Williamson Human Services** 1307 West Main Street Marion, IL 62959 618/997-5336 Fax: 618/937-1440
Children's Center for Behavioral Development 353 North 88th Street Centreville, IL 62203 618/398-1152 Fax: 618/398-6977	**Gary Lemmon & Associates** 904 East Main Norris City, IL 62869 618/378-3010 Fax: 618/378-2308
Community Resource Center 1325 C. West Whittaker Street Salem, IL 62881 618/548-2181 Fax: 618/548-1035	**Heartland Human Services** 1200 North Fourth Street P.O. Box 1047 Effingham, IL 62401 217/347-7179 Fax: 217/342-6716
Egyptian Health Department 1412 U.S. 45 N. Eldorado, IL 62930 618/273-3326 Fax: 618/273-2808	**Jefferson County Comprehensive Services** Route 37 North P.O. Box 248 Mt. Vernon, IL 62864 618/242-1511 Fax: 618/242-6392

SOUTHERN REGION

Life Paths 901 Medical Park Drive, Suite 301 Effingham, IL 62401 217/347-5252 Fax: 217/347-5757	**Matthew & Associates** P.O. Box 546 Herrin, IL 62948 618/988-1757 Fax: 618/988-1700
Lutheran Socail Services of IL 1616 West Main, Suite 402 Marion, IL 62959 618/997-9196 Fax: 618/997-6843	**Red Hill Counseling Center** 212 East South Avenue Sumner, IL 62466 618/936-2151 Fax: 618/936-2151
Massac County Mental Health 206 West Fifth Metropolis, IL 62960 618/524-9368 Fax: 618/524-9551	**Woodham, Sheryl, L., LCSW** First United Methodist Church 335 South Fiar Street Olney, IL 62450 618/392-2250 Fax: 618/392-2250 (Call before sending Fax)

NORTHERN REGION

Advocate Health & Hospitals Corp. 391 Quadrangle Drive, Suite N4 Bolingbrook, IL 60440 630/679-0127 Fax: 630/679-0323	**Evangelical Health Services (See Advocate Health & Hospital Corp.)**
Central Baptist Family Services P.O. Box 218 Lake Villa, IL 60046 847/356-2391 Fax: 847/356-2436 77 Riverside Drive Elgin, IL 60126 847/741-7140 Fax: 847/741-2089	**Family Advocate** 716 North Church Street Rockford, IL 61103 815/965-5172 Fax: 815/965-5174 **Family Counseling Service of Aurora** 70 South River Street, Suite 3 Aurora, IL 60506-5178 630/844-9090 Fax: 630/844-9030
Community Counseling Associates 4500 West 147th Street Midlothian, IL 60445 708/597-0032 Fax: 708/597-0649	**Interactional Counseling** 496 Forest, Suite 4 Glen Ellyn, IL 60137 630/545-2857 Fax: N/A

NORTHERN REGION

Kankakee County KC CASA 401 North Wall Street, Suite LL07 Kankakee, IL 60901 815/936-7372 Fax: 815/936-9829	**Northwest Treatment Associates** 273 East Chicago Street Elgin, IL 60120 847/608-8570 Fax: 847/608-8572
Latino Youth Services 529 West Elk Grove Elk Grove Village, IL 60007 847/593-7077 Fax: 847/593-7056	**Simonelic, Becky** 972 North Main Street Rockford, IL 61103 815/963-5095 Fax: N/A
Lederman, Chuck, Ph.D 10 West Jefferson Naperville, IL 60540 630/416-3146 fax: N/A	**Slocum, Susan** 201 South Winnebago Road Winnebago, IL 61088-9030 815/335-2683 Fax: N/A
Markarian, Dr. Larissa 10 West Martin Street Naperville, IL 60540 630/961-00410 Fax: N/A	**Thorud, Robert, Ph.D** 2610 East Cass Joliet, IL 60432 815/722-1855 Fax: N/A
McHenry County Youth Service Bureau 101 South Jefferson Street Woodstock, IL 60098 815/338-7360 Fax: 815/337-5510	**White, Paul** 3703 North Main Street Rockford, IL 61103 815/964-9590 Fax: 815/877-9382

CENTRAL REGION

ABC Counseling 115 West Jefferson, Suite 103C Bloomington, IL 61701 309/828-3367 Fax: 309/827-4539	**Brower, Penny** 4617 North Prospect, Suite 11-A Peoria Heights, IL 61614 309/681-1860 Fax: 309/971-1871
Bromenn Health Care 406 West Virginia Normal, IL 61761 309/451-2910 Fax: 309/451-2913	**Catholic Social Services** P.O. Box 817 Peoria, IL 61652 309/671-5720 Fax: 309/671-0257

CENTRAL REGION

Center for Children's Services **702 North Logan** Danville, IL 61832 217/446-1300 Fax: 217/446-1325	**Community Resource & Counseling Center** Route 45 North & Pine Street Paxton, IL 60957 217/379-4302 Fax: 217/379-4304
Center Pointe 1801 Fox Drive, P.O. Box 1640 Champaign, IL 61824-1640 217/398-8080 Fax: 217/398-0172	**DeWitt County Human Resource Center** 1150 route 54 West, P.O. Box 616 Clinton, IL 61727 217/935-9496 Fax: 217/935-4508
Central Baptists 1674 West Polk Avenue Charleston, IL 61920 217/345-6554 Fax: 217/345-4611	**Douglas County Mental Health Counseling** 114 West Houghton Tuscola, IL 61953 217/253-4731 Fax: 217/253-4733
Chestnut Health Systems 702 West Chestnut Bloomington, IL 61701 309/827-6026 Fax: 309/829-0016	**Family Services of Champaign County** 405 South State Street Champaign, IL 61820 217/352-0099 Fax: 217/352-9512
Child Abuse Council (SATP) 525 16th Street Moline, IL 61265 309/764-7017 Fax: 309/757-8554	**Goodale, Susan** 410 Fayette Street, Suite 201 Peoria, IL 61602 309/671-3822 **Fax: 309/694-7920**
Clinical Systems 3151 Butler Avenue Springfield, IL 62703 217/529-2142 Fax: 217/529-2174	**Greenslate, Pam** 7211 North Knoxville Avenue Peoria, IL 61614 309/691-5515 Fax: N/A
Coles County MHC 1300 Charleston Avenue Mattoon, IL 61938 217/234-6405 Fax: 217/258-6136	

CENTRAL REGION

Gremmels, Pamela Old Levee all, P.O. Box 152 Monticello, IL 61856 217/369-0335 Fax: 217/359-9862	**Mental Health Centers of Central Illinois** 710 North Eighth Street Springfield, IL 62702 217/525-1064 Fax: 217/525-9047
Hill, Ron 410 Fayette Street, Suite 201 Peoria, IL 61602 309/671-3826 Fax: 309/671-3825	**Mental Health Centers of Champaign County** 1801 Fox Drive, P.O> Box 1640 Champaign, IL 61824-1640 217/398-8080 Fax: 217/398-0172
Institute for Human Resources 310 East Torrance Avenue Pontiac, IL 61764 815/844-6109 Fax: 815/844-3561	**Phelps, Alane** P.O. Box 181 Monticello, IL 61856 217/762-4507 Fax: N/A
Iroquois Mental Health Center 908 East Cherry Street, P.O. Box 322 Watseka, IL 60970 815/432-5241 Fax: 815/432-4537	**Piatt County Mental Health Center** Route 105 North Monticello, IL 61856 217/762-5371 Fax: 217/762-4066
Lutheran Social Services of IL 610 Abington Street Peoria, IL 61603 309/671-0300 Fax: 309/671/0503	**Rape Information & Counseling** 110 West Laurel Springfield, IL 62704 217/744-2560 Fax: 217/744-2562
Maddox, Keith 718 North Kankakee Lincoln, IL 62656 217/732-3205 Fax: N/A	**Shelby County Mental Health Center** 1810 West South Third Shelbyville, IL 62565 217/774-2114 Fax: 217/774-2256
McClean County Center for Human Services 108 West Market Street Bloomington, IL 61701 309/827-5351 Fax: 309/829-6808	**U of Illinois** C/O Linda Simkins 530 NE Glen Oak Peoria, IL 61637 309/655-3640 Fax: 309/655-2565

COOK REGIONS

CENTRAL

C.A.U.S.E.S
836 w. Wellington
Chicago, IL 60657-5147
773/248-5500
Fax: 773/248-5688

La Rabida
East 65th Street at Lake Michigan
Chicago, IL 60649
773/363-6700
Fax: 773/363-7160

NORTH

C.A.U.S.E.S.
836 W. Wellington
Chicago, IL 60657-5147
773/248-5500
Fax: 773/248-5688

SOUTH

La Rabida Children's Hospital
East 65th Street at Lake Michigan
Chicago, IL 60649
773/363-6700
Fax: 773/363-7160

Section 302.330 Day Care Services

Child Welfare Day Care services include foster parent employment-related day care, parenting teen wards school/employment-related day care, protective day care and family maintenance day care provided to families the Department serves. A case must be opened prior to initiating services (refer to **AP#5, Child Welfare Case Record Organization and Uniform Recording Requirements and Procedures 302 Appendix R, Case Opening Protocol**). Child welfare day care services shall be provided in relation to an identified service objective on the **Family Service Plan**. The appropriateness, effectiveness and necessity of continuing or terminating day care services shall be documented on the Family Service Plan by the worker and supervisor during the six month case review (administrative or non-administrative) process. A summary of child welfare day care service eligibility criteria for each category is as follows:

The Department shall provide child care services to:

- Intact families with an open case and whose child/children are 0-3 years of age, a protective need has been assessed, and that day care has been/will be identified in the service plan as a needed resource for safety reasons;
- Intact families with an open case and whose child/children are four (4) years of age and older and whose parents are working outside the home
- or who are participating in employment training or educational programs outside the home that are approved by the Department and any other means of day care services/pre-school are not available or appropriate (a list of other services attempted should be attached as documentation),
- foster parents (or relative care providers) who are working outside the home;
- foster parents (or relative care providers) who are participating in employment training or educational programs outside the home that are approved by the Department;
- reunified families whose children were formerly youth in care;
- adoptive or guardianship parents who are working outside the home;
- teen (youth in care) parents to enable them to obtain or reengage in a high school degree or its equivalent.

In a two-parent household, both parents must be working or in an approved education and training activity and unavailable to care for the child(ren) unless one of the parents is unable to care for the child(ren) for one of the following reasons:

- A physical or mental disability which limits the ability of the parent to provide adequate child care;
- Participation in an alcohol or drug abuse rehabilitation program;
- Military service away from home; or
- Participation in a Department approved program such as a Work and Training Activity or as part of the Teen Parent Services Network (TPSN).

The applicant must furnish written documentation to verify the reason why the other parent is unable to work and unable to provide care for the children that live in the home.

- To document the other parent's physical or mental health problem or participation in a rehabilitation program, the applicant shall submit a completed **CFS 604, Medical Evaluation of an Adult in a Foster or Adoptive Home** from the treating physician, psychiatrist, or other appropriate licensed health care practitioner that includes details of the nature and degree of the person's disability or impairment, the reason the condition prevents the individual from providing care, and the projected length of disability.
- To document participation in an alcohol or drug abuse rehabilitation program, the applicant must submit a letter of verification on service provider's letterhead (dated, signed, title of author, and daytime telephone number for author) describing type of program/treatment, date treatment began, daily/weekly schedule, and projected discharge date
- To document military service away from home, the applicant must furnish a copy of the orders from the appropriate branch of the military that details the length and location of the assignment as well as any money allowances for clothing and housing.
- To document participation in a Department-approved program, the applicant must submit a copy of their current class/program registration and class/program schedule or other relevant Department forms signed by the caseworker.

In determining whether one of the parents is unable to care for the child(ren), the Department shall consider the age of the child, special needs, the degree of supervision required, medical information, and all other available evidence.

Foster Care - Children - up to 13 years old in foster care

Foste*r care children* (up to 13 years old) *are* eligible for Employment-Related Day Care when their Foster parents are employed or in school/training leading to employment. Case workers for children in foster care who are 13 years old and older (up to 21 years old) who may require child care services must submit clinical support documentation to designated regional day care staff for consideration of child care eligibility and payment. Foster parents are eligible for day care service during his/her working hours and travel time (up to ninety minutes each way) to and from their work location. If there are two foster parents in the home both foster parents must be employed. If there are two foster parents in the home and one is employed and the other is incapacitated, the youth in care may be considered eligible for Employment Related Day Care, however, a completed **CFS 604, Medical Evaluation of an Adult in a Foster or Adoptive Home** (not older than 45 days) for the incapacitated foster parent, from a licensed, certified professional, doctor/clinician, must be submitted with the application.

Foster parents, who are employed, must provide at least two (2) copies of their most recent paycheck stubs/statements (within 45 days of the date in which the application has been submitted). If two (2) current paycheck stubs/statements are not available, the foster parent's employer must provide the following in a letter format:

- Must be on company letterhead;
- Must state that the foster parent is a current employee;
- Must state the days and the number of hours that the foster parent works per week; and
- Must be signed and dated by the employer, with a daytime phone number.

Foster parents who telecommute (employer allows working from home), should provide a signed telecommute agreement (between the employer and foster parent) that stipulates the conditions of the telecommute arrangement. If a foster parent cannot provide a telecommute agreement, the foster parent will not be considered eligible for day care and the application will be denied.

Self-employed applicants must provide the regional day care unit with documentation that proves that (a) the applicant earns a business income (Accounts Receivable) on a daily basis as a self-employed person, (b) the applicant has (reasonable) regular business operating expenses (Accounts Payable), (c) the applicant's daily job duties prevents the applicant from caring for the child(ren) which the applicant is applying for day care for, and (d) the applicant's spouse or partner, if applicable, is unavailable to care for the child(ren) due to employment or a documented disability (as mentioned in the previous section).

If the applicant is a self-employed business owner, proof of business expenses and assets are necessary to determine day care services eligibility such as, but not limited to:

- Copies of office lease/mortgage, booth rent receipt (hair salon) monthly utility bills (2) (phone, electric, etc.);
- Current business bank statement; list of assets; cashed/deposited signed checks;
- Copies of (reacted) contracts; and
- Signed and submitted IRS income tax forms (Form 1040, Schedule SE (self- employed) and all supplemental documentation;

  Note: If the information is found to be falsified, DCFS reserves the right to recoup funds and/or prosecute.

Applicants who are paid in cash must provide documentation from their employer which indicates that:

- The applicant is working on a regular (daily/weekly) basis, and;
- The applicant is regularly earning employment income.

In either case, determination of day care eligibility will be based on the applicant's proof of regular income earning(s).

If the applicant is claiming employment and being paid in cash, the following traceable proof of their employment is needed to determine day care service eligibility:

- Copies of at least 2 signed/cashed money orders, cashier or personal checks, and,
- A notarized letter from their employer which verifies the foster parent's date of employment and weekly schedule, and
- The completion of the **CFS 678-SE** Day Care Services Eligibility - Verification of Self-Employment form which certifies that the information is truthful.

  Note: If the information is found to be falsified, DCFS reserves the right to recoup funds and/or prosecute.

Subsidized Adoption/Guardianship - Children - 0 to 3 years of age

Children, 0 to 3 years of age, are eligible for **Employment-Related Day Care** when the parents/guardians are employed or in school/training leading to employment.

If parents/guardians of children, three years of age or older, are employed and the family meets the Illinois Department of Human Services (IDHS)/**Action for Children** (Cook County) or regional Child Care Resource & Referral (CCRR) agency (other counties outside of Cook) income guidelines for child care, the family may be considered eligible for an IDHS child care subsidy.

If the child has been determined by DCFS to be eligible for Therapeutic Care prior to finalizing the Adoption Subsidized Guardianship, the family should be referred to the DCFS Post Adoption Unit for further processing, assessment and recommendations through the Department's Clinical Division.

Please Note: Subsidized adoptive parents and guardians may use their Medicaid card for actual therapeutic services such as occupational, speech and hearing, etc. and bypass DCFS, the same as they do for medical services. These bills should be directly billed to Medicaid by the provider (see **Procedure 359.90**). If the services are for a child 6 weeks through to 3 years old and an Early Childhood Intervention program is not available in their community, a child must go to an outpatient clinic/hospital program. If a pre-school age child 3 – 5 years old, the parent/legal guardian can go to their local school district office and request that an IEP be administered to the child so that the child's specific needs can be identified, either at home or in-school (Head-Start program) services are offered. If a child is school age (K-12th grade), the local school district is responsible for providing these services to the child at school during their school day, after an IEP has been done and specific service needs and goals along with projected timeframes have been identified.

Children of DCFS Parenting Teen Youth in Care- Up to 21 years old

- Children of all DCFS teen parents who are in school, employed and/or in a job training program are eligible for Employment-Related Day Care.

- Children of DCFS teen parents with a history of mental illness, substance abuse, violent or aggressive behavior or have developmental delays and are not eligible for school or Employment-related Day Care, are eligible for protective daycare.

- Children of DCFS teen parents who are not enrolled in school, employed or participating in a job training program, are eligible for up to two days per week of day care, for two (2) months, for the purposes of reengaging in one the aforementioned activities.

Open Intact Family Protective and Family Maintenance Day Care

Children, up to 13 years of age, in intact families when actual or potential child abuse or neglect has been identified by DCFS and the parents are participating in services to prevent further abuse or neglect; parent/legal guardian is not employed or eligible for any other City, State, or Federal subsidized day care program. Families who qualify to receive any form of subsidized day care through any other City, County, State, or Federal Agency, which includes but is not limited to the Illinois Department of Human Services, and all other City and State Social Service Agencies are not eligible to receive funding through this program. Head Start and State Pre-K are not considered to be subsidized day care.

DCFS and private agency foster parents/relative caregivers, who are not employed or in school/training for employment, but whose child(ren) are eligible for day care services due to substantial physical disability and/or moderate to severe mental health and/or developmental delays. If the level of developmental delay according to clinical assessment (i.e., physical therapy, occupational therapy and /or speech/language assessments) and/or IEP/IFSP is 30% or higher a child may be considered to have moderate to severe developmental delays. The determination of child's eligibility will be made in consultation with the responsible regional day care staff and appropriate DCFS Educational Advisor. Final determination will be made by the statewide manager of the Office of Contract Administration.

Therapeutic Day Care Services

Therapeutic day care for children is available for children in foster care and subsidized adoption/guardianship, who are determined to have a disability that requires therapeutic care/special educational services through an Individualized Education Plan (IEP) or an Individual Family Service Plan (IFSP) and is not fundable through another source (County, City, State, Federal or any other local). Specific therapeutic interventions must be provided as an integral part of the programming. Children receiving therapeutic care/special education services whose foster parents/guardians are employed or in school/training and require before and/or after school care for their foster child may be considered eligible for employment-related day care.

Payment for therapeutic day care shall not be made until the regional day care service eligibility unit, educational/clinical advisory staff, and the statewide manager for the Office of Contract Administration have determined in writing that such services have been approved, when the requested services will begin, and a contract has been executed (when applicable). Final contract approval will be provided by the DCFS statewide manager for the Office of Contract Administration. For direction or guidance, workers should complete the **CFS 399-1, Clinical**

Referral Form, for a review and approval for an assessment of a child's level of care and the services required to meet the child's need. The **CFS 399, Clinical Staffing Summary** should be provided along with other supporting documentation of service need.

Therapeutic day care is commonly an integrated complement of services provided by professional and paraprofessional staff and includes a well-structured treatment program with nurturing and developmentally-appropriate experiences for young children provided in a safe and predictable environment. It is often offered as one of a complement of services for a family. In a best practices model, the following features are present:

- Thorough intake process including a full bio-psychosocial history for each child. Initial assessment complete within 30 days of child's entrance into a program include clinical interviews with mother and child as well as appropriate developmental, psychological and/or behavioral screenings. Developmental monitoring for speech, gross and fine motor skills as well as social-emotional status through periodic screening assessments. Assessments conducted with parent(s)/guardian(s) present.

- Needs identified in assessment are addressed as goals in a service plan which includes a description of services that will take place in the program as well as those service needs referred to other community providers. Therapeutic activities structured through creative expression in play, music and art.

- Individualized care and understanding of child. Small group experiences of developmentally appropriate activities throughout the day. Careful attention paid to separations and transitions from caregiver to day care provider and setting and at end of day. Primary teacher relationship for each child.

- Low child/teacher ratios: 3:1 for children up to two years of age and 3:1 to 5:1 for children two to five years old. Mixed age group classrooms. Small class sizes of no more than 8 children in 0-3 and 8-10 children in 3-5. Higher ratios possible in inclusion (special needs children included with typically developing) classrooms. For after-school therapeutic child care of school aged children, a high ratio is also recommended.

- Highly trained staff: Program directors and case managers are Licensed Mental Health Counselors or Licensed Social Workers with infant and child mental health expertise. Lead teachers with masters' degrees and infant mental health training. Therapeutic child care workers (teachers) have degrees in Early Childhood Education (BA/BS or AA), plus years of experience. For school aged children, staff trained in therapeutic restraint.

- For school aged children, psycho-educational groups targeting special issues such as family violence and other social issues, homework assistance, and an emphasis on socialization.

- Medical supervision by staff nurses, plus health screenings and individual health plans for each child.

- Developmental screening for speech, gross and fine motor skills as well as social-emotional status. Assessments conducted with parent(s)/guardian(s) present.

- Teacher collaboration (via team meetings and regular communication) with other service providers such as speech and language, play therapists, occupational therapists, etc. Working closely with parents and professionals to integrate the child's developmental and therapy goals into daily routines and activities.

- Therapy through creative expression in play, music and art.

- On-site parenting programs such as parent support groups, parent psychoeducation, etc. Home visitation on a regularly scheduled basis. Child, family and parent psychotherapeutic therapeutic services available onsite or in collaboration with the therapeutic child care program.

Family Reunification

Family Reunification families are eligible for subsidized child care services when a child that was previously placed in foster care and then returned to the legal guardianship/custody of their parent(s). Parents are eligible for subsidized child care services at the point of the child's return home date, for a maximum period of six months thereafter.

Requirement for Counseling/Treatment Services/Case Management Services

Child welfare day care (family maintenance) may be provided to parents/guardians/foster parents only when counseling/treatment services/case management services are also provided. The family circumstances must be of sufficient gravity to necessitate care of the children away from the home for part of the day. DCFS legal responsibility for the child is not necessary for the provision of day care services. Parents are eligible for subsidized child care from the child's return home date for a maximum period of six months.

Parents/guardians who qualify to receive any subsidized day care through any other City, County, State, or Federal Agency, which includes but is not limited to the Illinois Department of Human Services, Chicago Public School System, and all other City and State Social Service Agencies are not eligible to receive funding through this program.

Resource Selection

The selection of the day care provider should be made by the family or foster family with Department/POS agency assistance when indicated. Prior to placement in a day care facility a child is to have a physical examination to determine that he has no contagious or infectious diseases. The examination is to be recorded on a **CFS-600, Certificate of Child Health Examination**. Refer to **Procedures 359, Authorized Child Care Payments**, for information concerning payment rates and to **Rules and Procedures 352, Financial Responsibility of Parents or Guardians of the Estate of Children**, for information concerning parental liability for reimbursement to the Department for Department purchased day care services.

License-exempt/Unlicensed Day Care

If the Day Care Provider is license-exempt or unlicensed (related or unrelated), the caseworker shall conduct an onsite visit and complete the following with the day care provider:

- a **CFS 2003**, **On-Site Visit License- Exempt and Unlicensed Day Care Provider** form;
- complete **CFS 2000 Part III (Section B);** and:

Unrelated/Unlicensed Day Care Providers

- **CFS 718-D Authorization for Background Check for Unlicensed and License-Exempt Child Care**.
- **Fingerprinting** (through a Department-authorized vendor) when directed to do so by the caseworker/investigator
- On the CFS 2000 – Part III/Section (B), the worker or supervisor will document the date when the CFS 718-D (CANTS, SOR and FBI background checks) and fingerprint receipt were submitted to the Department's Background Check Unit (BCU) for processing.The caseworker and/or supervisor will document the potential day care service provider's final result's finding in the child's case file.

Related/Unlicensed Day Care Providers

- For **related/unlicensed day care providers**, a SACWIS system background check (CANTS and SOR) is required.
- On the CFS 2000 – Part III/Section (B), the worker or supervisor will document the date when the SACWIS-based CANTS and SOR checks were completed.

The Caseworker/investigator shall check the DCFS Fingerprint Search System database, located online at: https//fingerprintsearch.dcfs.illinois.gov/ to determine if DCFS has a fingerprint record for the day care provider and all household members eighteen and older. Current and maiden names should be checked. The fingerprint search system will conduct a search and display a message, indicating fingerprint exist or fingerprint is not on file. If print exist, send the completed CFS 718-D to the regional Day Care Services Eligibility Unit for processing. If prints are not on file, staple the fingerprint search result to the CFS 718-D and send the individual for fingerprinting. Department or POS caseworkers and their supervisors will complete a background check on the license-exempt or unlicensed day care provider, for all household members 13 years and older (household members 13 through 17 require parental/guardian consent), and any assistants or substitutes the day care provider may use. Results of the background check must be on file before the initial eligibility redetermination for day care is requested (approximately six months *after* formal daycare service eligibility approval). The date of the request for background history check and the date in which the results were provided to the Permanency Worker will be documented on the CFS 2000 – Day Care Service Eligibility Application. A "background check" entails:

- For unrelated/unlicensed child day care providers:
- A criminal history check via **fingerprinting** of persons age 18 and over that are submitted to the Illinois State Police and the Federal Bureau of Investigation (FBI) for comparison to their criminal history records, as appropriate;
    - A Child Abuse and Neglect (CANTS) check;

- For related/unlicensed child day care providers:
- A system check of the Statewide Automated Child Welfare Information System (SACWIS) and other state child protection systems, as appropriate, to determine whether an individual is currently alleged or has been indicated as a perpetrator of child abuse or neglect (CANTS check); and
- For all child day care provider applicants:
- Statewide Sex Offender Registry (SOR) check.

In the event that the license-exempt/non-licensed day care provider does not clear the background check process, the caseworker and supervisor will review the results to determine if any misdemeanors and/or felonies would prevent the potential day care provider from caring for the child/youth in question. **Please note, barrable offenses listed in Section 385, Appendix A: Criminal Convictions Preventing Licensure, Employment, Residence in a Family Home Setting cannot be waived.** If the caseworker and supervisor determine that the potential day care provider cannot provide child day care due to their misdemeanor and/or felony criminal background history, the caseworker will assist the foster parent in locating and securing a new potential child day care provider. The Department will not approve day care eligibility payment and an alternative provider will need to be utilized.

The Department will not allow an unlicensed provider to use another minor (under 18 years of age) as a substitute provider to care for any DCFS client children.

Licensed Day Care Homes Only

The case worker and supervisor are responsible for insuring that in licensed day care homes only, all household members, and any assistants or substitutes the day care provider may use age 13 and over, do not have an indicated CANTS report or allegations of such. The results must be documented in the child's case file.

The DCFS Licensing Representative must receive identifying information from the Licensed Day Care Home (DCH) provider and process fingerprints and background checks for any assistant/substitute care provider the day care home provider wants to use. The Investigator or Worker will ensure that the day care home is licensed for the age range and number of children in care prior to the start of child day care service. If the check shows that there is an indicated CANTS report or barrable criminal offense arrests or convictions (see Rule 385), the provider is ineligible.

When selecting a day care provider for a child who is hearing impaired or non-English speaking, efforts shall be made to select a day care provider who can accommodate the communication needs of the child. Such efforts shall include contacting day care centers, group day care homes, day care home providers known to be able to accommodate hearing impaired children or who are fluent in the child's primary language, child welfare agencies, churches, universities, schools, local community organizations and local centers for independent living.

This page intentionally left blank.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2019.06

Intact Family Services Day Care Services; and
Post-Intact Family Services DHS Provided Day Care for Children under Age 5

DATE: July 8, 2019

TO: All DCFS and POS Staff

FROM: Marc D. Smith, Acting Director

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to inform staff about recent changes to day care services provided to clients of open Intact Family Service cases, and amendments to Section 9A-11, Child Care, of the Public Aid Code in accordance to Public Act 100-0860, affecting families with open DCFS Intact Family Service case.

II. PRIMARY USERS

All DCFS and POS Intact Family Services Staff and Supervisors.

III. BACKGROUND AND SUMMARY

Day care services for families receiving Intact Family Services are available for children under the age of 5 (previously 3) when a protective need has been assessed and day care is identified in the service plan as a needed resource for safety reasons; and

Intact families with an open case and whose child/children are 5 years of age (previously 3) and older, and whose parents are working outside the home or who are participating in employment training or educational programs outside the home that are approved by the Department and any other means of day care services/pre-school are not available or appropriate.

For post Intact Family Services families, in accordance to the Illinois Public Aid Code (Sec. 9A-11. Child Care) DHS shall provide day care services to families with children under the age of 5 for 6 months immediately after the child's intact case is closed by DCFS.

IV. INSTRUCTIONS

Please follow Procedures 302.330, Day Care Services to secure day care services provided by DCFS.

To secure day care services provided by DHS for families receiving Intact Family services, the Intact worker shall complete the CFS 2000-A, Intact Family Services Case - IDCFS/IDHS Child Care Services Referral form and, 45 days prior to the projected case closing date, submit the CFS 2000-A to the corresponding DHS office. The assigned DCFS or POS intact family services worker shall assist the family in completing the DHS IL444-3455i, Child Care Application.

It is not required for the child's parents to be working or be participating in Department approved employment, education or training programs in order to qualify for DHS provided day care. Additionally, families who have an open intact family services case are eligible to receive Early Intervention screening and other services that their families may be eligible for as provided by DHS.

V. NEW, REVISED AND/OR OBSOLETE FORMS

CFS 2000-A, Intact Family Services Case– IDCFS/IDHS Child Care Services Referral Form (New 7/2019)
CFS 2000, Day Care Service Eligibility Application (Rev 7/2019); and
CFS 2000, Day Care Service Eligibility Application Guidelines and Instructions (Rev 7/2019).

VI. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or via Outlook at DCFS.Policy. Non-Outlook users may e-mail questions to DCFS.Policy@illinois.gov.

VII. FILING INSTRUCTIONS

Please file this Policy Guide immediately following Procedures 302.330, Day Care Services.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X, Z, and C-3

POLICY GUIDE 99.08

REFERRAL FOR DAY CARE SUBSIDIES

RELEASE DATE: July 15, 1999

TO: Rules and Procedures Bookholders and Child Welfare Staff

FROM: Jess McDonald, Director

EFFECTIVE DATE: July 30, 1999

I. PURPOSE

The purpose of this Policy Guide is to provide instructions to obtain approval for child care (day care) subsidies from the Illinois Department of Human Services (DHS) for the following:

a) children returning to the custody of their parent(s) and requiring child care due to the employment of the parent(s);

b) children who are adopted and requiring child care due to the employment of the adoptive parent(s);

c) children who are placed in private guardianship and requiring child care due to the employment of the guardian(s); and

d) children returning home, adopted or placed in private guardianship whose parent, adoptive parent or guardian is receiving Temporary Assistance for Needy Families (TANF) and require child care due to the participation of the parent, adoptive parent or guardian in an employment or training program.

This Policy Guide replaces Policy Guide 98.16 and clarifies that purchase of service agencies with performance contracts shall only pay the parent co-payment for families receiving DHS day care subsidies. If day care is needed and the family is not eligible for DHS day care subsidies, the caseworker shall contact the DCFS Regional Day Care Unit to arrange for payment.

II. PRIMARY USERS

The primary users of this Policy Guide are child welfare and regional day care staff of the Department and staff of purchase of service provider agencies.

III. KEY WORDS

Day Care Services, Department of Human Services Child Care Subsidies, Reunification, Adoption, Guardianship

IV. GENERAL INFORMATION

DCFS will pay for child care service for children in foster care when the foster parent(s) is working or in an education or training program. However, once a child is adopted or goes into private guardianship, DCFS can no longer pay for this care, but caseworkers should assist families in gaining DHS child care subsidy eligibility. When a child in foster care is returned home, DCFS may pay for six months up to a maximum of one year of protective day care service as long as it is a part of the client service plan and the case remains an open DCFS family case.

The Illinois Department of Human Services has a program that subsidizes the child care costs of low income working parents or guardians. The program is operated through the statewide network of child care resource and referral (CCR&R) agencies. Parents or guardians qualify based on income and are required to pay a portion of the cost of care based on a sliding fee scale. The local CCR&R agency screens the family for eligibility, sets the parent/guardian co-payment rate, and arranges payment with the child care provider. Child care subsidies continue for the family as long as the parent(s)/guardian(s) remains employed and the family income remains within the income eligibility limits.

DHS also subsidizes the child care costs of parents or guardians who are receiving TANF and are enrolled in an education or training program that is an approved part of their Responsibility and Service Plan. The TANF caseworker must approve the education or training activity for the child care subsidy. Payments are arranged through the CCR&R agencies, and a parent/guardian co-payment is required.

Many parents, adoptive parents and guardians may be eligible for the DHS child care subsidy program. The following provides instructions to staff on how to refer these individuals to the DHS program. For children returning home and children scheduled for adoption or private guardianship, the process allows for preapproval for the DHS program so that child care payments will not be disrupted when the DCFS payments are discontinued.

V. REFERRAL TO DHS PROGRAM

a) Children Scheduled to Return Home

When a child is scheduled to return home, the DCFS or purchase of service agency caseworker shall determine the need for child care. Need for child care may include, but is not limited to, the following:

- employment of parent(s);
- parent(s) participating in an education or training program;
- child's individual developmental needs; or
- protective child care to relieve family stress.

1) Providers with Performance Contracts

When the determination is made by a purchase of service (POS) agency caseworker that child care is needed, the POS agency caseworker shall contact the DCFS Regional Day Care Unit (See Appendix A) and arrange for child care to be paid by DCFS when the child returns home.

A) Child Care Needed Due to Employment

When child care is needed based on the employment of the parent(s), the POS agency caseworker shall also:

i) Review the **DPA 3211** brochure, *Affordable Child Care*, with the parent(s) to determine if the parent(s) may be eligible for DHS day care payment. If the parent(s) appears to be eligible for the payment, the caseworker shall:

- assist the parent(s) in completing the **DPA 3455**, **Child Care Application**; and
- forward the **DPA 3455**, **Child Care Application**, and the required income documentation to the appropriate CCR&R agency. The CCR&R agencies and the counties they serve are listed in Appendix B.

ii) The CCR&R shall complete a determination of eligibility. If the parent(s) is eligible, the **DPA 3455A**, **Approval of Request for Child Care Service**, is sent to the parent(s). A

copy is also sent to the child care provider. If the parent(s) is not eligible, a denial letter will be sent to the parent.

iii) If the parent(s) is eligible for DHS payment, the POS caseworker shall contact the child care provider and arrange to make the co-payment for the family. **Providers with performance contracts will be responsible for paying the parent co-payment for the family for the length of time day care is provided, up to a maximum of twelve months, when a child returns home.** Co-payments shall be paid out of reunification funds. A copy of a completed **CFS 2014, Parent Co-payment Notice**, shall be sent to the child care provider.

iv) If the parent(s) is eligible and child care is currently being paid by DCFS, the POS worker shall also complete the **CFS 2004**, **Notice of Eligibility for DHS Child Care Subsidy**, and send it to the DCFS Regional Day Care Unit.

v) Upon receipt of the **CFS 2004**, **Notice of Eligibility for DHS Child Care Subsidy**, the regional day care staff will complete the **CFS 2005**, **Notice of Child Care Payment Termination**, and send it to the CCR&R agency, the parent(s), the POS worker and the child care provider. DCFS will continue to make payment for the child care through the month following the month in which the **CFS 2004**, **Notice of Eligibility for DHS Child Care Subsidy**, was received.

vi) If the parent(s) is ineligible for DHS child care payment or loses eligibility for the DHS child care payment and child care is still determined to be necessary for reunification, the POS worker shall contact the DCFS Regional Day Care Unit and arrange for child care to be paid by DCFS.

B) Child Care Needed for Education or Training

When the need for child care is based on enrollment of the parent(s) in an education or training program and the parent(s) is receiving **TANF**, the parent(s) shall be advised to contact his or her TANF caseworker to determine if the education or training activity is approved for child care.

i) If the activity is approved for child care by the TANF worker, the POS caseworker shall assist the parent(s) in completing the **DPA 3455**, **Child Care Application**, and

forward the application and the required documentation to the appropriate CCR&R agency.

ii) If the parent(s) is eligible for subsidy through the DHS program, the parent(s) and the child care provider will receive the **DPA 3455A**, **Approval of Request for Child Care Service**.

iii) If the parent(s) is eligible for the DHS subsidy program, the POS caseworker shall contact the child care provider and arrange to make the parent co-payment on behalf of the parent. **Providers with performance contracts shall make the parent co-payment for the length of time day care is provided, up to twelve months, when a child returns home.** Co-payments shall be paid out of reunification funds. A copy of the **CFS 2014**, **Parent Co-Payment Notice**, shall be sent to the child care provider.

iv) If the parent(s) is eligible and child care is currently being paid by DCFS, the POS worker shall also complete the **CFS 2004**, **Notice of Eligibility for DHS Child Care Subsidy**, and send it to the DCFS Regional Day Care Unit.

v) Upon receipt of the **CFS 2004**, **Notice of Eligibility for DHS Child Care Subsidy**, the regional day care staff will complete the **CFS 2005**, **Notice of Child Care Payment Termination**, and send it to the CCR&R agency, the parent(s), the POS worker and the child care provider. DCFS will continue to make payment for the child care through the month following the month in which the **CFS 2004**, **Notice of Eligibility for DHS Child Care Subsidy**, was received.

C) Other Need for Child Care

When the need for child care is for a reason other than education or training of the parent receiving TANF or employment of the parent (e.g. needs of the child, non-TANF parent attendance at training, etc.), the POS worker shall contact the DCFS Regional Day Care Unit and arrange for child care payments to be made by DCFS. Do not refer the parent for DHS payments.

2) **DCFS and Purchase of Service Agencies without Performance Contracts**

When the determination is made by a DCFS or purchase of service (POS) agency caseworker that child care is needed, the DCFS or POS agency caseworker shall contact the DCFS Regional Day Care Unit (See Appendix

A) and arrange for child care to be paid by DCFS when the child returns home.

A) Child Care Needed Due to Employment

When the need for child care is based on the employment of the parent(s**),** the DCFS or POS caseworker shall also:

i) Review the **DPA 3211** brochure, *Affordable Child Care*, with the parent to determine if the parent may be eligible for DHS day care payment. If the parent appears to be eligible for the payment, the DCFS or POS caseworker shall:

- assist the parent in completing the **DPA 3455**, **Child Care Application**; and

- forward the **CFS 2008**, **Referral for Child Care Subsidy**, **DPA 3455**, **Child Care Application**, and the required income documentation to the appropriate CCR&R agency. The CCR&R agencies and the counties they serve are listed in Appendix B.

ii) The CCR&R shall complete a determination of eligibility. If the parent is eligible, the **DPA 3455A**, **Approval of Request for Child Care Service**, is sent to the parent and the child care provider. If the parent is not eligible, a denial letter will be sent to the parent.

NOTE: **DCFS will pay the co-payment for the parent for the length of time day care is provided, up to a maximum of 12 months, when a child returns home. Be sure to send the CFS 2008, Referral for Child Care Subsidy, along with the Child Care Application to the CCR&R agency to initiate the co-payment process.**

iii) If the parent is eligible for the DHS subsidy program, the DCFS or POS worker completes a **CFS 2013, Notice Regarding Parent Co-payment**, and forwards it to the child care provider.

iv) If the parent is eligible and child care is currently being paid by DCFS, the DCFS or POS worker shall also complete the **CFS 2004**, **Notice of Eligibility for DHS Child Care Subsidy**, and send it to the DCFS Regional Day Care Unit.

v) Upon receipt of the **CFS 2004**, **Notice of Eligibility for DHS Child Care Subsidy**, the regional day care staff will complete the **CFS 2005**, **Notice of Child Care Payment Termination**, and send it to the CCR&R agency, the parent, the DCFS or POS worker and the child care provider. DCFS will continue to make payment for the child care through the month following the month in which the **CFS 2004**, **Notice of Eligibility for DHS Child Care Subsidy**, was received.

B) Child Care Needed Due to Education or Training

When the need for child care is based on enrollment of the parent(s) in an education or training program and the parent(s) is receiving **TANF**, the parent(s) shall be advised to contact his or her TANF caseworker to determine if the education or training activity is approved for child care.

i) If the activity is approved for child care by the TANF caseworker, the DCFS or POS caseworker shall assist the parent in completing the **DPA 3455**, **Child Care Application**, and forward the **CFS 2008**, **Referral for Child Care Subsidy**, the **DPA 3455**, **Child Care Application**, and the required documentation to the appropriate CCR&R agency.

ii) If the parent is eligible for subsidy through the DHS program, the parent and the child care provider will receive the **DPA 3455A**, **Approval of Request for Child Care Service**.

NOTE: **DCFS will pay the co-payment for the parent for the length of time day care is provided, up to a maximum of 12 months, when a child returns home. Be sure to send the CFS 2008, Referral for Child Care Subsidy with the DPA 3455, Child Care Application, to the CCR&R agency to initiate the co-payment process.**

iii) If the parent is eligible for the DHS subsidy program, the DCFS or POS worker completes a **CFS 2013, Notice Regarding Parent** Co-payment, and forwards it to the child care provider.

iv) If the parent is eligible and child care is currently being paid by DCFS, the DCFS or POS worker shall also complete the **CFS 2004**, **Notice of Eligibility for DHS Child Care Subsidy**, and send it to the DCFS Regional Day Care Unit.

vi) Upon receipt of the **CFS 2004**, **Notice of Eligibility for DHS Child Care Subsidy**, the regional day care staff will complete the **CFS 2005**, **Notice of Child Care Payment Termination**, and send it to the CCR&R agency, the parent, the DCFS or POS worker and the child care provider. DCFS will continue to make payment for the child care through the month following the month in which the **CFS 2004**, **Notice of Eligibility for DHS Child Care Subsidy**, was received.

C) Other Need for Child Care

When the need for child care is for a reason other than education or training of the parent receiving TANF or employment of the parent, the child care payments will be made by DCFS. Do not refer the parent for DHS payments.

b) Children Scheduled for Adoption or Private Guardianship

1) Child Care Needed Due to Employment

When child care is necessary due to the employment of the adoptive parent(s)/guardian(s), the DCFS or POS worker provides the adoptive parent(s)/guardian(s) with the following upon adoptive placement or decision to accept private guardianship:

- **DPA 3455**, **Child Care Application**;
- **DPA 3211** brochure, *Affordable Child Care*;
- **CFS 2009**, **Referral for Child Care Subsidy/Adoptive Parent/Guardian**

A) If the adoptive parent/guardian family meets the income and other eligibility requirements of the DHS program, the **CFS 2009**, **Referral for Child Care Subsidy/Adoptive Parent/Guardian**, a completed **DPA 3455**, Child **Care Application**, and the required income documentation should be sent to the CCR&R agency.

B) The CCR&R completes a preliminary determination of eligibility. The adoptive parent/guardian will be notified of prospective eligibility and the anticipated co-payment or will receive a denial notice. If the application is approved, the preliminary approval is valid for six months. After the initial six months, families are responsible for maintaining their own eligibility through the CCR&R.

C) If preliminary approval is received, when the adoption or private guardianship is final, the adoptive parent or guardian contacts the DCFS Regional Day Care Unit at the telephone number identified in Appendix A.

D) The regional day care staff completes the **CFS 2005**, **Notice of Child Care Payment Termination**, and sends the form to the CCR&R agency, the adoptive parent/guardian and the child care provider. DCFS will continue to make payment for the child care through the month following the month in which the adoption/guardianship is final.

E) The CCR&R will send the **DPA 3455A**, **Approval of Request for Child Care Payment**, to the parent/guardian and the provider. The required co-payment will be listed on this form.

2) Child Care Needed Due to Education or Training

When child care is necessary due to the adoptive parent's or relative guardian's participation in an education or training program and they are receiving **TANF**, they shall be advised to contact their TANF caseworker to determine if the education or training activity is approved for child care. (Guardians are not eligible for TANF unless they are related to the child.)

A) If the activity is approved for child care by the TANF caseworker, the adoptive parent or guardian shall complete the **DPA 3455**, **Child Care Application**, and forward the application, the **CFS 2009**, **Referral for Child Care Subsidy/Adoptive Parent/Guardian**, and required documentation to the appropriate CCR&R agency.

B) The CCR&R completes a preliminary determination of eligibility. The adoptive parent/guardian will be notified of prospective eligibility and anticipated co-payment or will receive a denial notice. If the application is approved, the preliminary approval is valid for six months. After the initial six months, families are responsible for maintaining their own eligibility through the CCR&R.

C) If preliminary approval is received, when the adoption or private guardianship is final, the adoptive parent or guardian contacts the DCFS Regional Day Care Unit at the telephone number identified in Appendix A.

D) The regional day care staff completes the **CFS 2005**, **Notice of Child Care Payment Termination**, and sends the form to the appropriate CCR&R agency, the adoptive parent/guardian and the

provider. DCFS will continue to make payment for the child care through the month following the month in which the adoption/guardianship is final.

E) The CCR&R will send the **DPA 3455A**, **Approval of Request for Child Care Payment**, to the parent/guardian and the provider. The required co-payment will be listed on this form.

VI. FORMS

Forms may be ordered in the usual manner, including the DHS brochure, DPA 3211, *Affordable Child Care*, and the DHS Child Care Application, DPA 3455.

VII. ATTACHMENTS

Appendix A, DCFS Regional Day Care Units
Appendix B, Child Care Resource and Referral Agencies by Counties Served
CFS 2004, Notice of Eligibility for DHS Child Care Subsidy
CFS 2005, Notice of Child Care Payment Termination
CFS 2008, **Referral for Child Care Subsidy**
CFS 2009, Referral for Child Care Subsidy/Adoptive Parent/Guardian
CFS 2013, Notice Regarding Parent Co-payment
CFS 2014, Parent Co-payment Notice
DPA 3455, Child Care Application
DPA 3455A, Approval of Request for Child Care Payment
DPA 3211, *Affordable Child Care*, DHS brochure

VIII. FILING INSTRUCTIONS

Place this Policy Guide in your volume of rules and procedures directly behind Procedures 302.330, Day Care Services. Remove and discard Policy Guide 98.16 in its entirety.

APPENDIX A

DCFS REGIONAL DAY CARE UNITS

Cook County:	Office of Child Development 310 S. Michigan Ave., Suite 1001 Chicago, IL 60605 312/793-8607
Northern Region:	Day Care Unit 8 E. Galena Blvd. Aurora, IL 60506 630/801-3400
Central Region:	Day Care Unit 5415 N. University Ave. Peoria, IL 61614 309/693-5400
Southern Region:	Day Care Unit 10 Collinsville Ave. East St. Louis, IL 618/583-2100

This page intentionally left blank.

APPENDIX B

CHILD CARE RESOURCE AND REFERRAL AGENCIES BY COUNTIES SERVED

Boone, JoDaviess, Stephenson, Winnebago
YWCA Child Care Resource & Referral
220 S. Madison, Rockford, IL 61104
1-815-968-9684 (Voice & TTY)

Carroll, DeKalb, Lee, Ogle, Whiteside
4-C Community Coordinated Child Care
155 N. Third, Suite 300, DeKalb, IL 60115
1-800-848-8727 (Voice & TTY)

Lake
YWCA of Lake & McHenry Counties CCR&R
2133 Belvidere Road, Waukegan, IL 60085
1-800-244-5376

McHenry
YMCA of McHenry County CCR&R
P.O. Box 1139, Crystal Lake, IL 60039
1-815-459-4459 or 1-847-516-0037

DuPage, Kane
YWCA Child Care Resource and Referral
739 Roosevelt Road, Bldg. 8, Suite 210
Glen Ellyn, IL 60137
1-630-790-8009

Grundy, Kankakee, Kendall, Will
Child Care Resource & Referral
2317 W. Jefferson, Suite 207
Joliet, IL 60435
1-800-552-5526

Cook
Day Care Action Council
4753 N. Broadway, Suite 1200
Chicago, IL 60640
1-312-769-8000
and
Child Care Initiatives, Hull House Assoc.
1880 W. Fullerton Ave., Building A, 2nd Floor, Chicago, IL 60614-1924
1-312-769-8000

Henderson, Henry, Knox, McDonough, Mercer, Rock Island, Warren
Community CCR&R Center
2804 Eastern Ave, Davenport, IA 52803
1-800-369-3778 or 1-319-324-1302

Bureau, Fulton, LaSalle, Marshall, Peoria, Putnam, Stark, Tazewell, Woodford
Child Care Connection
One College Drive
East Peoria, IL 61635-0001
1-800-421-4371 or 1-309-694-5197

DeWitt, Ford, Livingston, McLean
Child Care Resource & Referral Network
207 W. Jefferson, Suite 301
Bloomington, IL 61701
1-800-437-8256 (TTY) or 1-309-828-1892

Champaign, Douglas, Iroquois, Macon, Piatt, Vermillion
Child Care Resource Service
199 Bevier Hall
905 S. Goodwin Ave., Urbana, IL 61801
Champaign: 1-217-333-3252
Elsewhere: 1-800-325-5516

Clark, Coles, Cumberland, Edgar, Moultrie, Shelby
Eastern Illinois University CCR&R
School of Family & Consumer Science
Klehm Hall, Room 107
Charleston, IL 61920
1-800-545-7439

Adams, Brown, Calhoun, Cass, Greene, Hancock, Jersey, Pike, Schuyler
West Central Child Care Connection
WCU Building, Room 610
510 Main Street, Quincy, IL 62301
1-800-782-7318 or 1-217-222-2550

Christian, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Sangamon Scott
Community Child Care Connection
1004 N. Milton Ave., Springfield, IL 62702
1-800-676-2805 (Voice & TTY)

Bond, Clinton, Madison, Monroe, Randolph, St. Clair, Washington
CHASI-CCR&R Service
2133 Johnson Road, Ste. 100A
Granite City, IL 62040
1-800-467-9200

Clay, Crawford, Edwards, Effingham, Fayette, Jasper, Jefferson, Lawrence, Marion, Richland, Wabash, Wayne
Project CHILD
Rend Lake College
P.O. Box 827
1100B S. 42nd Street
Mt. Vernon, IL 62804
1-800-362-7257

Alexander, Franklin, Gallatin, Hamilton, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Saline, Union, White, Williamson
Child Care Resource & Referral
John A. Logan College
Carterville, IL 62918
1-800-232-0908

Section 302.340 Emergency Caretaker Services

In all cases involving persons who are hearing impaired or limited/non-English speaking, emergency caretaker services shall be provided by caretakers who can communicate in the client's preferred mode of communication, or speak the client's primary language. If that is not possible, an interpreter or other auxiliary service shall be provided.

Emergency Caretaker Not Required. An emergency caretaker should be used only when children are reported to be, or discovered by DCFS to be, alone. When the child protection or child welfare worker finds that a child(ren) has been left in the care of a youth under age 18, the worker will use professional judgment in arriving at a decision of whether to place an emergency caretaker in the home. The following factors will generally rule out placement of an emergency caretaker:

- the youth left in charge appears both mature and responsible;
- the physical surroundings appear adequate and the child(ren) adequately cared for; and
- the whereabouts of the parent, guardian, custodian or responsible caretaker is known and they can be reached in an emergency.

When it is determined that an emergency caretaker is not required the worker shall leave his name, address and phone number with the children and shall document in writing, the rationale for not using an emergency caretaker.

Emergency Caretaker Required. When it is in the child's best interest not to be removed from the house and/or when a youth under age 18 cannot, in light of the factors identified above, assume responsibility, an emergency caretaker should be placed in the home. The worker shall notify the local law enforcement agency in whose jurisdiction the home is located that an emergency caretaker will be in the home. Upon arrival of the caretaker the worker shall introduce the caretaker to the child(ren) and the surroundings and assure a smooth transition before leaving. The worker shall leave the caretaker with a phone number where he can be reached and instructions to contact him immediately should a parent, relative or caretaker arrive at the home.

Initiation of Court Proceedings. When an emergency caretaker has been placed in the home and when at the end of twelve (12) hours no responsible parent, relative, guardian or caretaker has been located, the worker shall initiate proceedings under the Juvenile Court Act to assure that the child(ren) is brought before a judicial officer within 48 hours, excluding Saturdays, Sundays and legal holidays, for a shelter care hearing. Should continuation of emergency caretaker services rather than placement services be warranted until the shelter care hearing, this is permissible.

This page intentionally left blank.

Section 302.350 Family Planning Services

a) Availability to All Clients

Clients old enough to have children for whom DCFS is directly providing or purchasing services shall be provided with information and materials about the availability of family planning services and shall be provided with family planning services when requested. This information and material should include the broad scope of sexual health concerns, particularly the delay of pregnancy and the prevention of sexually transmitted infections. Sexual health materials should encourage abstinence and risk reduction methods including access to contraceptives and condoms for both male and female youth. Part of the counseling provided to parents will include information concerning the availability of family planning and birth control. Family planning information will be provided to youth receiving youth development related services as well as to other children old enough to have children for whom DCFS is legally responsible. This also includes information concerning the proper use of condoms and their availability to youth through health care providers, local public health clinics and community service agencies.

Family planning services will be made accessible to persons who are hearing impaired or limited/non-English speaking persons through the use of an interpreter or other auxiliary services. Efforts shall be made to accommodate the communication needs of person with other disabilities such as persons with visual impairments who may need written materials read to them or provided in Braille.

b) Approval for Physician or Pharmaceutical Services

When a parent receiving DCFS services is in need of physician or pharmaceutical services related to family planning and lacks funds and is not eligible for Medicaid, the need should be indicated on the Family Service Plan. Refer to Procedures 359 for details concerning payment.

c) Abortion Notification

If a physician contacts a DCFS or POS Permanency Worker, supervisor, or foster parent to provide an "abortion notification" for a youth under DCFS custody, the Permanency worker, supervisor or foster parent shall immediately instruct the physician to contact the DCFS Guardianship Administrator and shall give the physician the following phone numbers:

- **Monday – Friday, 8:30 a.m. to 4:30 p.m., call the Consent Line at 800-828-2179.**

- **After hours, holidays and weekends, call the Child Intake and Recovery Unit at 866-503-0184**.

The Consent Line or the Child Intake and Recovery Unit will accept notification calls for youth for whom DCFS has guardianship. Whenever such notification is received, the DCFS Office of the Guardian will notify the Teen Parent Service Network (TPSN) to provide support and assistance to the youth, as needed. The TPSN will be notified via e-mail and can be found on Outlook as "TPSN Intake-Referrals." The TPSN notification e-mail message will include the youth's name (first and last), DCFS client ID, and date of birth.

The Consent Line or the Child Intake and Recovery Unit will accept notification calls for youth for whom DCFS has guardianship. The Consent Line or the Child Intake Recovery Unit will advise callers if DCFS does not have guardianship of the youth and will not accept notifications when DCFS has protective or temporary custody.

Section 302.360 Health Care Services

Table of Contents

It is the objective of both the Department of Children and Family Services (DCFS) and the Department of Healthcare and Family Services (HFS) to promote and maintain the normal growth, development, health and well-being of each child placed in substitute care. Permanency Workers for DCFS and purchase of service agencies are responsible for ensuring that the child's caregiver seeks services from health care providers, practitioners and related medical resources that are enrolled in the Medical Assistance Program.

For the safety and protection of children, the DCFS requires that health care providers be licensed and in good standing in their respective fields. A health care provider may only perform those services authorized by his/her current license.

In order to avoid a potential conflict of interest, DCFS prohibits foster parents and relative caregivers or their immediate family members who are health care providers (e.g., medical, dental, nursing, behavioral, etc.) from treating or examining children in their care who are in DCFS custody or guardianship.

Internal medicine physicians should not be providing services to or be the primary care physician for children under the age of 16.

Interpreters shall be provided as necessary for limited/non-English speaking or hearing impaired children or caregivers in order to help them communicate with health care professionals.

Permanency Workers must emphasize to caregivers and youth the importance of keeping all health appointments, including dental, vision, etc. Missed appointments can be detrimental to a child's health, and can result in a health care provider becoming unwilling to serve children in DCFS custody or guardianship.

Permanency Workers must also emphasize that caregivers cannot refuse any health services, including immunizations, for any child in DCFS custody or guardianship. The power to consent or to refuse to consent to any health services, including immunizations, rests with the child's parent or legal guardian.

Permanency Workers should be prepared to present a copy of the court order granting temporary custody or guardianship when necessary to obtain a child's medical records from health providers. If necessary, the Permanency Worker should work with the Regional Counsel to obtain an administrative subpoena to obtain records.

a) **HealthWorks**

HealthWorks is the comprehensive system of health care developed by DCFS for children in substitute care to have: access to quality health care, routine and special health care as needed, and documentation of health needs and care readily accessible to substitute caregivers, other health care providers, and caseworkers. All children taken into Department custody are to be enrolled in HealthWorks within the first 45 days after the Department assumes custody. Children ages 0-5, pregnant DCFS wards, and children of parenting DCFS wards are eligible for medical case management services. Medical case management agencies aid in ensuring that children in DCFS custody or guardianship receive preventive health care services, develop health care plans for inclusion in each child's Service Plan, and receive follow-up health care services as medically appropriate. HealthWorks also assists in gathering previous health care information and other health care documentation.

Permanency Workers should be prepared to assist HealthWorks in obtaining the child's and family member's health histories.

The HealthWorks Lead Agencies provide assistance in locating a doctor for a child in DCFS custody or guardianship in the county where the child lives. A list of HealthWorks Contact Coordinators and the counties they serve can be found at: http://www.illinois.gov/dcfs/brighterfutures/healthy/Pages/Locating-Medical-Services-for-Children-in-DCFS-Care.aspx.

In Cook County, staff shall call the HealthLine (**800-KID-4345**) to arrange the initial health screening and must also instruct the substitute caregiver to call the HealthLine the same day a child is placed with them to schedule a comprehensive health evaluation. To enable the HealthLine to contact substitute caregivers who do not schedule an appointment for the comprehensive health evaluation, staff shall call the HealthLine the same day a child is placed to inform the HealthLine of the address and telephone number of the substitute caregiver with whom a child is placed.

When a child changes placement and will be served by a different HealthWorks lead agency, the Permanency Worker shall contact the new lead agency to advise of the child's new placement.

b) Initial Health Screening (IHS) and Comprehensive Health Evaluation (CHE)

1) The worker responsible for placing a child entering substitute care shall ensure that the child receives an initial health screening **within 24 hours** of the Department assuming legal custody of the child **and before placement**. An Initial Health Screening (IHS) is required regardless of the type of custody (protective custody, temporary custody, guardianship or voluntary placement agreement), and regardless of whether a child had been living in a relative's home prior to protective custody and may be placed in the same home after protective custody is taken. The IHS shall be conducted by a qualified health care provider in accordance with Early and Periodic Screening Diagnosis and Treatment (EPSDT) standards, and should be of sufficient scope to permit the Department or POS agency to ascertain enough information about the current health of the child to identify any health needs or a communicable disease requiring immediate attention, and any health information needed to make an informed, appropriate placement decision.

   If a child is in the hospital at the time the Department takes protective custody, the hospital discharge examination shall serve as the initial health screening.

2) All children who enter substitute care shall also receive a comprehensive health evaluation (CHE) that meets the requirements of HFS' Healthy Kids Early and Periodic Screening, Diagnosis and Treatment Program **within 21 days** of the date on which the Department was given temporary custody or guardianship of the children. Children entering substitute care through a voluntary placement agreement must receive a CHE **within 21 days** of the date on which the Department accepted custody of a child via the voluntary placement agreement. Permanency Workers shall follow-up with all recommendations for further evaluation made by the doctor performing the CHE.

   For children who are part of the Integrated Assessment process, information from the CHE will be included in the integrated assessment report.

   Developmental screenings for all new cases involving children ages 0–3 are arranged through the Division of Clinical Practice and Professional Development.

3) Children in the guardianship of the Department who are placed in the home of a parent and who subsequently are placed by the Department in substitute care shall receive an IHS upon placement in substitute care. If the children have not had a physical examination consistent with the schedule in Section (d), below, while the children were still in DCFS custody or guardianship, the Permanency Worker shall have the caregiver schedule a CHE.

4) Developmental Screenings

A) **Integrated Assessment Program Cases Involving 0-5 Year Old Wards (Statewide):**

In conjunction with Integrated Assessment, all children in DCFS custody or guardianship statewide, and the children of DCFS wards regardless of whether they are in DCFS custody or guardianship, will receive a developmental screening (ages 0-3) and school readiness screening (ages 3-5 years). Screening appointments will be scheduled within a short time of case opening. Once Permanency Workers receive the appointment, they should contact the caregiver to ensure their availability and participation. It is the Permanency Worker's responsibility to ensure that recommendations from the screening are implemented and the necessary services occur. All screenings are to be completed within 30 days of the child's placement.

B) **Cases Outside of the Integrated Assessment Program (Cook County):**

Developmental screenings for 0-3 year olds shall occur internally at a designated DCFS office.

In Cook County, Early Childhood Coordinators shall refer all children in DCFS custody or guardianship ages 3-5, and the children of DCFS wards ages 3-5, to the Chicago Public Schools for a Child Find Screening. When a child's case is opened, the Early Childhood Program shall notify the child's Permanency Worker by mail when the child needs to be screened. For children residing in suburban Cook County, the Permanency Worker shall have the option of referring the child for screening to a provider in the child's community. Regardless of the person or entity performing the screening, the screening results should be forwarded to the Cook County Early Childhood Preschool Coordinator (See **Procedures 314.Appendix G** for detailed information on referrals). All screenings shall be completed within 45 days of the child's placement.

C) **Cases Outside of the Integrated Assessment Program (Downstate):**

The Early Childhood coordinators shall refer all children in DCFS custody or guardianship ages 0-5, and the children of DCFS wards ages 0-5, to community providers, such as the local Child and Family Connections (for 0-3 year olds), Public Health Department, or school district for developmental

screenings (for ages 3-5). When a case is opened involving a child age 0-5, the coordinator shall mail screening resources directly to the Permanency Worker. When the screening is completed, the Permanency Worker shall forward the results to the Regional Early Childhood Coordinator. If the screening results suggest the need for further evaluation, the Permanency Worker shall refer the child to an Early Intervention program for a developmental evaluation or to the school district for an assessment for early childhood special education services. The Permanency Worker shall follow-up with the provider to ensure that the evaluation occurs and necessary services are in place within 45 days.

c) Health Passport

The Health Passport contains a summary of health information for each child/youth in DCFS custody or guardianship. It contains the child's health history, present health care and medical conditions (if any), and available health information about the child necessary for the proper care of the child. It is not intended to be a complete medical record for the child.

The Health Passport is continuously updated in two ways: 1) by entering information directly into SACWIS; and 2) via a weekly electronic interface between SACWIS and Department of Healthcare and Family Services' Medicaid claims database. Additional interfaces are planned with the DHS/ Cornerstone and Illinois Department of Public Health (IDPH) databases.

Child Protection Specialists and Permanency Workers and supervisors shall ensure that caregivers receive the child's Health Passport containing all available health information about the child necessary for the proper care of the child. (To find the Health Passport on SACWIS, select the **HEALTH** hyperlink on the SACWIS Person Management screen, then select "Reports.")

1) The Health Passport must be provided:

   A) to a new caregiver (or a shelter, when appropriate):

      - when there is a planned change in placement; or
      - when the child's placement is disrupted;

   B) to a facility director:

      - when the child is transitioned from a traditional foster home or relative home to a group home or institution; or
      - when the youth is held in detention or placed in a Department of Juvenile Justice facility;

C) to a birth parent or legal guardian upon family reunification, in accordance with the Mental Health and Developmental Disabilities Confidentiality Act and any applicable statutes;

Note: If the Health Passport of a child age 12 to 18 contains any mental health information, the Permanency Worker must obtain consent in writing from the child before the Health Passport can be given to the parents/legal guardians.

D) to the prospective adoptive parents as soon as possible after the family is identified, but no later than ten days prior to the date of the adoptive placement or the legal risk placement with prospective adoptive parents in the event the child is not yet free for adoption; or

E) to the prospective guardian upon approval for subsidized guardianship.

2) The Permanency Worker shall provide an updated Health Passport to the child's caregiver, or the facility director if the child is placed in a residential or Department of Juvenile Justice facility, upon request, or at least annually while the child's case remains open.

The Permanency Worker shall instruct the caregiver to take the Health Passport to all medical appointments.

For children entering DCFS custody, the caregiver will receive a Health Passport for the child following the Comprehensive Health Evaluation by the HealthWorks of Illinois Lead Agency.

3) Medical providers should make a copy of the child's Health Passport for the child's medical record.

4) A lost Health Passport can be replaced at any time.

5) Health Passport for the Youth. The Health Passport is an efficient and convenient way to provide youth with a summary of their health information (required by **Procedure 302.Appendix M, Transition Planning for Adolescents**).

Permanency Workers and caregivers shall encourage each youth to take the Health Passport to all appointments with his/her Primary Care Provider (physician). Female youth should also take the Health Passport for Obstetric-Gynecological visits.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2020.05

Procedures 302.360, Health Care Services; and
Procedures 315, Permanency Planning

DATE: January 9, 2020

TO: All DCFS and Purchase of Service (POS) Permanency Workers, Permanency Supervisors and Administrators

FROM: Marc D. Smith, Acting Director

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to issue revisions to Procedures 302.360, Health Care Services and Procedures 315, Permanency Planning to implement **Public Act 101-0237**. These revisions are effective January 1, 2020. This Policy Guide also replaces Policy Guide 2019.04, Requirements for Reunification and After Care Services, and incorporates its requirements pending revision of Procedures 315.

To the extent that any of the required activities in Section IV differ from Procedures 302.360 or Procedures 315, this Policy Guide controls.

Amendments to Procedures 302.360 and Procedures 315 are being prepared and will be issued soon.

II. PRIMARY USERS

The primary users of this Policy Guide are all DCFS and Purchase of Service (POS) Permanency Workers, Permanency Supervisors and Area Administrators.

III. BACKGROUND

Public Act 101-0237 adds Section 7.8 of the Children and Family Services Act [20 ILCS 505/7.8], that adds requirements regarding completion of the home safety checklist, after care services, well-child exams and immunizations in order to ensure the health and safety of youth in care as they are returning home to their parents/guardians.

Section 7.8 requires:

- *Whenever a child is placed in the custody or guardianship of the Department or a child is returned to the custody of a parent or guardian and the court retains jurisdiction of the case, the Department must ensure that the child is up to date on his or her well-child visits, including age-appropriate immunizations, or that there is a documented religious or medical reason the child did not receive the immunizations.* [20 ILCS 505/7.8(b)]

- When the court determines that a youth in care can return to the custody of his or her parent/guardian, the Department must complete, prior to the child's discharge from foster or substitute care, a home safety checklist to ensure that the conditions of the child's home are sufficient to ensure the child's safety and well-being. At a minimum, the home safety checklist shall be completed within 24 hours prior to the child's return home and completed again or recertified within 5 working days after a child is returned home and every month thereafter until the child's case is closed~~.~~ pursuant to the Juvenile Court Act of 1987. [20 ILCS 505/7.8(c)]

- When a court determines that a child should return to the custody or guardianship of a parent or guardian, after care services provided to the child and family shall commence on the date the child is returned to the custody or guardianship of a parent/guardian. If children are returned to the custody or guardianship of a parent or guardian at different times, a minimum of 6 months of after care services shall be provided to each child commencing on the date each individual child is returned home. [20 ILCS 505/7.8(d)]

In Procedures 302.360, Health Care Services, the instructions below apply to the following subsections:

c) Health Passport;
d) School Health Examination and Immunization Requirements;
e) Well Child Physical Examinations; and
h) Immunization Requirements.

In Procedures 315, Permanency Planning, the instructions below apply to:

- Procedures 315.130(c), Interventions and Contacts Following Reunification;
- Procedures 315.160, Developing the Reunification Service Plan;
- Procedures 315.165, Developing the After Care Service Plan; and
- Procedures 315.250(a), Reunification, Planning for After Care and Termination of Services.

IV. INSTRUCTIONS FOR DCFS AND POS PERMANENCY STAFF

These instructions apply in all placement cases and must be followed prior to and after reunification.

Procedures 302.360, Health Care Services

Permanency Workers shall ensure that, prior to reunification, every child in DCFS custody or guardianship:

- is up to date on his/her well-child physical examinations; and

- is immunized according to the recommendations of the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics unless there is a documented religious or medical reason the child did not receive one or more immunizations.

Permanency Workers shall ensure that each child's Health Passport contains up to date documentation of the child's physical examinations and immunizations. Religious or medical reasons for not receiving any one or more immunizations shall be documented on the Health Passport and in case notes.

Procedures 315, Permanency Planning

a) DCFS and POS Permanency Workers are required to provide services to the family **for at least 6 months following return home of each child** from substitute care.

b) The Permanency Worker shall perform each of the following duties within the time frames established in this Policy Guide or more frequently when directed by the Permanency Supervisor.

1) **Develop Reunification and After Care Service Plans for the family.** The Permanency Worker and Permanency Supervisor shall ensure that these Service Plans include the requirement that the Permanency Worker will provide services to the family **for at least 6 months** following return home of **each child**. **The 6-month time period shall begin on the day the child is returned home.**

When more than one child in a family is in substitute care and the children are not returned home on the same day, **the 6-month period shall restart** on the day each additional child is returned home to that parent.

Example: Child 1 is returned home on March 1. The 6-month period starts March 1. If on April 1, Child 2 is returned home, the 6-month period for the family restarts on April 1. If Child 3 returns home on July 1, the 6-month period for the family restarts on July 1.

When eligible, the Permanency Worker shall refer the family for Norman and TANF services.

A Child and Family Team Meeting must be held approximately 30 days prior to reunification and/or case closure to develop the After Care Service Plan (see Procedures 315.125).

When a court determines a child in substitute care may be returned to the custody of a parent or guardian, the Permanency Worker must complete, **prior to the child's discharge from foster or substitute care, and within 24 hours prior to the child's return home, a CFS 2025, Home Safety Checklist** to ensure that the conditions of the child's home are sufficient to ensure the child's safety and well-being.

2) **Face-To-Face Contact Required with Parents and Each Child.** The required time frames for **face-to-face interventions and contacts** after reunification are set out in (A) through (C), below. Face-to-face contact is required with the parents and each child. The Permanency Worker must see and spend some time with each child outside the presence of the parents.

The Permanency Worker must document each intervention and contact in a contact note within 48 hours.

Additionally, a permanency worker must photograph each child and upload the photos to SACWIS immediately prior to returning the child home.

Each of these required time frames must be met for <u>each child</u> returned home.

Example: Child 1 returns home on March 1. Child 2 is returned home 3 months later (June 1). The Permanency Worker will be performing all required "First Month" interventions and contacts for Child 2 <u>as well as</u> the "Ongoing" interventions and contacts for Child 1. When Child 2 has been home at least 1 month, the Permanency Worker will perform "Ongoing" interventions and contacts for <u>both children</u> for no less than 6 months of after care contact and services.

3) **Initial Intervention and Contact.** <u>Within 24 to 72 hours</u> after the return home of each child from substitute care, the assigned Permanency Worker must conduct an initial <u>face-to-face intervention with each child and the parent in the home</u>. The timing of the visit will be based upon the CERAP completed when each child is returned home. If the family (child and parent) is unavailable, the Permanency Worker must make a second attempt within one working day after the failed attempt. If the second attempt is also unsuccessful, the Permanency Worker shall conduct a diligent search for the family.

At that visit (no later than within 5 working days after a child is returned home), the Permanency Worker shall also review the **CFS 2025, Home Safety Checklist** completed immediately prior to the child's return home to ensure that the conditions of the child's home continue to be sufficient to ensure the child's safety and well-being. Any changes in the condition of the home shall be documented on the Home Safety Checklist. The Permanency Worker shall document this review in a contact note.

4) **First Month.** Following the initial visit, <u>weekly or more frequent intervention and contact</u>, as determined by the Permanency Supervisor, with each child and parent in the home is required for the first month following each child's reunification. At least two of these visits during this first month after each child's reunification must be unannounced.

The Permanency Worker shall also complete a **CFS 2025, Home Safety Checklist** at the end of the first month following each child's reunification.

5) **Ongoing.** After the first month, the frequency of intervention and contact for each child shall be at least monthly. The Permanency Worker shall photograph each child and upload the photos to SACWIS after each monthly visit during the 6 months of after care services. The Permanency Worker shall also complete a **CFS 2025, Home Safety Checklist** at each monthly home visit to ensure that the conditions of the child's home continue to be sufficient to ensure the child's safety and well-being.

When each child returned from substitute care has been home at least 6 months, the Permanency Worker and Permanency Supervisor shall conduct a Risk Assessment to determine whether there are sufficient Risk Factors present to require continued contact**.** If the Risk Assessment indicates there are no longer sufficient Risk Factors present to warrant ongoing contact and interventions, the Permanency Supervisor may instruct the Permanency Worker to initiate steps to close the case and discontinue contact.

If a paramour was the indicated perpetrator, the frequency of contact for each child must be weekly for the first three months**,** regardless of whether or not the paramour resides in the home.

6) **After Care Service Plan and Casework Activities.** The Permanency Worker must comply with all child safety review requirements listed in Procedures 315.250(d), After Care Service Plan and Casework Activities in preparation for case closing. In addition:

- the required interviews, photographs, observations and assessments must be conducted of/for **each child**;
- the child safety review must include **a walk-through assessment of the home** as well as completion of the **CFS 2025, Home Safety Checklist**; and
- a completed CANS is required prior to case closing. The CANS is only considered completed when the child items and adult items are scored.
- After the child returns home, while the court case is still open and the court still has jurisdiction, the Permanency Worker must ensure that the child is up to date on their well-child visits and immunizations.

V. NEW, REVISED AND/OR OBSOLETE FORMS

No new or revised forms.

VI. QUESTIONS

Questions concerning this Policy Guide should be directed to the Office of Child and Family Policy by emailing the DCFS.Policy on Outlook. Persons and agencies not on Outlook can e-mail questions to DCFS.policy@illinois.gov.

VII. FILING INSTRUCTIONS

Place this Policy Guide behind page 6 in Procedures 302.360.

Policy Guide 2019.04, **Requirements for Reunification and After Care Services** has been rendered obsolete. Remove Policy Guide 2019.04 after the following Sections in Procedures 315, Permanency Planning and replace with this Policy Guide 2020.05:

- Procedures 315.130(c), Interventions and Contacts Following Reunification;
- Procedures 315.160, Developing the Reunification Service Plan;
- Procedures 315.165, Developing the After Care Service Plan; and
- Procedures 315.250(a), Reunification, Planning for After Care and Termination of Services.

The Permanency worker shall give an updated Health Passport to each youth:

A) for youth age 16 or older, at least annually (The American Academy of Pediatrics recommends that health care transitioning begin with youth at age 12 and continue through adolescence to the youth's emancipation. By age 16, there should be specific plans for a transition to adult health care in which the youth takes more and more responsibility for her/his own health care.);

B) for youth at age 17½ , as part of the Youth-Driven Transition Plan;

C) when the youth ages out of foster care, attains independence or is emancipated; and

D) when the youth enters a transitional or independent living arrangement.

d) School Health Examination and Immunization Requirements.

For the most current health (physical, dental, vision, hearing, TB screen, lead screen, etc.) and immunization requirements for schools, contact the administrative office for the local school district where the child will be enrolled, the Illinois Department of Public Health's School Health Program Administrator at **217-524-1844** or the IDPH "Back to School" website at **http://www.idph.state.il.us/back_to_school/index.htm#Immunizations**. In addition, the Permanency Worker should check with the child's school to determine when each health requirement must be completed. In some instances, state law will establish a specific date. For example, physical examinations and immunizations are required to be received by schools no later than October 15th of the school year or an earlier date that might be set by the school district.

Permanency Workers shall ensure that each child in DCFS custody or guardianship on their caseload is in compliance with all school health and immunization requirements.

Failure to provide the school with documented evidence of certain required health and immunization requirements may result in the child being excluded from school.

e) Well Child Physical Examinations

Permanency Workers shall ensure that caregivers arrange for preventative or "well child" physical examinations for every child in DCFS custody or guardianship. All well child examinations should be performed in accordance with Early and Periodic Screening Diagnosis and Treatment (EPSDT) standards. All well child visits shall be performed by the child's health care provider in the provider's office or clinic, and not in a hospital emergency room or urgent care facility. As age and developmentally appropriate, adolescents may choose their HealthWorks health care provider. As part of preparing for adulthood, youth ages 17 and older are expected to choose their own HealthWorks health care provider and be responsible for having their medical card.

A routine part of examinations for youth 12 years of age and older should include the health care provider offering confidential screenings and anticipatory guidance: for sexual activity, sexually transmitted infections (STI), pregnancy, and sexual abuse risk. Youth, 12 years of age and older, have a right to sexual health information and a right to confidentiality about their sexual health.

A POS agency shall not require a child to use a specific health care provider or clinic solely because the provider or clinic is affiliated with that agency.

Following the comprehensive health evaluation, physical examinations should be arranged according to the following schedules:

Under Age One:	Ages One to Two:	Ages Two to 21:
Birth 2 weeks 1 month 2 months 4 months 6 months 9 months	12 months 15 months 18 months	Annually

f) Dental Examination Requirements

Beginning at age two, dental examinations for children in DCFS custody or guardianship are required annually and routine dental prophylaxis (teeth cleaning) is required every six months. In addition to dental examinations, the Department encourages caregivers to obtain for children in substitute care one topical fluoride treatment per year.

g) Vision and Hearing Screening Requirements

Subjective vision and hearing screening, based on health history and caregiver report, is part of each well child visit.

1) Vision Screening.

In accordance with rules promulgated by the Illinois Department of Public Health (77 Ill. Admin. Code 685.110) and guidelines of the American Academy of Pediatrics and the DHFS Healthy Kids Provider Handbook, HK-203.7.1 (March 2008), objective vision screening services shall be provided for:

A) Children at 3, 4, 5, 6, 8, 10, 12, 15 and 18 years of age. DHFS Healthy Kids Provider Handbook, HK-203.7.1 (March 2008) identifies the specific requirements for objective vision screening.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2018.05

DENTAL EXAMINATION REQUIREMENTS

DATE: February 16, 2018

TO: All DCFS & POS Permanency Workers and their Supervisors, Managers and Administrators.

FROM: Beverly J. Walker, Acting Director

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to ensure Permanency Workers are making timely assessments of the dental needs and history for children when they enter substitute care.

This Policy Guide is being issued to address a "deficient audit finding" regarding dental examination and treatment of children in care. This audit finding was identified during the Council on Accreditation (COA) Interim Review (completed October, 2017).

II. PRIMARY USERS

The primary users of this Policy Guide are DCFS & POS Permanency Workers and their Supervisors.

III. BACKGROUND

Current policy addressing dental examinations and treatment for children in care is set out in **Procedures 302.360(f), Dental Examination Requirements.** The Procedures state:

> "Beginning at age two, dental examinations for children in DCFS custody or guardianship are required annually and routine dental prophylaxis (teeth cleaning) is required every six months. In addition to dental examinations, the Department encourages caregivers to obtain for children in substitute care one topical fluoride treatment per year."

IV. INSTRUCTIONS TO PERMANENCY WORKERS

The following additional instructions are effective immediately:

a) When a child enters substitute care, the assigned Permanency Worker shall assess each child's prior dental needs and history within the first 30 days after entering care by requesting dental records/information from prior dental providers, and ensure timely follow-up to any previously identified dental needs. All dental records received shall be placed in the case record, and records and assessments of dental needs shall be documented in the child's Health Passport.

b) The Permanency Worker shall ensure that each child receives an initial dental examination within the first 6 months after entering care (or within 6 months of the child's last dental examination, when applicable). The Permanency Worker shall enter information regarding dental examinations in the child's Health Passport.

V. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or e-mail to OCFP on Outlook. Persons and agencies not on Outlook can e-mail questions to cfpolicy@illinois.gov.

VI. FILING INSTRUCTIONS

Place this Policy Guide immediately following Procedures 302.360(f), Dental Examination Requirements.

B) Children enrolling in kindergarten or enrolling in school for the first time, excluding pre-school, are required to receive an eye examination, not screening, by a licensed physician who performs eye examinations or an optometrist. Children who have received an eye examination for this requirement are not required to also receive a vision screening.

C) In lieu of the screening services required in subsection (a) of this Section, a completed and signed report form, indicating that an eye examination by a physician (M.D.) specializing in diseases of the eye or a licensed optometrist has been administered within the previous 12 months, is acceptable.

D) Subjective vision screening (by history, observation and non-quantative tests) should be conducted for all infants and toddlers in the primary care setting as a routine part of each well child visit.

2) Hearing Screening.

In accordance with rules promulgated by the Illinois Department of Public Health (77 Ill. Admin. Code 675.110) and guidelines of the American Academy of Pediatrics and the DHFS Healthy Kids Provider Handbook, HK-203.7.2 (March 2008), objective hearing screening using standard testing methodology shall be provided for:

A) Children at 4, 5, 6, 8, and 10 years of age. DHFS Healthy Kids Provider Handbook, HK-203.7.2 (March 2008) identifies the specific requirements for objective hearing screening.

B) In lieu of the screening services required in subsection (A) of this Section, a completed and signed report form indicating that the child has had an ear examination by a physician and an audiological evaluation completed by an audiologist within the previous 12 months is acceptable.

C) In cases of known hearing loss, an audiological evaluation completed by an audiologist within the previous 12 months may be accepted instead of a hearing screening.

D) Subjective hearing screening (by history and observation) should be conducted for all infants and toddlers in the primary care setting as a routine part of each well child visit.

3) When recommended by a health care provider, vision and hearing screenings may occur at an earlier age. Examination by an optometrist or audiologist is not required unless the child has trouble seeing or hearing or if more intensive evaluation is recommended by a health care professional.

h) Immunization Requirements

DCFS requires children in care to be immunized according to the recommendations of the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics unless the child's health care provider considers one or more specific immunizations to be contrary to the child's health. Current immunization recommendations are listed on the CDC website: **http://www.cdc.gov/vaccines/schedules/index.html.** Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. The CDC has published a Catch-up Immunization Schedule for children whose immunizations have been delayed more than one month. The catch-up schedule is also available on the CDC website.

Note: Substitute caregivers cannot refuse to get any immunization for a child in DCFS custody or guardianship. The only valid reason for a child not receiving a particular immunization is when the child's health care provider considers it to be contrary to the child's health.

i) Lead Screening

All children in DCFS custody or guardianship who are ages 6 months through 6 years shall be assessed each year for their risk of lead poisoning. The Department recommends that children receive a screening blood lead test at 12 and 24 months of age. Children over the age of 24 months and up to 72 months of age for whom no previous record of a blood lead test exists should also receive a screening blood lead test. Children 6 years and older may also be screened where medically indicated or appropriate.

Illinois state law requires children entering day care, nursery school, preschool or kindergarten to provide proof of a blood lead test or an assessment.

j) Anemia Test

Iron deficiency is the most prevalent form of nutritional deficiency in this country. The risk of anemia is highest during infancy and adolescence because of the increased iron requirements from rapid growth. (In full term infants, iron stores are adequate until age 4 to 6 months.) The following information is from *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, Recommendations for Preventive Pediatric Health Care*, 3rd Edition, 2008. A risk assessment for anemia should be conducted at 4, 18 and 24 months and all ages three years and above.

Hemoglobin or Hematocrit testing is recommended for persons:

- age 9 months to 12 months;
- age 15 months to 18 months, as medically necessary;
- at any age with a history of iron-deficiency anemia; or
- whose history or risk assessment identifies a medical need.

k) Sickle Cell Disease, Sickle Cell Trait and Hemoglobinopathies

All children born in Illinois hospitals on or after January 1, 1989 are tested for Sickle Cell disease at birth. Children with abnormal results should be retested by the child's health care provider or referred to a consultant. The following ethnic groups are at greater risk for Sickle Cell disorders:

- African-American;
- Hispanics from Mexico, Caribbean Islands and other South American countries;
- Natives of the Mediterranean Sea coast countries and East Asia countries; and
- Middle Eastern**.**

l) TB Screening

Tuberculosis (TB) screening is recommended to be done at the health care provider's recommendation based on medical indication. The American Academy of Pediatrics provides guidelines that recommend when children should be considered for TB testing. The following information provides guidance, but TB skin testing should be done in accordance with the child's primary care physician's recommendations:

Children for whom immediate TB skin testing is indicated:

- Children who have contact with persons who have confirmed or suspected infectious TB (contact investigation);
- Children with radiographic or clinical findings suggesting tuberculosis;
- Children emigrating from endemic countries (Asia, Middle East, Latin America). **For additional information on tuberculosis incidence rates in other countries, the Centers for Disease Control (CDC) provide information at**: **http://www.cdc.gov/tb/**; and
- Children with travel histories to endemic countries/or significant contact with indigenous persons from such countries.

Children who are recommended to be tested annually for tuberculosis:

- Children infected with HIV; and
- Adolescents with a history of incarceration;

Children who are recommended to be tested every 2-3 years:

- Children exposed to the following individuals: HIV infected; homeless; nursing homes residents; institutionalized adolescents or adults; users of illicit drugs; incarcerated adolescents or adults and migrant farm workers.

Children who are recommended to be considered for tuberculin skin testing at 4-6 years and 11-16 years:

- Children whose parents immigrated (with unknown tuberculin skin test status) from regions of the world with high prevalence of tuberculosis, continued potential exposure by travel to the endemic areas, or household contact with persons from the endemic areas (with unknown tuberculin skin test status) is an indication for repeat tuberculin skin testing; and
- Children without specific risk factors who reside in high-prevalence areas.

Risk for progression to disease:

- Persons with chronic renal failure, malnutrition, and other congenital or acquired immunodeficiencies are not at increased risk for acquiring tuberculosis infection, but underlying immune deficiencies associated with these conditions could enhance the possibility for progression to severe disease.

m) Family Planning Services, Pregnancy Testing and Abortion Notification

Family planning services provide information, devices, and materials to promote the postponement or prevention of conception. Family planning services shall be available to youth 12 years of age and older and children who are old enough to have children. Family planning services include the provision of information concerning medical care, contraceptive methods and devices, and when other resources are unavailable, payment for services. This also includes information concerning the proper use of condoms and their availability to male and female youth through health care providers, local public health clinics and community service agencies. Children in the custody or guardianship of the Department have the right to accept or reject family planning services.

Family planning services shall be made accessible to children and youth who are hearing impaired or limited/non-English speaking persons through the use of an interpreter or other auxiliary services. Efforts shall be made to accommodate the communication needs of children and youth with other disabilities such as persons with visual impairments who may need written materials read to them or provided in Braille.

Children of child bearing age are to be informed about and have access to contraception.

When a physician is diagnosing pregnancy, the physician should discuss all options for resolution of the pregnancy and/or refer the child for pregnancy counseling. Prenatal care should address the medical, social, nutritional, and educational needs of the child and include information about child care and contraceptives.

The Permanency Worker shall complete a **CFS 119, Unusual Incident Report Form** upon learning that a child in his/her caseload is pregnant.

Pregnant children are to be fully informed about all options for resolution of the pregnancy. A Permanency Worker shall refer each pregnant child in the custody or guardianship of the Department to the Pregnant and/or Parenting Program in accordance with **Procedures 302.Appendix J, Pregnant and/or Parenting Program**.

If a physician contacts a DCFS or POS Permanency Worker, supervisor, or foster parent to provide an "abortion notification" for a youth under DCFS custody, the Permanency Worker, supervisor or foster parent shall immediately instruct the physician to contact the DCFS Guardianship Administrator, and shall give the physician the following phone numbers:

- **DCFS Consent Line: 800-828-2179** (Monday – Friday, 8:30 a.m. to 4:30 p.m.); and
- **Child Intake and Recovery Unit: 866-503-0184** (after hours, holidays and weekends).

The Consent Line or the Child Intake and Recovery Unit will accept notification calls for youth for whom DCFS has guardianship. Whenever such notification is received, the DCFS Office of the Guardian will notify the Teen Parent Service Network (TPSN) to provide support and assistance to the youth, as needed. The TPSN will be notified via e-mail and can be found on Outlook as "**TPSN Intake-Referrals**". The TPSN notification e-mail message will include the youth's name (first and last), DCFS client ID, and date of birth.

The Consent Line or the Child Intake Recovery Unit will advise callers if DCFS does not have guardianship of the youth and will not accept notifications when DCFS has protective or temporary custody.

n) Sexually Transmitted Infections

Health education is a required component of every well child screening. Part of the health examination should include a health education component that assists children in understanding what to expect in terms of development as well as accident and disease prevention. Health care providers should obtain a developmentally appropriate confidential sexual history from all adolescent patients, regardless of gender or sexual orientation. A routine part of examinations of adolescent patients should include the health care provider offering confidential screenings and anticipatory guidance for youth's sexual health, sexual activity, sexually transmitted infections (STI), and information concerning the proper use of condoms, pregnancy, and sexual abuse risk. Those performing STI testing should provide pre- and post-test counseling. Information about the proper use of condoms and their availability should be provided to youth, male and female, through health care providers, local public health clinics, and community service agencies.

The Permanency Worker shall immediately refer any child who may have been exposed to an STI for medical testing.

o) HIV and AIDS

Procedures 327.Appendix H, HIV/AIDS Disease require Permanency Workers to review health care records for children in their caseload and obtain information from the child, parents, family history and caregivers to identify any HIV risk factors the child may exhibit. The Permanency Worker should consult with the supervisor, a health care professional, or the Department's AIDS Project to determine if a child that is exhibiting any of the risk factors should be referred for HIV testing.

For youth who report that they are sexually active or who are suspected to be sexually active, HIV testing shall be offered to the youth and conducted at least annually or more frequently if the health care professional considers it to be necessary.

A child or youth for whom a complete medical history cannot be obtained should be considered at risk for HIV and should be tested.

In cases involving the accidental exposure of blood between a DCFS ward and another person, HIV testing may be considered. Biting, scratching, and minor injuries rarely involve enough blood or exposure to tissue to cause the transmission of HIV. If the circumstances involve prolonged exposure or a significant amount of blood, HIV testing may be considered for both parties to rule out exposure to HIV. There should be a follow-up second test 12 weeks later to confirm any possible diagnosis of HIV exposure. With this guidance, DCFS will consider HIV testing of wards in accordance with the policies of other entities, schools, and agencies.

The Department shall be informed of the results of HIV tests performed and of all diagnoses of AIDS for children for whom the Department is legally responsible. Positive test results shall be reported to the DCFS HIV/AIDS Coordinator in the Division of Clinical Services and Development for further diagnosis and treatment.

(Additional information and Permanency Worker requirements for the care of children with HIV/AIDS are set out in **Procedures 327.Appendix H**.)

Because of stringent confidentiality restrictions regarding HIV/AIDS, a Permanency Worker shall **not** release information about HIV test results or a diagnosis of AIDS for a child in the custody or guardianship of the Department, except when authorized by **Rule and Procedures 431, Confidentiality of Personal Information of Persons Served by the Department**.

p) Food and Other Potentially Life Threatening Allergies

When a child is known to have a food or other potentially life threatening allergy, the Permanency Worker shall ensure that the child's health care provider or an allergist develops an Individual Health Care Plan and Emergency Action Plan to address that allergy. The Permanency Worker shall ensure that caregivers and school personnel are informed of the child's allergies and ensure that they have any necessary medication (such as an EpiPen) and a copy of the Emergency Action Plan. (For more information on this topic, see **Procedures 302.Appendix P, Food Allergies and Anaphylaxis**.)

q) Asthma

When a child is known to have asthma, the Permanency Worker shall ensure that the child's health care provider or asthma/allergy specialist develops an Asthma Action Plan. The placing worker shall take the child's health issues and medical conditions into consideration when selecting a placement and ensure that any necessary medication and equipment, as well as an Asthma Action Plan, is provided to the caregiver. If a caregiver is unable or unwilling to adhere to a physician's environmental recommendations, the placing worker or Permanency Worker must immediately seek another placement. The Permanency Worker shall ensure that school personnel receive the Asthma Action Plan and are aware of any identified triggers or allergens. (For more information on this topic, see **Procedures 302.Appendix Q, Case Management Guidelines for Children's Asthma Management**.)

r) Required Medical Records

Because up-to-date medical records of children in placement are important, the Permanency Worker shall ensure that there is proper recording in the child's case record of immunizations and/or boosters, illnesses, allergies, special food requirements, physical examinations, dental examinations, vision and hearing screening and other pertinent medical information. Additionally, any time a child is hospitalized or taken to the Emergency Room, a discharge summary should be obtained and placed in the child's case file. Discharge summaries must be shared with the child's pediatrician.

The following forms (or equivalent examination forms generated by the dentist's office or a report from physician's electronic medical records system) shall be used to document an examination:

Well child examinations of children ages birth – 18 months:

- **CFS 652-F, Ambulatory Pediatric Service-Birth to One Month Visit**
- **CFS 652-G, Ambulatory Pediatric Service-2 Month Visit**
- **CFS 652-H, Ambulatory Pediatric Service-4th Month Visit**
- **CFS 652-I, Ambulatory Pediatric Service-6th Month Visit**
- **CFS 652-J, Ambulatory Pediatric Service-9th Month Visit**
- **CFS 652-K, Ambulatory Pediatric Service-12th Month Visit**
- **CFS 652-L, Ambulatory Pediatric Service-15th Month Visit**
- **CFS 652-M, Ambulatory Pediatric Service-18th Month Visit**

Well child examinations of children and youth ages 2 – late adolescence:

- **CFS 600, Certificate of Child Health Examination**
- **CFS 60l, Dental Examination Form**

Acute medical examinations:

- **CFS 652 U, Ambulatory Pediatric Service-Acute Visit**

The caregiver shall obtain a completed form from the health care or dental provider. If a change in placement occurs, the child's medical records shall move with the child. Copies of these and other health-related forms shall be placed in the child's case record annually at minimum.

Reminder: Day care providers require a current **CFS 600, Certificate of Child Health Examination** for their records, and schools and other athletic programs may require the **CFS 600** for their activities. The Permanency Worker should remind the caregiver to obtain extra copies of the **CFS 600** for children at the time of a well child examination.

s) Adverse Pregnancy Outcome Reporting System (APORS)

APORS was implemented by the Illinois Department of Public Health (IDPH) to reduce, when possible, the results of adverse pregnancies through early services to correct, prevent and alleviate health problems. The APORS program requires all Illinois hospitals to report to the IDPH the results of any abnormal deliveries, which includes but is not limited to, substance exposed infants, congenital defects, life-threatening health problems, birth weight of less than 1,500 grams, and fetal and neonatal deaths. Children who meet APORS criteria receive services through medical case management agencies.

t) Division of Specialized Care for Children (DSCC)

When appropriate, Department and POS staff should explore the service programs available through the Division of Specialized Care for Children for children in DCFS custody or guardianship. DSCC provides care coordination for qualifying families and children with special health care needs.

The **DSCC Core Program** offers care coordination for Illinois children from birth to age 21 with eligible special health care needs. Conditions such as heart defects, orthopedic problems, cerebral palsy, hearing impairments, neurological disorders, urinary system problems, eye impairments, certain inborn errors of metabolism, hemophilia, cystic fibrosis, some disfiguring defects such as cleft lip/cleft palate and certain speech disorders are potentially eligible for DSCC services. DSCC may also provide financial support for specialized medical treatment of the DSCC eligible condition. Financial support is based on the family's total gross income. DSCC requires families to maximize third party payment sources, such as insurance and Illinois Medicaid card. For children with DSCC medically eligible diagnoses who are in DCFS custody or guardianship, DSCC provides care coordination only. If a child is suspected of having a DSCC eligible condition, DSCC will arrange for a no cost diagnostic to determine eligibility into the program.

The **DSCC Home Care Program** (also known as DSCC Waiver Program) helps families who care for medically fragile/technology dependent children, who require intensive skilled nursing care, in their own home rather than in a hospital or skilled nursing home. Children who meet the eligibility criteria can be provided necessary in-home and community services which may include nursing care, medical day care, specialized medical equipment and supplies, medications, home modifications, special training of nurses, medical transportation and family respite services.

For more information about DSCC programs or to locate the nearest DSCC Regional Office, call **800-322-3722** or **217-558-2350**, or visit the DSCC website at **www.uic.edu/hsc/dscc**.

u) Medical Card Coverage

Children in DCFS custody or guardianship and children adopted with a monthly adoption/subsidized guardianship subsidy payment are eligible for services through the Department of Healthcare and Family Services' (HFS) Medical Assistance Program.

The DCFS medical card is initiated with a phone call to the DCFS Medical Card Hotline (**800-228-6533**) during regular business hours (8:30 a.m. – 5:00 p.m.) or the Placement Clearance Desk (PCD) (**800-847-2152**) after hours, and on weekends and holidays.

The child may be issued a Temporary RIN, which will eventually result in the child's receipt of the permanent medical card. The Temporary RIN is to be issued by designated DCFS staff when:

- the child is taken into temporary protective custody (Note: if DCFS has taken protective custody, it is not appropriate to use the medical card obtained by the parent for the child. The parent's case is part of a managed care program with potentially different coverage arrangements than those allowed for DCFS wards.);
- placement in a paid or unpaid living arrangement is anticipated; or
- an adoption subsidy case is being opened.

When a Temporary RIN is obtained, the requesting worker must open a CYCIS case for the child, even if placement is not made.

When a Temporary RIN is issued and the CYCIS case is opened, the DCFS Technical Support Unit will review the CYCIS information as well as HFS/DHS information to assign the specific child to the Temporary RIN in the HFS database and open a permanent medical card if the child remains in placement.

Note: When a Temporary RIN has been issued or a Regular Medicaid card requested for a child who is adopted (with subsidy payment), the child's preadoptive case must have been closed, and the new case information and a new legal status of "NO" entered into CYCIS.

The Temporary RIN shall be issued at the Department's first involvement with a child or when the child's previously active Medicaid case has been closed as a result of a trial home visit (HMP) placement.

Lost or Stolen Medical Cards. If the medical card is lost or stolen and verification of Medicaid eligibility is needed, the Permanency Worker shall call the DCFS Medical Card Hotline (in Illinois: **800-228-6533**; out-of-state: **217-785-2553**) **no later than the end of the next business day** and request a replacement card. The card will be mailed to the location indicated on CYCIS and should arrive within 10 days. Any medical provider needing the RIN information prior to the arrival of a permanent card may call the State Central Register (**800-252-2873**) to verify the RIN.

Category 98. Children in Category 98 (DCFS related/responsible) are excluded from HFS requirements for co-pay and enrollment in health maintenance organizations (HMOs). Questions regarding whether other HFS Medicaid requirements apply to Category 98 cases should be directed to the DCFS Medical Card Hotline (**800-228-6533**).

The Department cannot make supplemental payments or pay for deductibles for medical services received through the DCFS medical card. Children in Category 98 who have an Illinois Medicaid card should receive medical services from an Illinois Medicaid enrolled provider. Illinois Medicaid enrolled providers should accept Illinois Medicaid payment as payment in full.

Children Living Out of State. When a **CFS 906-E, Payment Authorization Form**, is completed for a child in DCFS custody or guardianship who then moves out of state, a COBRA letter will be generated and sent to the child's caregivers. The letter will tell the caregivers whether the child is eligible to receive a medical card in the state where the child now resides. If the child is eligible, the caregivers should take the letter to the Medicaid office in that state to receive a medical card through that state. Illinois Medicaid card coverage will cease when the child is determined to be eligible for a medical card in the other state.

For children adopted with a subsidy or in subsidized guardianship, the DCFS Interstate Compact Office will send a COBRA letter to caregivers advising whether the child is eligible to receive Medicaid services in the state where the child now resides. If the child is eligible, the caretakers should take the letter to the Medicaid office in that state to receive a medical card through that state. Illinois Medicaid card coverage will cease when the child is determined to be eligible for a medical card in the other state.

Caregivers requesting assistance in locating the Medicaid agency in another state should be referred to the National Association of State Medicaid Directors website: **http://medicaiddirectors.org/**.

If the child who moves outside of Illinois is not eligible to receive a Medicaid card in the state where he/she now resides, the caregivers may ask the child's medical providers to become an Illinois Medicaid enrolled provider. To accomplish this, providers should call the Illinois Health Care and Family Services, Provider Participation Unit at **217-782-0538**.

v) Medical Availability

Medical services are available to children in DCFS custody or guardianship through the medical assistance program, except in the following living arrangements:

- HMP: Home of Parent – Non-Adoption Assistance*; or
- UAH: Unapproved Home of Parent

* Children in the Department's Adoption Assistance or Subsidized Guardianship programs with an ongoing subsidy payment are eligible for medical services through the Medical Assistance Program.

w) Medical Requirements for Reunification

1) Medical Exam Prior to Return Home

A) The Permanency Worker shall ensure that each child under age 18 returning to the home of his/her parent, with or without continued DCFS guardianship, receives a thorough medical examination within 30 days of the date that the child is to return home. When the court has ordered an immediate return home, the Permanency Worker shall ensure that the child is examined as soon as possible after the child is returned home. Whenever possible this examination should be performed by the health care provider the child will be using when returned home. If the exam will be conducted by a new health care provider, the Permanency Worker shall ensure that the child's medical records from the previous health care provider have been transferred to the new health care provider before the health examination is conducted. This examination shall be used as a baseline to evaluate future exams.

B) The parent shall be present at the time of the medical examination and discuss issues of the ongoing health care of the child with the health care provider. The parent may be in the room during the examination if it is appropriate based on the age of the child.

C) The Permanency Worker must request the results of the medical examination and keep the report in the child's case file.

2) Ongoing Health Care Needs

A) The Permanency Worker shall discuss with the parent(s) how the child's health care needs will be met after return home. This plan for meeting the child's ongoing needs shall be documented in the Family Service Plan.

B) The plan shall include the identification of a health care provider to serve the child after return home. If possible, the child's health care provider should remain the same as before the child's return home.

C) The Permanency Worker and parent(s) shall identify other resources the family can use to assist in meeting health care needs, such as Medicaid, local Public Health Departments or other community-based health clinics, etc.

3) Medical Follow-up after Return Home

A) A follow-up examination of the child by the child's health care provider shall be conducted no later than 14 days following the return home of the child. Additional follow-up examinations may be recommended by the health care provider. These follow-ups may consist of checking the child against the baseline information provided by the full medical examination conducted 30 days prior to reunification.

B) Payment for follow-up examinations will be made by Medicaid if the child is eligible and the provider is enrolled in the Medicaid program. If the child is no longer eligible for Medicaid or the provider is not a Medicaid-enrolled provider, the Department will pay for the examinations only if ordered by the court to do so. Such payments shall be submitted to the Regional Administrator on a **CFS 902, Exceptional Payment Request (EPR)**.

C) The Permanency Worker shall discuss with the health care provider the results of the first medical examination following reunification. The Permanency Worker shall request all medical reports from the health care provider's office, including those from subsequent exams until case closure and keep the reports in the case file.

x) Extension of Medical Coverage (Continuous Eligibility)

1) **Youth age 18 or under who exit DCFS.** Medicaid eligible children age 18 and under are eligible for an extension of medical coverage (continuous eligibility) after their case has been closed. The medical coverage extends for a maximum of 12 months after the case is closed or until a child turns age 19, whichever occurs first. Children in "unapproved home of parent" (UAH) may be eligible for this extended coverage. Children living out-of-state are not eligible for extended medical coverage.

When the DCFS Eligibility Determinations Unit receives a notice of case closure, the Unit will complete a Medicaid redetermination the day prior to canceling the ward's medical grant. These Medicaid extensions will enable the child to retain medical coverage after his/her case has been closed by DCFS.

2) **Youth age 19 or older who exit DCFS care.** Youth age 19 or older who exit DCFS care from any living arrangement (e.g., foster care, ILO/TLP, etc.), and who meet Medicaid eligibility requirements at that time, qualify for Medicaid until age 26 under the Affordable Care Act through the Illinois Department of Healthcare and Family Services (HFS) "Former Foster Care Program" (FFC) as long as they are Illinois residents.

Youth who aged out of DCFS prior to May 2015, but are still under 26 years of age may apply for coverage under the FFC program in one of four ways:

- complete an application online (at www.abe.illinois.gov);
- complete and mail a hard-copy application to a DHS Family Community Resource Center;
- apply in-person at a DHS Family Community Resource Center; or
- apply by phone (**800-843-6154)**.

Beginning with youth who aged out of DCFS at the end of April 2015, up to 60 days prior to age 21 or another planned emancipation the youth's name and address are forwarded to HFS Bureau of All Kids. An "FFC case" will be opened for FFC youth who live in Illinois and were Medicaid-eligible at the time they aged out of DCFS care.

The Former Foster Care Program covers youth who:

- are currently age 19 through 25;
- are residing in Illinois (some other States have chosen to honor Former Foster Care Eligibility of youth from another state. Illinois does not honor Former Foster Care Eligibility for youth from other states);
- have a Social Security Number (SSN) or proof of application for a SSN;
- meet U.S. citizenship or immigration requirements; and
- were in foster care and enrolled in Medicaid on their 18th birthday or who exit foster care after attaining 18 years of age.

There are no income or resource (assets) limits for youth who meet these criteria at the time of discharge from DCFS guardianship. Prior to a youth's 26th birthday, FFC status is not affected by marital status, parenting status, disability, or living in a home with others who utilize a different form of Medicaid.

FFC case eligibility is redetermined annually to verify that the FFC youth still resides in Illinois. Approximately two months prior to the end of each 12 month enrollment period, a redetermination form will be mailed to the youth at the address listed on the FFC case file. The youth must complete and return the form by the due date shown on the form. Income received by an FFC youth will not affect eligibility until the youth reaches 26 years of age.

If coverage is canceled due to nonfinancial reasons (e.g., youth's whereabouts are unknown or failure to cooperate at renewal), the youth may have to file a new FFC application. Cancellation may result in a gap in coverage. However, the youth remains eligible to reapply for FFC status.

An FFC youth's children, spouse or others in the household are not eligible for FFC coverage. To qualify for healthcare coverage through the State, these individuals must apply and be found eligible. Although an FFC youth may qualify for Medicaid under another category (e.g., pregnancy, parent of child or disability), the youth should have a separate FFC case to preserve FFC status until age 26. If the youth is currently active in a non-FFC Medicaid case, the youth must contact the office that maintains the active case to request a separate FFC case.

Youth whose families received financial assistance (subsidy) after an adoption or subsidized/kin guardianship can apply for the Medicaid expansion under the ACA. Youth should apply by using one of the methods listed above. The application asks a question about adoption or guardianship status. A youth who was adopted or in guardianship should answer that question "YES" (indicating he/she was adopted or in guardianship status). The youth should not check the box for Former Foster Care Youth when enrolling for ACA coverage.

In addition to accessing assistance for medical benefits, the ABE application can be used to apply for Cash Assistance and SNAP (formerly called Food Stamps). However, the application for these types of assistance may require an in-person appointment at one of the DHS Family Community Resource Centers.

The Scope of Benefits will include the same benefits that have been part of the Illinois Medicaid Plan.

At age 26, an FFC youth will continue to be eligible for Medicaid if the youth:

- continues to reside in Illinois; and
- meets the income threshold of:
    - 100% for disabled individuals receiving Medicare;
    - 138% of the federal poverty level for other adults and caretaker relatives; or
    - 213% for pregnant women.

A youth who does not meet these income limits may qualify for financial assistance to purchase insurance through the Federal Marketplace.

Questions about Medicaid Expansion in Illinois under the Affordable Care Act should be directed to the DCFS Office of Health Services.

3) DCFS will mail the medical card for the medical extension to the last known living arrangement address shown in CYCIS. A **CFS 906-E/906-1/E, Placement/Payment Authorization Form** must be completed, and include the address of the child's living arrangement, to reflect the final living arrangement at the time the case is closed.

When closing a case, the Permanency Worker shall inform youth who will be living independently or the parent/caregiver of a child when the child is returning home that they must inform the DCFS Technical Support Unit in the Office of Federal Financial Participation of any change of address by calling the DCFS Medical Card Hotline (**800-228-6533**).

y) Release from Guardianship

In addition to the extension of medical coverage (above), at the time of service termination, the child or the child's parents shall be provided, at no cost, a copy of the child's health records.

z) Chronic Health Issues for Children in DCFS Custody or Guardianship

Appendices P and Q of these procedures address food allergies/anaphylaxis and asthma. Other health-related information is available on the Department's D-Net. Workers requiring assistance with special health care conditions should request assistance of a DCFS Regional Nurse by submitting a **CFS 531, DCFS Regional Nurse Referral** by DCFS Outlook e-mail to "**nurseref**" or by fax to **866-531-1459**. Supporting documentation for the referral may be sent by fax to the number above.

aa) Long-term Physical Disabilities

Placements are to be made consistent with the best interests and special needs of the children. The Case Assignment and Placement Unit (CAPU) and placing worker must take the child's present and future needs into consideration when selecting the best first placement. The goal should be to select the best possible placement for the child with a caregiver who is able to meet the documented needs of the child, both now and in the future, in order to avoid having to change a placement in the future based upon factors that were known and documented at the time of placement (e.g., allergies, asthma, physical disabilities, etc.).

This page intentionally blank.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X, Z, C-3, N, M

POLICY GUIDE 2000.07

SCREEN FOR NEED FOR HOME SERVICES PROGRAM OF DEPARTMENT OF HUMAN SERVICES' OFFICE OF REHABILITATION SERVICES

RELEASE DATE: June 26, 2000

TO: DCFS and Private Agency Child Welfare Staff and Supervisors and Rules and Procedures Bookholders

FROM: Jess McDonald, Director

EFFECTIVE DATE: Immediately

I. PURPOSE

This is to advise staff of the process to be followed to apply for the Home Services Program (HSP) on behalf of a child for whom the Department of Children and Family Services is legally responsible.

II. PRIMARY USERS

The primary users of this Policy Guide are DCFS child welfare staff and staff of purchase of service child welfare agencies.

III. KEY WORDS

Service Plan, Home Services Program, HSP

IV. GENERAL INFORMATION

The Home Services Program of the Department of Human Services' Office of Rehabilitation Services (ORS) is designed to provide in-home supports to children and adults with disabilities who need services that are not funded through other sources. The HSP has specific criteria regarding eligible disabilities and the minimum Determination of Need (DON) scores necessary for level of impairment and unmet need for care. Individuals who only require behavioral mental health services or who are in institutions are not eligible for HSP services. HSP services must address the medical and/or physical care needs of the individual with disabilities. HSP services are not intended to address the mental health needs of the caregiver. In addition, the HSP is *not* an appropriate source for child care services.

In general, it is expected only a select group of children for whom the Department of Children and Family Services is legally responsible will require HSP services because

DCFS funds the child's child welfare and mental health needs and the Department of Public Aid funds a variety of health care services through Medicaid. However, in those instances where a child for whom DCFS is legally responsible is thought to be eligible for HSP services, a centralized process must be followed before a referral can be made to the HSP. As with other specialized services for which there is a low incidence of occurrence, it is more efficient to have a centralized review to evaluate the appropriateness of a referral.

A caregiver for a child for whom DCFS is legally responsible cannot apply for the HSP on behalf of the child. As the guardian for the child, DCFS must be the authorizing source of the referral to the HSP. However, a caregiver may apply to the HSP on behalf of his or her own child(ren) with disabilities.

If the DCFS or private agency caseworker or caregiver for a child for whom DCFS is legally responsible believes the child may be eligible for the HSP, the caseworker must complete the attached **CFS 2019, Screen for Need for Department of Human Services' Home Services Program** form and submit it to Greg Donathan, Assistant to the Chief of Staff, Director's Office, Station #70, 406 E. Monroe, Springfield, IL 62701. A complete copy of the child's most recent **CFS 497**, **Client Service Plan**, must be attached to the request form.

After the request form and supporting documentation have been reviewed, DCFS Central Office staff will obtain additional information as necessary from the child's caseworker and consult with designated ORS Central Office staff. **DCFS Central Office staff will evaluate whether the current services and DCFS funding are adequate to meet the child's needs**. After this centralized evaluation, if it is determined that a child may be eligible for the HSP, the DCFS Central Office staff will send a letter to the child's caseworker stating that he or she may proceed with applying to the HSP on behalf of the child. The ORS Central Office staff will be copied on this letter. The ORS will make the decision regarding the child's eligibility for the HSP.

V. QUESTIONS

Questions regarding this Policy Guide can be directed to Greg Donathan at 217-785-2509.

VI. ATTACHMENT

CFS 2019, Screen for Need for Department of Human Services' Home Services Program

Supplies of this form may be ordered in the usual manner.

VII. FILING INSTRUCTIONS

File this Policy Guide directly behind Page 25 of Procedures 302.360, Health Care Services, in your volume of Rules and Procedures.

Section 302.370 Homemaker Services

What May Be Included as Homemaker Services?

Homemaker services may include but are not limited to the following:

- Teaching and demonstrating acceptable methods of child care, supervision, and discipline in conjunction with teaching normal child development and age appropriate behavior expectations.
- Teaching and demonstrating improved methods of housekeeping and home management, budgeting and money management, meal planning and preparation, routine care and maintenance of property, health hazard control and other ways to improve daily living. (The primary focus of the service is to teach, not to perform household chores.)
- Information hearing and assistance in locating and using community resources.
- Monitoring and reporting on the home environment so the impact on the well-being of the children can be assessed. Suspected CA/N shall be reported immediately to the worker.
- Providing stable, nurturing role models for children and parents and providing emotional support to enable family members to develop the capacity to carry out these roles.
- Teaching and demonstrating appropriate social skills in order to assist parents and children in developing more rewarding relationships within the home and community.
- Advocating for family or individual family members within the community at large. This may include liaison activities with schools, landlords, utility companies, etc.

The following tasks are appropriate only when provided in conjunction with the above and when integrally tied to achievement of specific objectives in the client service plan:

- Routine non-medical personal care
- Routine child-care/supervision
- Transportation or escort to medical facilitates, errands, shopping and miscellaneous family or individual business necessary to the client's welfare. Transportation to and from parent/child visitation is appropriate only if the homemaker is needed to supervise the visit.

Availability of Homemaker Services

Regular homemaker services are available to any client served by the Department who in the worker's judgment can benefit from and utilize such services and who accepts homemaker services as a means to attain or achieve the permanency goal of the client. When appropriate, these services may be utilized by biological or adoptive families, youths receiving youth development services, and foster parents in times of stress or crisis when the placement of children in care might otherwise be in jeopardy.

Twenty-four hour capability is possible for either regular homemaker services or intensive placement prevention services. In such cases, the contract will note the 24-hour capability and define its use.

Relationship to Service Planning

Homemaker services shall be provided in relation to an identified service objective within the **CFS 497, Client Service Plan**. The worker shall provide the homemaker with a copy of the service objectives (CFS 497, Part II) which establishes the homemaker's service responsibilities for the client. The homemaker shall agree to work with or on behalf of the client in relation to the service objectives or tasks. The homemaker shall not work or pursue activities related to client service which are not specified in the objectives or tasks. If the homemaker identifies a service need that is not covered by the service objective, the homemaker shall notify the worker of this need. The worker may then revise the objective or tasks to include this service if the service is appropriate. Homemaker services may be provided by the Department by purchasing services from individual homemakers or from agencies providing homemaker services.

In accordance with **Procedures 305, Client Service Planning,** the appropriateness, effectiveness and necessity of continuing or terminating homemaker services shall be documented on the CFS 497 form series by the worker and supervisor during the six month case review (administrative or non-administrative) process.

Use of Referral Form

Once an agreement has been reached between the client and the worker regarding utilization of homemaker services, the worker shall provide the designated person in the Regional Office (coordinator of homemaker services or other designated staff person) adequate information regarding the request on form **CFS 780-1, Family Referral for Homemaker Service**. (Agency contractors may use their own referral forms.) Refer to Procedures 359 for payment instructions.

Assignment of Homemaker

The coordinator of homemaker services (or other staff designated by the Regional Administrator) shall assign a homemaker or homemaker agency to the case and shall immediately notify the Department worker of assignment of the homemaker. Within five working days of assignment of the homemaker, the worker will contact the assigned homemaker by phone or in person to confirm assignment and to set a time for meeting with the client. The initial meeting between the client, the homemaker and the worker is to take place within five days of the phone call. Some agency contracts may specify shorter time frames for assignment of the homemaker and the initial meeting with the clients. The resource coordinator will notify staff of those contacts which specify shorter time frames so these time frames can be adhered to. In the case of clients with hearing impairments or limited/non-English speaking clients, a homemaker shall be assigned who can communicate in the client's preferred mode of communication or speaks the client's primary language. If one is not available, an interpreter shall be used to facilitate communication between the homemaker and client.

Section 302.380 Information and Referral Services

DCFS offices receive a variety of calls for services to children and families. Calls include, but are not limited to, requests for names and addresses of day care providers from parents looking for day care, requests for shelter, financial assistance and live-in housekeepers as well as reports of alleged child abuse or neglect and referrals for child welfare services. Department staff receiving incoming calls need to be aware of services available from other state and local agencies in order to be of assistance in directing the caller to a resource which can meet their needs. Refer to AP#5, Child Welfare Case Record Organization and Uniform Recording Requirements for assessment documentation.

Department staff shall ensure that information and referral services are accessible to hearing impaired and limited/non-English speaking clients through the use of TDD's, interpreters or other auxiliary aids or devices. Accommodation shall be made for the communication needs of persons with other disabilities such as persons with visual impairments who may need written materials read to them or provided in braille.

Additionally, Department service staff must be aware of other resources to which clients receiving child welfare services can be referred for services other than those which the Department provides. Such resources include, but are not limited to: the Departments of Public Aid, Mental Health and Developmental Disabilities, Rehabilitation Services, Veterans' Affairs, and Aging; the University of Illinois Division of Services for Crippled Children; Legal Assistance Foundation; local mental health centers; local Centers for Independent Living (See Appendix L); Job Service; local health clinics, the Chicago Hearing Society, the Illinois Relay Center (for hearing impaired clients), the Chicago Lighthouse for the Blind, and the Social Security Administration. See Procedures 351, Federal Benefits and Other Public Funds, for a description of some of these resources.

This page intentionally left blank.

Section 302.385 Services to Meet Basic Needs

a) Identification of Class Members

The Department has developed a process to identify families who have a child(ren) who is in danger of being placed in, or who cannot be returned home from, DCFS care due to the family's living conditions (i.e., inadequate shelter, inadequate utilities, inadequate food, inadequate clothing). These families should be certified into the Norman Class. Department staff are to arrange for or provide services, including housing advocacy services, to meet the family's basic needs when the family's living conditions are inadequate or the parent fails or is unable to provide for the child's subsistence needs and:

- the family has an open DCFS case and the Child Protective Services Worker (CPSW) or permanency worker is considering placing the child in DCFS care due to the family's living conditions; or
- the worker determines that the child(ren) could stay with the family if services were provided; or
- the worker determines that the child(ren) could return home if assistance were provided.

There are four ways in which such children will be identified.

1) Child Abuse/Neglect Investigations

CPSW supervisors will identify families who are the subjects of pending or indicated child abuse and neglects reports in which a reason for taking protective custody is one of the following four allegations:

#76, Inadequate Food
#77, Inadequate Shelter
#78, Inadequate Clothing
#82, Environmental Neglect

Refer to Section 300.80**,** Taking Children into Temporary Protective Custody, of **Procedures 300, Reports of Child Abuse and Neglect** for a complete description of this process.

2) Administrative Case Reviews

The Administrative Case Review System (see **Rules 316, Administrative Case Reviews and Court Hearings and Procedures 305, Client Service Planning**) will identify cases during the review process where living conditions or the provision of basic subsistence needs have been imposed as a condition of the child's return home and the parent's failure or inability to meet these needs is preventing the return home of children. The Administrative Case Reviewer will

determine whether the investigator or permanency worker properly identified the family as qualified for Norman services, certified the family, and referred them to appropriate services.

For families who should be certified into the Norman Class, the Administrative Case Reviewer will also review whether the family has received the Norman notice **CFS 370-4**, **Notice to Norman Class Members**, prior to or at the case review.

3) Permanency Supervisors – Return Home Situations

Permanency workers will identify families in their caseload who have a child who cannot be returned home but could return home if services to meet a subsistence need were provided to the family.

4) Intact Family Situations

CPSW and permanency workers identify families with a child in their caseload who could be removed from an intact family due to living conditions.

In situations involving open intact family cases, investigators or permanency workers do not need to report families to the State Central Register in order to initiate Norman certification and services. Certification is appropriate where the families' subsistence needs could risk placement of a child in DCFS care.

b) Certification of Class Members

1) Child Abuse/Neglect Investigations

CPSW supervisors will certify families who are the subjects of pending or indicated child abuse and neglects reports in which a reason for taking protective custody is one of the following four issues:

- Inadequate Food
- Inadequate Shelter
- Inadequate Clothing
- Environmental Neglect

To certify a family into the Norman Class, the investigator must complete the **SACWIS Norman Certification** questions in the **SACWIS Investigation System Decisions** tab or, if requesting Norman Housing Advocacy services or Norman Cash Assistance, the worker can complete form **CFS 370-5, Request for Cash Assistance or Housing Advocacy** and submit to the CPSW supervisor who will certify the family based on the purpose of the request. The CPSW supervisor must sign the form. The form must be forwarded to an authorized DCFS supervisor or DCFS Norman Liaison who must certify the family on the

Information Management System's Norman Certification/ Decertification (CM-35) screen.

2) Administrative Case Reviews

For families who should be certified into the Norman Class, the Administrative Case Reviewer will review whether the family has received form **CFS 370-4**, **Notice to Norman Class Members**, prior to or at the case review. If the CPSW or permanency worker did not Norman certify the family, the Administrative Case Reviewer will certify these cases as belonging to the Norman class via the case review information packet. When the Administrative Case Reviewer certifies the family, the service plan will specify the changes in conditions necessary to alleviate the living circumstances of the family. The worker handling the case shall then follow the procedures listed below for the provision of services. Certification as a member of the Norman class will continue for six months following return home of the child.

To certify a family into the Norman Class, the Administrative Case Reviewer must complete form **CFS 370-2**, **Norman Class Certification by Administrative Case Review** form. Administrative Case Review staff must also certify the family on the Information Management System's (IMS) ACR Norman Certification (CM-36) screen. Finally, the Administrative Case Reviewer must give the family notice of their Norman certification, the services that are available to them, and their right to appeal the delay, denial or reduction of any services.

3) Permanency Supervisors-Return Home Situations

When permanency workers identify a child in their caseload who cannot be returned home but could return home if services to meet a subsistence need were provided to the family, the worker shall initiate the certification process. The worker shall submit form **CFS 370-1, Norman Class Certification for Reunification or Intact Family Cases** to the permanency supervisor. If the worker is requesting Norman Housing Advocacy services or Norman Cash Assistance, the worker can complete **CFS 370-5**, **Request for Cash Assistance or Housing Advocacy instead of Form 370-1** and the permanency supervisor or Norman Liaison will certify the family based on the service or item being requested. The permanency supervisor will promptly make the final decision whether the family is a member of the class. A request for services may be submitted with the request for certification. An authorized DCFS supervisor or DCFS Norman Liaison must certify the family on the IMS Norman Certification/Decertification (CM-35) screen.

It is **not** necessary for there to be any allegations about living conditions or subsistence needs for the family to be Norman certified.

In return home cases, the family case must remain open for at least six months to provide services to help the family remain stable. Certification as a member of the Norman class will continue for six months following the return home of the child.

4) Intact Family Situations

When a CPSW or a permanency worker identifies a child(ren) in their caseload who needs to be removed from an intact family due to living conditions, the CPSW or the permanency worker shall initiate the certification process. The CPSW or permanency worker shall promptly submit form **CFS 370-1**, **Norman Class Certification for Reunification or Intact Family Cases** to the supervisor**.** If the worker is requesting Norman Housing Advocacy services or Norman Cash Assistance, the worker can complete **CFS 370-5**, **Request for Cash Assistance or Housing Advocacy instead of Form 370-1** and the supervisor will certify the family based on the purpose of the request to the Child Welfare Supervisor. The permanency supervisor will promptly make the final decision whether the family is a member of the class. A request for services may be submitted with a request for certification. An authorized DCFS supervisor or DCFS Norman Liaison must certify the family on the Information Management System's Norman Certification/Decertification (CM-35) screen.

A family who already has an open case may be certified into the Norman Class **without** making a report to the State Central Register (i.e. the Hotline) when there are no other conditions which merit a report.

c) Notice of Class Membership

The permanency supervisor will send form **CFS 370-4**, **Notice to Norman Class Members** to the family that is the subject of the request for certification, informing the family of the Department's policies to provide services to meet the child's basic needs. The Notice also informs the families of the services available and how to appeal the Department's decision.

The Notice to Norman Class Members should be given to the family in connection with any of the following instances:

- Upon the removal of a child from the custody of a class member or upon the class member's first contact thereafter;
- During the course of an administrative case review;
- Prior to any request that a class member sign a service plan.

d) Provision of Services

Permanency and CPSW staff are to make use of all available services necessary to expedite the return home of children, or to keep a child from being placed in DCFS care (for example, homemaker services). The Department has created services specifically for

families certified into the Norman Class to expedite the return home of children, or to keep a child from being placed in DCFS care when subsistence issues are present. These services are listed immediately below and explained in detail in other sections.

- Referrals to the Housing Advocacy Program;
- Referral to the Illinois Department of Human Services Norman TANF Application Program;
- Application for Cash Assistance.

Permanency and CPSW staff are also to seek and/or make referrals for other services that are available in the community to assist the family remain stable. Such services include, but are not limited to:

- Referrals for Temporary Assistance for Needy Families (TANF), Food Stamps and other programs to assist with the family's income;
- Referrals to utility programs including the Low Income Household Energy Assistance Program;
- Referrals to community agencies, food pantries, emergency shelters, public housing and church sponsored programs;
- Day Care;
- Referral for money management counseling;
- Employment and training referrals.

e) Housing Advocacy

When a child is at risk of placement or may not be able to return home due to inadequate housing/shelter (this includes families living in a homeless shelter) or the worker believes that the family should obtain new housing to ensure the safety of the children and the family has been certified as members of the Norman class, a referral for housing advocacy services should be requested using form **CFS 370-5, Request for Cash and/or Housing Assistance**. Once this form has been completed and signed by the CPSW or permanency worker's supervisor, it should be submitted to an authorized DCFS supervisor or DCFS Norman Liaison who can approve or deny the request. If the request is approved, an authorized DCFS supervisor or DCFS Norman Liaison will fax a copy of the referral form to the housing advocacy provider.

Refer the family to a Housing Advocacy Program early enough so that housing can be obtained when needed. On average, it takes almost three months for the family to be housed by the Housing Advocacy Program. In addition, particular factors may lengthen the time it takes for a family to be housed: a large family, bad credit, past evictions, etc.

The Housing Advocacy providers are community-based organizations statewide with whom the Department has contracted to provide housing services to Norman Class members. The services the Housing Advocacy providers can be expected to offer include:

1) Referral to an emergency or domestic violence shelter, if needed;

2) Assistance in securing affordable housing:

- consumer education for the family on how to look for housing;
- develop up to date apartment listings for the families they serve;
- housing location to help the family identify vacant units;
- assist families apply for appropriate housing, including subsidized housing;
- assistance with transportation, when necessary, to obtain housing or shelter;
- negotiate with landlords on tenant's behalf.

3) Assistance in applying for income support needs such as food, clothing or energy assistance;

4) Linkages to community resources to meet subsistence needs, such as food, clothing or energy assistance;

5) Follow-up with the family to identify housing problems before they reach the crisis stage;

6) When necessary, transportation to appointments necessary to obtain housing.

Housing Advocacy providers will be expected to work closely with DCFS or POS workers and to submit a closing report describing what services were provided and whether the client was successfully placed in permanent housing. The permanency worker must notify the housing advocacy providers when they intend to close the family's case.

f) IDHS Norman TANF (Public Aid) Application Program (DHS-NAP)

1) Overview

The Illinois Department of Human Services (IDHS) administers the Temporary Assistance for Needy Families (TANF) program. TANF (often referred to as "public aid") is the program that replaced Aid to Families with Dependent Children (AFDC).

DHS-NAP allows families who have children in DCFS care who are expected to be returned home to apply for full benefits when their child is within 90 days of return home. DHS-NAP also allows families who have their children placed in DCFS care for less than 90 days to continue to receive the full family grant. DHS-NAP is only for *Norman* certified families who are currently receiving or would otherwise be eligible to receive TANF if their children were with them.

2) Returning a Child Home

This program allows the head of household to apply for TANF benefits and food stamps up to 90 days before their child is returned home. This should enable the family to receive the full family grant as much as one month before the children are returned home.

To be eligible for the Norman TANF Application Program, the applicant must meet the following requirements:

- The family has been *Norman* certified;
- The family would be eligible for TANF benefits except for the fact that the child is in placement;
- The worker and supervisor expect that the child will be returned within 90 days.

The date of return is generally considered to be the day of the scheduled court hearing for return.

To apply for this program, the worker should submit form **CFS 370-8**, **DCFS Referral to the Illinois Department of Human Services for the Norman TANF Application Program** form to their supervisor. An authorized DCFS supervisor or a Norman Liaison must make the final approval and forward the form to the DHS-NAP Liaison. The form should include the following:

- Parent's name(s);
- Name and birth date of each child expected to be returned;
- Address where the family will be residing;
- Court date at which a judge will confirm or deny the return of the child.

The DHS-NAP Liaison will contact the local DHS office for an intake screening appointment. If the authorized supervisor or Norman Liaison applies for the program less than 90 days prior to the return home date, the family may not receive their TANF check and food stamps one month prior to the child's return home date. The DHS-NAP Liaison will inform the family of the location, date, and time of the screening appointment at the local office.

Notify the DHS NAP Liaison immediately after the child has been returned. If the child was not returned home or the DHS NAP Liaison is not notified of the decision to return the children, the DHS NAP Liaison will cancel the case.

3) When Placing Children into Custody

Norman certified clients who are current TANF recipients may be eligible for a full family grant and food stamps when children are placed in DCFS custody.

The case situation should meet the following requirements:

- The family has been *Norman* certified.
- The family was receiving TANF benefits at the time of removal of the child.
- The children are expected to return within 90 days of removal.

To refer a family to this program an authorized supervisor or Norman Liaison must complete the following steps. POS agencies should forward applications for the program to a DCFS Norman Liaison. Any assistance that the family receives from either program will count as part of the maximum time the family may receive full TANF benefits.

A) Contact the Norman Program Coordinator to inform him or her of the intent to apply for this program.

B) Contact the client's local DHS office caseworker. Complete form **CFS 370-8**, **DCFS Referral to the Illinois Department of Human Services for the Norman TANF Application Program** form**.** This form should include the following:

- Client's names and birth dates;
- Names of each child taken into protective or temporary custody;
- Parent's address;
- DHS case number;
- Court date when the child is expected to be returned (must be within 90 days).

C) Write Norman on the top of DCFS form **CFS 1868**, **Notice of Foster Care Placement** or at the top of the client's temporary medical card and forward it to the local DHS office.

D) Inform the family that the child will be removed from the TANF grant but an Adult-only grant should continue for up to 90 days.

E) Notify the local DHS office of the court's decision no later than three (3) working days following the court date.

F) If a court date is scheduled within the fourth month of the child's removal, contact the local DHS office for a 90-day extension and inform them that a

court hearing will be held within 90 days. Each family may receive only one 90-day extension.

g) Cash Assistance

For Norman Class Members – When cash assistance is needed to purchase an item to keep a child from being placed in, or to return a child home from DCFS care, the CPSW or permanency worker shall submit form **CFS 370-5, Request for Cash and/or Housing Assistance** to the permanency supervisor. This request for cash assistance should be made promptly upon the CPSW or permanency worker learning of the subsistence needs. If other types of assistance are inappropriate or unavailable and the client cannot afford to purchase the item, the worker shall apply for Norman funds. The CPSW or permanency worker shall indicate on the form the purpose for which cash assistance is being requested, the amount, and the type of cash assistance requested. The final decision regarding the types and amounts of cash assistance rests with the DCFS supervisor or Norman Liaison. An authorized DCFS supervisor or Norman Liaison must enter the request on the Norman Payment Authorization System's, Payment Authorization (NM-01) screen. Refer to yellow page Procedures 359.57, Norman Services for payment instructions.

1) Amount of Cash Assistance

Depending on the need, an authorized DCFS supervisor may approve up to $800 in cash assistance in a 12-month period for a family who is certified as a member of the Norman Class. This may be provided, in addition to funds from the Illinois Department of Human Services other cash funds available from DCFS, or other local community resources. There is no limit on the number of times cash assistance can be provided in a 12-month period.

In situations where higher amounts are necessary, a DCFS Norman Liaison may approve up to $1,200. A DCFS Regional Norman Liaison may approve up to $2,000. The Norman Program Coordinator or designee may approve requests up to $2,400. Any request over $2,400 must have the approval of the Deputy Director of the Division of Service Intervention or designee.

2) The Norman Cash Assistance Program

The purpose of the Norman Cash Assistance Program is to provide assistance when cash assistance is needed to purchase an item to prevent a child from being placed in, or to return a child home from, DCFS care. When appropriate, an authorized DCFS supervisor can approve cash assistance for the following items:

- Security Deposit
- First Month's Rent
- Rent Arrears
- Housing Repairs

- Utility Arrears
- Utility Start-Up Costs
- Food
- Clothing
- Beds for the Children
- Transportation
- Stoves and Refrigerators
- Extermination and Cleaning

The Norman Cash Assistance Program is meant to be very flexible to allow the Department to provide assistance for any item that is needed to keep a child from being placed in, or to return a child home from, DCFS custody. Whether an item is appropriate is determined on a case-by-case basis. If there are questions about the appropriateness of an item, the supervisor should talk with the Norman liaison for their region.

3) Notice of Decision Regarding Request for Cash Assistance

When a decision has been made to delay, reduce or deny a request for cash assistance, the person making the decision to delay, reduce or deny the request for cash assistance will promptly send form letter **CFS 370-6**, **Letter to Family Regarding Cash Assistance** to the family indicating whether cash assistance has been approved or denied, and (if the request is approved) the amounts and purposes of the assistance. The form letter will also notify the family of the right to appeal the decision regarding cash assistance. A copy of form **CFS 370-6** shall be kept in the case file.

h) Locating Absent Parents

When the absence of a parent is an issue affecting whether the Department will retain custody of a child in those case situations where living conditions are a factor, permanency staff will make reasonable efforts to locate the absent parent. Such efforts shall be in accordance with Administrative Procedures 22, Diligent Search.

1) Protective Custody and Court Involvement Cases (Front End Searches)

The following are to be completed by the child protection service worker within ***two working days (48 hours)*** of taking protective custody or of the decision to screen with the State's Attorney:

A) If the caregiver is not the custodial parent(s), talk with the current caregiver about the whereabouts of the child's parent(s) and other relatives and any other known caregivers.

B) If a non-custodial parent(s) whereabouts is unknown, ask the custodial parent where you can find the other parent(s), and paternal/maternal grandparents, aunts, and uncles of the child(ren) involved.

Record all family information on the **CFS 915-7**, **Family Information Sheet.** This is valuable to the child's future. At the end of the 48-hours, place this information into the case record. This information should also be passed on to the courts, State's Attorney and other court personnel involved with the case.

C) Make an in-person visit to the parent(s) last known address if there is reason to believe that the parent may be there. If there are multiple parents involved, make a good faith effort to make contact with all missing parents including: visits to last known address unless it can be verified that the parent no longer lives there. Document what is known about the parent and what attempts have been made to locate the parents.

If the missing parent lives a considerable distance from the worker's headquarters, these guidelines shall be followed:

i) Workers need not travel outside their own county, if they do not have reliable information regarding the parent's address. If the address is in another Department region and the information is reliable, the worker may request that a worker in the other region contact the parent.

ii) If the parent lives in another state and the information is reliable, the worker may contact the Department's Interstate Compact Office for assistance in requesting that a worker in the other state contact the parent.

iii) If (A) and (B) above are not possible and the worker has a telephone number for the parent, the worker may contact the parent by phone and ask them to return a certified letter sent to their address.

D) Review automated information systems for family information: CYCIS, CANTS, LEADS, IDOC/Jail check, Public Aid screen, phone book and Directory Assistance.

2) Protective Custody Is Not Taken and Court Involvement Is Not Sought

The following should be completed by the CPSW within ten days of the report where the child is not with either parent or with only one parent and the case is indicated and no court involvement is sought, and either the case is being opened for intake services or the CPSW will link the family to community based services.

A) If the caregiver is not the custodial parent(s), talk with the current caregiver about the whereabouts of the child's parent(s) and other relatives and any other known caregivers.

B) If a non-custodial parent(s) whereabouts is unknown, ask the custodial parent where you can find the other parent(s), and paternal/maternal grandparents, aunts, and uncles of the child(ren) involved.

Record all family information on the **CFS 915-7**, **Family Information Sheet**. This is very valuable to the child(s) future for identifying potential placements or sources of support for the family and child.

C) Make an in-person visit to the parent(s) last known address. If there are multiple parents involved, attempt to reach as many parents as reasonably possible.

Make a good faith effort to make contact with all missing parents including: visits to last known address unless it can be verified that the parent no longer lives there. Document these attempts including knowledge of all parents and where attempts were made.

See paragraph (a)(3) above for parents who live at considerable distance from the worker's headquarters.

D) Review automated information systems for family information: CYCIS, CANTS, LEADS, Public Aid screen, check phone book and call Directory Assistance.

3) Permanency Worker

Whether or not custody is taken, the follow-up worker shall perform the following:

A) Contact the CPSW to obtain information and/or status of diligent search.

B) Make sure that you have the **CFS 915-7**, **Family Information Sheet** from the CPSW. Update it with any new information you discover.

C) Interview any relatives with whom the CPSW was unable to speak.

D) Review all existing files including those records related to previous reports for the child(ren).

E) Check with the children's school personnel, school records, and emergency contacts.

F) Talk with the individual's most recent employer.

G) Send certified and regular mail letters to the last known address of missing parent(s).

If multiple persons with the same name are found, depending on the number of people with that name, the worker need not send more than 15 letters.

4) Diligent Search for Purposes of Termination of Parental Rights, Subsidized Guardianship, Adoption or Expedited Adoption (back-end searches)

When it is necessary to do a diligent search for purposes of termination of parental rights, in order to ensure that the diligent search meets the requirements of the Juvenile Court Act to support the notice by publication, it should have been done no more than **six months** in advance of the screening date.

In addition, when conducting diligent searches for the purpose of termination of parental rights, adoption, or subsidized guardianship, the following tasks are mandatory and it is recommended that they be completed in the order listed:

A) Review the complete file: Your agency's file may have information regarding the identity of a parent whose identity is currently unknown. In addition, you may find information regarding relatives who may be able to assist you in your search. Be sure to check the Social Investigation done at time of disposition for addresses.

B) You **must do an in-person visit** to the parent's last known address and **confirm whether or not the individual actually resides there.** See paragraph (a)(3) above for parents who live at considerable distance from the worker's headquarters.

C) Relatives: Ask any available parent and relatives about names and addresses of the missing parent. Obtain as much information as you can from any relatives that you can find or have contact with. Relatives may have information as to where the parent is now residing. Document your conversations and any information you receive. You must do this again now, even if it was done before.

This page intentionally left blank.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X, Z, and C-3

POLICY GUIDE 99.14

EMERGENCY ASSISTANCE PROGRAM REFERRAL PROTOCOL

DATE: December 8, 1999

TO: Rules and Procedures Bookholders, DCFS and Purchase of Service Agency Child Welfare Staff

FROM: Jess McDonald, Director

EFFECTIVE: December 20, 1999

I. PURPOSE

The purpose of this Policy Guide is to issue new procedures when requesting assistance from the Emergency Assistance Program for the Family Preservation, Family Reunification and Intake Enhancement Programs. This Policy Guide does not apply to the Norman Emergency Cash Assistance Program.

II. PRIMARY USERS

The primary users of this Policy Guide are workers who assist families through the Family Preservation, Family Reunification and Intake Enhancement Programs and for supervisors and managers who approve the requests. These programs do not exist in Cook County.

The primary users of this Policy Guide are child welfare staff of the Department and purchase of service agencies.

III. BACKGROUND INFORMATION

The change in the Emergency Assistance Program Referral Protocol is a result of an external audit which showed that funds were being disbursed for some families in excess of statutory caps.

IV. KEY WORDS

Emergency Assistance Program, Intake Enhancement Program, Family Preservation Program, Family Reunification Program

V. DEFINITION

The Emergency Assistance Program refers to the cash assistance programs for the Family Preservation, Family Reunification and Intake Enhancement Programs.

VI. EMERGENCY ASSISTANCE PROGRAM REFERRAL PROTOCOL

The POS Norman Liaison must approve all requests for the Emergency Assistance Program.

Case workers who are requesting funds from the Emergency Assistance Program shall complete form **CFS 370-5, Request for Cash and/or Housing Assistance** and send their request to the agency processing the Emergency Assistance Program request. The agency processing the Emergency Assistance Program requests **must** fax form **CFS 370-5, Request for Cash and/or Housing Assistance** to the POS Norman Liaison at (**312) 814-7134 or (312) 814-5602** for approval before issuing funds.

Agencies which have a contract with the Department to disburse cash assistance from the Emergency Assistance Program, through their Family Preservation, Intake Enhancement or Family Reunification Program contracts, **shall not** process requests for cash assistance without the POS Norman Liaison's (or designees) approval, which must appear on form **CFS 370-5, Request for Cash and/or Housing Assistance**. Agencies that process cash assistance through one of these programs will receive the names of the POS Liaison (and designees) and their signature to ensure that appropriate approval was received.

Families may not receive more than $500 from the Emergency Assistance Program in the same fiscal year.

Requests for other services through the Family Preservation, Family Reunification or Intake Enhancement programs **do not** go through the POS Norman Liaison for approval.

VII. QUESTIONS

Questions regarding this Policy Guide should be directed to:

DCFS Office of Litigation Management
John Cheney-Egan, Housing Specialist
160 N. LaSalle - Sixth Floor
Chicago Illinois 60601
(312) 814-1878

VIII. FILING INSTRUCTIONS

File this Policy Guide immediately after Procedures 302.385, Services to Meet Basic Needs.

Section 302.386 Housing Advocacy Services

DCFS staff shall utilize available sources to advocate for financial assistance and other services which meet the basic needs of families in preventing the placement of children or assist in the return of placed children back to the home. Such services shall be provided directly, obtained by referrals and/or purchased by providers.

// a) **Housing**

When a child is at risk of placement or cannot be returned home due to inadequate housing/shelter and the family has been certified as members of the "Norman" class, a referral for housing advocacy services may be requested using the **CFS 370-5, Request for Cash and/or Housing Assistance** form. To obtain housing advocacy services, the caseworker should complete the first page of the **CFS 370-5** and send it to their supervisor. A DCFS supervisor that has been authorized to certify families into the Norman class or a Norman Liaison must give final approval. POS supervisors must obtain approval from a Norman Liaison. The authorized DCFS Supervisor or Norman Liaison should fax the form to the housing advocacy provider.

The Housing Advocacy providers are community based organizations statewide with whom the Department has contracted to provide housing services to Norman Class members. The services the Housing Advocacy providers can be expected to offer include:

1) Referral to emergency or domestic violence shelter, if needed;

2) Assistance in securing affordable housing;

   -- consumer education for the family on how to look for housing;
   -- housing location to help the family identify vacancies;
   -- secure affordable housing-advocacy on behalf of family to help them secure housing or utilities and determine that it is affordable;

3) Assistance in applying for income assistance to meet initial or ongoing rental obligations;

4) Linkages to community resources to meet subsistence needs such as food or clothing or energy assistance;

5) Follow-up with the family to identify housing problems before they reach the crisis stage.

// Housing Advocacy providers will be expected to work closely with DCFS workers and to submit a closing report describing what services were provided and whether the client was successfully placed in permanent housing.

b) **Utilities**

The State offers a program to assist families to secure or maintain utility services. This program is administered by the Department of Commerce and Community Affairs and operated through local community agencies. The Low Income Home Energy Assistance Program provides both Home Energy Assistance and Weatherization Assistance.

1) Home Energy Assistance

The primary purpose of this program is to assist low income households to better afford the rising cost of energy through direct financial assistance, energy counseling, outreach and education.

Families may receive a one-time payment to meet their heating costs, and can receive energy counseling or education through the local administering agency.

Families may also be eligible for Emergency Assistance. Emergency Assistance is available to households only after heat or medically necessary cooling has been shut off and if a family has made a good-faith effort to maintain service or provides a portion of the amount needed to reconnect (no more than 10% of the family's income).

Emergency Assistance will be provided within 48 hours from application or within 18 hours if the crisis is life threatening.

Families should be referred to the Local Administering Agency.

2) Home Weatherization Assistance Program

Under the provisions of this assistance program, families may receive repair of home heating units. When appropriate and/or cost effective, weatherization and repair of the dwelling structure is completed to help reduce high utility bills. These services are provided by local community agencies contracted through the Department of Commerce and Community Affairs.

Section 302.387 Crisis Response Services

a) Introduction

In the delivery of casework intervention and social services, children and families face unexpected or accidental life events. These events may impact the child in placement or those with whom the child has a significant relationship.

The Department is responsible for attending to the acute grief and needs of DCFS wards and their families. These individuals include the foster parent, parent, relative caregiver as well as the caseworker. These procedures will address the various responsibilities of child welfare staff when crisis situations arise.

Specific consideration shall be given to the needs of the direct service worker and supervisor who may be emotionally affected by the event. For Department staff, please refer to **Administrative Procedures #16; Staff Safety** pages 11 and 12 to aid Department staff dealing with the effects of traumatic events such as the death of a client.

The Regional Clinical Manager/POS Manager shall assess the impact of crisis events on their worker(s) and supervisor(s) involved and determine whether there is a need for outside assistance such as but not limited to the Employee Assistance Program (E.A.P.) available to all Department employees and other programs available to Department employees through AFSCME, (800) 647-8776.

b) What is a crisis?

For the purposes of these procedures the term "crisis" will refer to:

1) Death of a ward.

2) Death of a ward's parent, foster parent, relative caregiver or sibling.

3) Life-threatening illness, victim of a serious crime (such as rape, shooting/stabbing), attempted suicide, onset of chronic illness, an accident or serious illness which results in disability (such as coma, amputation, paralysis, etc.) of a ward.

4) Disaster resulting in loss of property such as fire or vandalism.

c) Crisis Response Team

1) Who will serve as the Crisis Response Team Leader?

A) For cases in which the Department has primary responsibility, the Regional Clinical Manager shall serve as the Response Team Leader.

B) For private agency cases, a POS Manager shall be designated to serve as the Crisis Response Team Leader.

2) Which staff members make up the Crisis Response Team?

A) Crisis Response Team Leader (Regional Clinical Manager/POS Manager)

B) Direct Service Supervisor

C) Direct Service Worker

D) Medical Director or designee

E) Guardianship Administrator or designee

F) Clinical specialists as determined by need such as grief counselors, psychiatrists, medical counselors, Child Welfare Nurse Specialists, and/or child and family therapists

3) What are the anticipated effects of the crisis?

A) Sense of shock and disbelief

B) Feelings of guilt and helplessness

C) Inability to make a decision

D) Extreme anger or depression

E) An inability to cope with normal, daily responsibilities

4) What services may be needed?

A) Crisis intervention counseling (in cases of catastrophic loss) or grief counseling (in death cases) for:

i) Wards

ii) Foster parent or guardian

iii) Parents

iv) Siblings

v) Involved extended family

vi) Caseworker and/or supervisor

vii) School classmates and teachers (provided by the State Board of Education)

B) Referral to support groups and community resources

C) Referrals to legal and victim support services

D) Respite or additional care for other children in the home

E) Arranging accommodations for out-of-town visitors

F) Direct Assistance services such as grocery or clothes shopping (clothing may be needed for the funeral), meal delivery, babysitting, etc.

G) Coordination of services with crisis response teams with the Board of Education and the American Red Cross

5) What is the focus of the Crisis Response Team?

A) Provide short-term intervention to address the immediate crisis.

B) Provide support to the parties involved.

C) Assess the need for specialty services from the community (the American Red Cross, for example).

6) What exactly will the Crisis Response Team do?

A) Gather sufficient facts to complete a chronology of events and to initiate the crisis intervention.

B) Assess the focus, specific roles, and duration of the intervention.

C) Determine which individuals need service.

D) Identify individuals appropriate to intervene.

7) What about confidentiality and consent?

The Regional Clinical Manager/POS Manager is responsible for ensuring confidentiality. When communicating with schools, counselors, the media, etc., strict adherence to Department policy and the parameters of the law is mandatory. Workers, supervisors, and State Central Register (SCR) staff should be clear on the limits placed on them regarding discussion of information related to the child or family.

d) How does the process work in each specific crisis event?

1) Death of a Ward:

A) Communication Process

i) Deaths are to be reported to SCR and the SCR supervisor on duty generates a **CFS119, Unusual Incident Report Form (UIR)**.

ii) SCR notifies the Director's Office, the Office of Communications, the DCFS offices of the Inspector General, and Legal Services, the Division of Clinical Services, and other appropriate Administrative staff.

iii) The direct service worker or supervisor immediately notifies the child's Guardian ad litem (GAL)/attorney. Initial notification shall be via telephone, with a follow up written notification taking place within 48 hours of the initial telephone notification.

iv) Direct service worker completes the morning report and chronology for the ward and forwards the report to the Advocacy Office, Office of Communications, the Director's Office and appropriate administrative staff within 24 hours of being notified.

B) Planning

i) The Crisis Response Team Leader assembles the team and assigns responsibilities within 24 hours.

ii) The Crisis Response Team Leader will work with the direct service worker and supervisor to plan an immediate response.

iii) The Response Team Leader shall identify specific needs and required services and will assist in coordinating services from these resources.

C) Implementation

i) In most cases, the direct service worker will provide immediate contact and offers of help, services and support to the family during the crisis. However, the worker or supervisor shall not be expected to provide the crisis response intervention directly if he/she is affected significantly by the event.

ii) Grief counseling shall be made available to family members of the child.

iii) Crisis intervention counseling will be needed immediately; bereavement and grief counseling may be needed after the initial crisis subsides.

iv) The direct service worker should coordinate with the school to provide grief counseling to students if needed.

v) The direct service worker shall ensure that normal services and casework support continue after the crisis.

vi) The direct service worker shall refer to **Procedures 359.90 (d)(21), Funeral and Burial Expenses** for direct vendor payment, to assist the family with funeral and burial expenses.

2) When a parent, foster parent, relative caregiver or sibling dies:

A) Communication Process

i) As soon as the direct service worker becomes aware of the death of a parent, foster parent, relative caregiver or sibling, he/she shall immediately notify the direct service supervisor.

ii) Direct service worker or supervisor immediately notifies the child's Guardian ad litem (GAL)/attorney. Initial notification shall be via telephone, with a follow up written notification taking place within 48 hours of the initial telephone notification.

iii) The direct service supervisor will notify the Regional Clinical Manager/POS Manager.

iv) The Regional Clinical Manager/POS Manager notifies other parties as deemed necessary.

B) Planning

i) The direct service supervisor works with the Regional Clinical Manager/POS Manager to determine needed response.

ii) If the need for a team is indicated, the team is assembled and responsibilities are assigned within 24 hours.

iii) The direct service worker shall determine the needs of the family and ensure that the placement needs of the child are met.

C) Implementation

i) The direct service worker ensures that the immediate placement needs of the child(ren) are met.

ii) The direct service worker is responsible for determining the need for transportation to school, to necessary activities, and to the funeral service. If the child does not have appropriate clothing, the worker will assist to find the proper attire.

iii) Grief counseling shall be offered to the child(ren).

iv) Crisis intervention counseling shall be made available to the family immediately; bereavement and grief counseling may be needed after the initial crisis subsides.

v) The direct service worker remains in daily contact with the child(ren) in order to assess the level of need and provide appropriate intervention and services.

vi) The direct service worker and/or the worker's supervisor will make a determination to move child(ren) from one place to another and, if removal from placement is necessary, shall facilitate this transition. Refer to **Procedures 301, Placement and Visitation Services**.

3) When a child is critically ill or disabled:

A) Communication Process

i) As soon as the direct service worker becomes aware that a ward in their caseload has become critically ill or disabled, the direct service worker shall immediately notify the supervisor, and generate a **CFS119 Unusual Incident Report Form (UIR)**.

ii) The direct service worker or supervisor also immediately notifies the child's Guardian ad litem (GAL)/attorney. Initial notification shall be via telephone, with a follow up written notification taking place within 48 hours of the initial telephone notification.

iii) The direct service supervisor shall notify the Regional Clinical Manager/POS Manager.

iv) The Regional Clinical Manager/POS Manager notifies the Office of the DCFS Guardianship Administrator.

v) The Office of the DCFS Guardianship Administrator will notify the Medical Director if necessary and will contact the hospital for medical information and to arrange consents.

B) Planning

i) The direct service worker and supervisor will be responsible for developing a response plan in collaboration with the Office of the DCFS Guardianship Administrator.

ii) If a crisis response team is needed, the Regional Clinical Manager/POS Manager will assemble the team and assign responsibilities within 24 hours.

iii) The Regional Clinical Manager/POS Manager will identify appropriate resources and will assist the direct service worker in designing a plan.

C) Implementation

i) In cases where a child is determined to be critically ill or disabled, the direct service worker will work with the Office of the DCFS Guardianship Administrator to ensure that all necessary support and services are provided to the child.

ii) All requests for consent to the removal of life support, limiting medical treatment, foregoing life sustaining treatments and/or the entry of a Do Not Resuscitate (DNR) Order must immediately be referred by telephone or telefax to the Office of the DCFS Guardianship Administrator. Prior to providing consent, the Guardianship Administrator will consult with the Department's Medical Director about the request. Refer to **Procedures 327.5, Medical Consents**, and **Policy Guide 2001.04** for additional information.

iii) Any action relating to the removal of life support, foregoing life sustaining treatment, limiting medical treatments, and/or the entry of a DNR order must be taken in accordance with the Health Care Surrogate Act (755 ILCS 40/1 et seq.)

iv) Grief counseling focusing on anticipatory grief shall be offered to family members of the child. Grief counseling may be provided directly by the Department or contracted.

v) The direct service supervisor will keep the members of the response team updated with relevant information and the current status of the crisis event.

4) Disaster resulting in loss of life or property:

A) Communication Process

i) As soon as the direct service worker becomes aware of a disaster, which results in the loss of life or property, he/she shall immediately notify the supervisor.

ii) The direct service worker or supervisor also immediately notifies the child's Guardian ad litem (GAL)/attorney. Initial notification shall be via telephone, with a follow up written notification taking place within 48 hours of the initial telephone notification.

iii) The direct service supervisor notifies the Office of the DCFS Guardianship Administrator.

iv) The Office of the DCFS Guardianship Administrator will notify the Medical Director and will contact the hospital for medical information and to provide necessary authorization for treatment.

B) Planning

i) If a crisis response team is needed, the Regional Clinical Manager will assemble the team and assign responsibilities within 24 hours.

ii) The Regional Clinical Manager serves as the Crisis Response Team Leader or assigns someone to serve.

iii) The direct service worker shall identify specific needs and required services. The direct service worker shall deliver these services directly and will determine the level of intervention and recommendations for further casework support and services.

iv) The Regional Clinical Manager will be responsible for identifying appropriate resources and will assist the direct service worker in implementing these services.

v) The direct service worker will ensure proper documentation of all services.

C) Implementation

i) The direct service worker assists the family in securing new housing and resources as deemed appropriate for the event.

ii) The direct service worker is responsible for insuring that the child has transportation to school, counseling, etc. in the event of a move.

iii) In the event of a placement change, the direct service worker shall assist the child with the transition to a new school and neighborhood, making sure that they have a chance to say goodbye to friends and neighbors.

iv) Grief counseling shall be offered to the child(ren) in cases where there is a loss of life, property, etc.

v) Crisis intervention counseling shall be provided immediately; bereavement and grief counseling may be needed after the initial crisis subsides.

vi) The direct service worker remains in daily contact with the child(ren) in order to assess level of need and provide appropriate intervention and services.

vii) The direct service supervisor will keep the response team members updated with relevant information and the current status of the crisis event.

Section 302.388 Intact Family Services

a) Purpose

These procedures explain the principles and standards that the Department uses to provide Intact Family Services that are intended to ensure the development, safety and well-being of children and to prevent the need for out-of-home placement.

During the life of the case, the family is engaged in a voluntary short-term plan to accomplish agreed upon behavioral changes. These behavioral goals are set in the case plan and progress toward these goals is constantly reviewed. Activities for achieving the desired behavioral changes include Intact Family Services Worker and service provider contacts with the family, provision of identified services and ongoing clinical supervision.

b) Definitions

"Case Planning" is a strength-based, child focused, family centered, trauma informed activity that is inclusive of who the family identifies as providing support to the family and focuses on child safety by engaging the family's problem solving capacities toward the end of enhancing their protective capacities to control or prevent safety threats from affecting their children throughout the life of the case.

"Child and Family Team (CFT)" refers to a group of individuals identified by and with the family. This group of people is committed to the family and child and invested in helping to strengthen the family. Members of the team most commonly include: parent(s); child(ren) (when emotionally and developmentally appropriate); other concerned family members; concerned persons from the community, including school/daycare staff, the DCFS/POS Intact Family Services Worker and Supervisor, and service providers.

"**Child Endangerment Risk Assessment Protocol (CERAP)"** safety assessment is used in the larger protocols of Child Protection and Child Welfare practice. It is a "life of the case" protocol designed to provide workers with a mechanism for quickly assessing the potential for moderate to severe harm immediately or in the near future and for taking quick action to protect children. Workers utilize the protocol to help focus their decision-making to determine whether a child is safe in their home environment and, if unsafe, deciding what measures or actions must be taken to ensure the safety of the child. Even if a child is not in the home (e.g., if a child victim is in a hospital), the CERAP safety assessment is to be based on the child's return home environment. The major steps that are required to apply the protocol include an assessment and analysis of the safety threats, the completion of the **CERAP**, and implementing and monitoring the **CFS 1441-A, Safety Plan,** when necessary. (See **Procedures 300, Appendix G**.)

Key terms used in CERAP include the following:

"Risk" means the likelihood of any degree of longer-term future harm/maltreatment. It does not predict when the future harm might occur, but rather the likelihood of it happening at all.

"Safety" means that after considering all reasonably available information/evidence concerning the presence of each of the 16 safety threats, taking into account the vulnerability of the child and considering the caregiver(s)'s displayed ability/action to mitigate any identified threats, it is then determined that a child in a household or in custodial care is **not** likely to be moderately or severely harmed immediately or in the near future.

"Safety Plan" means a temporary, short-term plan designed to control serious and immediate threats to children's safety. The safety plan will indicate which threat or threats have led to the need for a safety plan as the result of the CERAP. Safety Plans must be adequate to ensure the child's safety and be as **minimally disruptive** to the child and family as is reasonably possible. Safety plans can take a variety of forms and are developed with the input and voluntary consent of the children's parent(s)/guardian(s), caregivers and other family members.

"Safety threat" refers to a particular family condition that is present, uncontrolled and likely to result in severe consequences to the child.

"Unsafe" means that, after considering all reasonably available information/evidence concerning the presence of each of the 16 potential safety threats, taking into account the vulnerability of the child and considering the caregiver(s)'s displayed ability/action to mitigate any identified threats, it is determined that a child in a household or in custodial care **is** likely to be moderately or severely harmed immediately or in the near future. In the event a child is considered **Unsafe**, a safety plan or protective custody **must** be implemented by the worker completing the CERAP and approved by the supervisor.

"Child and Adolescent Needs and Strengths (CANS)" is an information integration and decision support tool used for casework planning that is shared with the family. The CANS is used to assist in the identification of: traumatic experiences and their impact on children and families, the strengths of children, and the strengths and abilities of the caregivers of children. It is also used for outcomes management by measuring change in children/youth and their caregivers. Actionable and usable CANS items shall be used to inform the case planning. . Detailed information about CANS scores, specific CANS items and domains can be found in the CANS manual and glossary, available on the D-Net in the "Resources" section.

"Child Centered Collateral Contacts" means people who are identified by the child and individuals who are part of the child's life such as day care, school, and mental health.

"Comprehensive Assessment" means information that is gathered from the various Department required assessments, including but not limited to: **Child Endangerment Risk Assessment Protocol (CERAP)**, **SACWIS Risk Assessment**, **Child and Adolescent Needs and Strengths (CANS)**, **Integrated Assessment (IA)** that will be used to formulate client service interventions and outcomes. See **Section g) 3), Required Assessments and Family Case Plan Time Frames** and **Exhibit 1, Intact Family Services Required Assessments** is located at the end of these procedures.

"Family Engagement" means interacting with parents and children to identify the underlying causes and contributing factors interfering with the mutual goals of safety, well-being and permanence. Family Engagement provides children and parents with the means (i.e. treatment, services, supports, etc.) to achieve mutually agreed upon outcomes by first obtaining the family's agreement to participate and then proceeding with specified interventions and defined benchmarks for evaluating the relative success of the combined efforts.

"Foster Care Candidacy" is recognition that one or more children in an intact family may be at imminent risk of placement into substitute care if the services outlined in the case plan are unavailable, refused or ineffective. Cases that are documented as foster care candidates are eligible for federal reimbursement.

"**Hand-Off Staffing**" is the meeting that takes place between the Child Protection Specialist and/or the Child Protection Supervisor and the Intact Family Services Worker and/or Intact Family Services Supervisor. The purpose of the Hand-Off Staffing is to provide the Intact Family Services Worker and/or Intact Family Services Supervisor with the information/documentation necessary to provide the family with adequate services and interventions. The hand-off staffing will involve a discussion of the safety needs of the child(ren), the dynamics of the case, the strengths of the family, and the service needs of the family.

"Home Visiting" is a community-based service available for many intact families. Home visitors support the parent-child relationship and work with parents on parenting skills and family attachment and bonding before birth and throughout infancy and toddlerhood (0-3). Home visiting is a voluntary program that provides family support and coaching through planned, regular visits with a trained professional based on a family's needs and schedules. Through partnerships with the home visitors, families learn how to improve their family's developmental and social/emotional health and provide better opportunities for their infants and toddlers.

"Initial Assessment" means a preliminary assessment conducted by the Child Protection Specialist or Intact Family Services Worker, if the case results from a court ordered "exception" as in c), 2), prior to opening an Intact Family Services case to identify child endangerment, risk, emergency needs, interventions and services. Consideration shall be

given to how to best meet the presenting needs of the family in light of relevant safety considerations; including, but not limited to, referral and linkage to various community services as deemed appropriate, Intact Family Services, or possible court involvement.

"**Intact Family Services Case**" means services provided to a family, with the family's consent, through a referral resulting from a child abuse and/or neglect investigation, including investigations in which protective custody has lapsed, or a court ordered "exception" as in c), 2). The Department has no current legal relationship to or legal responsibility for any child in the family (i.e. no legal custody or guardianship of any child).

"Intact Family Services (IFS)" are designed to provide short term voluntary services intended to make reasonable efforts to stabilize, strengthen, enhance, and preserve family life by providing services that enable children to remain safely at home.

"Intact Family Services Worker" means a family-centered change agent who partners with families to use expert knowledge throughout the decision and goal making processes providing individualized, culturally-responsive, and relevant services for each family to ensure child safety, permanency and well-being. This may be an employee of the Department (DCFS High Risk Specialist) or Purchase of Service (POS) agency (Intact Family Services Worker). The Intact Family Worker assists in mobilizing resources to maximize communication, shared planning, and collaboration among the several community and/or neighborhood systems that are directly involved with the family to strengthen the family's capacity to function effectively.

"Integrated Assessment (IA)" is a formal process that seeks to achieve the identification of the behaviors, conditions and issues leading to the child's maltreatment and family's involvement; the child and family's strengths, supports and protective factors; and those services needed to achieve safety, well-being, stability and to prevent out of home placement.

"Interim Service Agreement" means a written agreement developed at the transitional visit with the family and the Intact Family Services Worker, identifying immediate service needs during the interim period between first contact and the development of the Family Case Plan, which shall be completed within 45 days of the case opening. The Interim Service Agreement shall be documented in a Contact note.

"Minimum Parenting Standards" means that a parent or other person responsible for the child's welfare sees that the child is adequately fed, clothed appropriately for the weather conditions, provided with adequate shelter, protected from physical, mental and emotional harm, and provided with necessary medical care and education as required by law. A parent who has abandoned a child, deserted a child for three months, or failed to demonstrate a reasonable degree of interest, concern, or responsibility as to the welfare of a newborn child for 30 days after birth is deemed to have failed to have met the minimum parenting standards, unless the parent has arranged for the child's care in the home of a relative who is willing and capable of assuming responsibility for the child. In addition, a parent who is addicted to alcohol or who is a drug addict, as defined in Section 1-103 of

the Alcoholism and Other Drug Abuse and Dependency Act [20 ILCS 301/1-10] and who has consistently failed to cooperate in a rehabilitation program for a period of at least six months is deemed to have failed to have met the minimum parenting standards unless the parent has arranged for the child's safety and well-being despite the parent's addiction.

"Paramour" means a current or ex-boyfriend or girlfriend who has been or may be or is in a care-taking role. The paramour may or may not be residing within the family unit. Paramour involved families may be identified at the time of intake, during a child abuse or neglect investigation or anytime during the life of an open service case.

"Protective Factors" are aspects of a family's functioning that when present serve to enhance the safety and well-being of children and when absent serve to increase the risk to children. The protective factors are parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, social and emotional competence, and healthy parent-child relationships.

"Relative", for purposes of placement of children in DCFS care, is defined in Section 7(b) of that Act. Under that Act, the persons described in subsections (1) through (5), below, are considered "relatives" when a Child Protection Specialist, Permanency Worker or Intact Family Worker is seeking placement for a child:

1) Any person, 21 years of age or over, other than the parent, who:

   A) is currently related to the child in any of the following ways by blood or adoption: grandparent, sibling, great-grandparent, uncle, aunt, nephew, niece, first cousin, first cousin once removed (children of one's first cousin to oneself), second cousin (children of first cousins are second cousins to each other), godparent (as defined below), great-uncle, or great-aunt, or

   B) is the spouse, or party to a civil union, of such a relative; or

   C) is the child's step-father, step-mother, step-grandfather, step-grandmother or adult step-brother or step-sister; or

   D) is the partner, or adult child of a partner, in a civil union with the child's mother or father; or

   E) is a fictive kin as defined below.

2) A person who is related to a sibling of a child in any of the ways described in subsection (1). (Examples: placement of an add-on child with a sibling who has been adopted or is in subsidized guardianship.)

   Note: The family home is not required to be licensed to accept immediate placement of this child.

3) When a child in DCFS guardianship who was adopted or in a legal guardianship is returned to DCFS custody or guardianship (e.g., death of adoptive parents),

"relative" may include any person who would have qualified as a relative under subsections (1) or (2) prior to the adoption.

4) A "**fictive kin**" is a person who has close personal or emotional ties with the child or the child's family prior to the child's placement with the person. The placing worker shall ask the parents and the child to identify fictive kin who may be able to serve as a caregiver for a child entering substitute care, and shall again inquire, as appropriate, any time a child in care requires a new foster home placement.

5) A "**godparent"** is a person who sponsors a child at baptism or a person in whom the parents have entrusted a special duty that includes assisting in raising the child if the parent is unable to raise the child. The godparent's role in the family must pre-exist any placement arrangement with the godparent.

Note: The family may or may not have written documentation to establish the godparent-godchild relationship. The placing worker should ask a parent to confirm the fact that the person was designated as the child's godparent. If a parent is unavailable, the placing worker should ask other family members to help identify the relationship. When the child is able to understand, the child can also help identify his/her godparent. When family members are not available or cannot confirm, and formal documentation is not available, a person claiming to be the child's godparent can still be considered for placement as a fictive kin.

"**Transfer**" means fiscal and planning responsibility for a case which is open on CYCIS is changed, via a **CFS 1425, Change of Status Form**, from one region/site/field office to another. A different worker is assigned when a case is transferred.

"Transitional Visit" means a visit conducted in the home of the family by the Child Protection Specialist with the assigned Intact Family Services Worker to introduce the Intact Family Services Worker to the family and review issues related to the Department's continued involvement.

c) Eligibility for Intact Family Services

1) **Eligibility Criteria**

"Intact Family Services (IFS)" are services provided to a family with the family's consent:

A) As the result of a referral from an **indicated** report of child abuse or neglect**;**

B) Pursuant to an order of supervision from a court of competent jurisdiction as the result of a referral from an **indicated** child abuse or neglect investigation;

C) During a pending investigation of a report of child abuse or neglect when the assigned Child Protection Specialist determines that a family needs Department services to ensure the safety of a child(ren) in the family and the Child Protection Specialist's Supervisor approves the recommendation; or

D) As the result of a child who was in placement less than 30 days being returned home to parents/guardians and who does not have a legal relationship with the Department, pursuant to a court decision or lapse in protective custody.

E) A family may also receive "Intact Family Services" if there is **NOT** an indicated child abuse or neglect report/investigation in the following circumstances:

i) The Child Protection Specialist and Child Protection Supervisor may request an Intact Family Services case opening on an unfounded investigation if the service needs are significant and cannot be met via community resources. Such requests require the approval of the Area Administrator and the Statewide Intact Family Services Administrator. The Area Administrator must email the rationale for requesting the exception and the **CFS 2040, Intact Family Services Case Referral and Assignment Form** to the Statewide IFS Administrator via email at "**DCFS OIFS**";

ii) An intact family receiving services as the result of a valid Probate court order;

iii) An intact family receiving services as the result of a valid Marriage and Dissolution of Marriage court order; or

iv) An intact family receiving services as the result of valid Juvenile court order, including Dependency orders and orders concerning Minors Requiring Authoritative Intervention.

A family that is the subject of an indicated investigation that included a lapsed protective custody of one or more children is eligible for Intact Family Services as defined in these procedures. The Department shall have no legal relationship to or legal responsibility for any child (i.e. no legal custody or guardianship of any child**)** in a family receiving Intact Family Services.

It is expected that a Child Protection Specialist shall refer a family that does not meet the eligibility criteria for Intact Family Services (i.e. unfounded investigations) to appropriate community services as applicable to the needs of the family. Such referrals are documented in a Case note.

2) **Obtaining and Documenting Family's Consent to Receive Intact Family Services**

The Child Protection Specialist who recommends Intact Family Services is expected to obtain a family's voluntary consent to be referred for Intact Family Services. The Child Protection Specialist will document the family's voluntary consent in a Contact note. The Contact note must include the name of the parent/guardian who gave consent and the date and time consent was given.

3) **Family Refusal to Consent to Receive Intact Family Services**

When a family refuses to accept Intact Family Services, the Child Protection Supervisor must decide whether:

A) Protective custody of a child is necessary;

B) The case shall be screened for court involvement; and/or

C) The family shall be referred to appropriate community services.

This decision must be documented by the Child Protection Supervisor in a Supervisory note.

If the family includes a child age 0-3, the Child Protection Supervisor shall instruct the Child Protection Specialist to consult with the DCFS Early Childhood Project to determine if referral to home visiting or early intervention is appropriate, whether or not a family is offered or consents to receive intact family services (see **Subsection (g)(15), Home Visiting Service Referrals**). The DCFS Early Childhood Project can offer resources and support which can assist the Investigator in linking the family to these services.

4) **Child Safety Expectation**

The Child Protection Specialist and Child Protection Supervisor are responsible and accountable for ensuring that all children in the family are assessed for safety using the most current **CFS 1441, Child Endangerment Risk Assessment Protocol Safety Determination Form (CERAP).** If children are deemed unsafe, but protective custody is ruled out, a supervisor-approved **CFS 1441-A, Safety Plan,** must be implemented as specified in Department **Procedures 300, Appendix G, Child Endangerment Risk Assessment Protocol**.

A) The **CFS 1441-A, Safety Plan** will be signed by each parent/guardian, all responsible caregiver(s) and safety plan participants, and the Child Protection Specialist.

B) The Child Protection Specialist shall give each parent/guardian and all responsible caregiver(s) and safety plan participants, a copy of the **CFS 1441-A, Safety Plan** that was implemented in regard to the child endangerment.

C) The Child Protection Specialist shall provide each parent/guardian and all responsible caregivers and safety plan participants with information on their rights and responsibilities when a plan is involved, including but not limited to, providing information on how to obtain medical care, emergency phone numbers, and information for how to properly notify schools or day care providers, when necessary.

The rights and responsibilities of each parent/guardian, adult caregiver, safety plan participant and child protection/child welfare staff are listed in forms **CFS 1441-D, Safety Plans Rights and Responsibilities for Parents and Guardians; CFS 1441-E, Safety Plan Rights and Responsibilities for Responsible Adult Caregivers and Safety Plan Participants; CFS 1441-F, Safety Plan Responsibilities for Child Protection Specialists and Child Welfare Caseworkers.**

D) The Child Protection Specialist shall receive verbal approval of the safety plan from their supervisor prior to leaving the family home. The Child Protection Specialist shall submit the signed **CFS 1441-A** to their respective Supervisor for review and approval.

E) The **CFS 1441-A, Safety Plan** will be entered into the case file.

F) **The Child Protection Specialist maintains responsibility for the Safety Plan until the investigation is closed.**

d) New Case Intact Family Services Approval and Disapproval

1) **Child Protection Specialist/Worker Recommendation**

The assigned Child Protection Specialist is responsible and accountable for completing all required and necessary investigatory contacts and activities prior to making a recommendation that an investigation be indicated and that a family needs, and has voluntarily consented to, Intact Family Services. The family's consent must be documented in a Contact note.

2) **Supervisor Approval or Disapproval**

A) **Supervisor Approval of Referral to Area Administrator**

Once a Child Protection Specialist recommends that an investigation be indicated and that a family will need Intact Family Services, the Child Protection Supervisor shall review the recommendations with the Child Protection Specialist during a supervisory conference.

Before a case can be referred for Intact Family Services, the Child Protection Supervisor must ensure that subpoenas have been issued or that consents for release of information (**CFS 600-3)** have been signed to obtain the mental health records for the affected parents/caregivers in the family, as this information may determine the course of service delivery and the need for juvenile court intervention. (When court involvement becomes necessary, the Intact Family Services Worker must obtain additional releases, or the court shall issue subpoenas before information that was previously obtained with a release can be reissued to court personnel.)

The Child Protection Supervisor shall document the decision to refer the case to Intact Family Services in a Supervisory Note. If the Child Protection Supervisor approves the recommendation, a **CFS 2040, Intact Family Services Case Referral and Assignment Form** shall be completed with the Child Protection Specialist and approved by the Child Protection Supervisor.

The Child Protection Supervisor shall submit the **CFS 2040** and, if applicable, the **CFS 1441-A**, to the appropriate DCFS Area Administrator via Department email.

B) **Supervisor Disapproval of Referral to Area Administrator**

If the referral is disapproved, the Child Protection Supervisor shall communicate the reason for the decision to the Child Protection Specialist. The Child Protection Supervisor shall instruct the Child Protection Specialist:

- to consult with the DCFS Early Childhood Project when the family includes a child age 0-3 to determine if early intervention or home visiting are appropriate. The DCFS Early Childhood Project can offer resources and support to assist the Investigator in linking the family to these services if deemed appropriate (see **Subsection (g)(15). Home Visiting Service Referrals**); and

- to determine what action, if any, is necessary to ensure the safety of all children in the family.

The Child Protection Supervisor shall document the decision and instructions in a Supervisory note.

3) **Area Administrator Approval or Disapproval**

Pending the Area Administrator's decision, the assigned Child Protection Specialist remains responsible and accountable for the safety of each child in the family.

A) **Approval of Intact Family Services**

The Area Administrator shall review and approve or disapprove the **CFS 2040** within two (2) business days of receipt of the **CFS 2040** and, as applicable, the **CFS 1441-A**. The Area Administrator shall document the approval or disapproval in a Supervisory note.

B) **Disapproval of Intact Family Services**

If the Area Administrator disapproves a referral, the Area Administrator shall promptly notify the assigned Child Protection Specialist and Child Protection Supervisor of the reasons the referral was disapproved and shall provide explicit directions regarding the actions the Child Protection Specialist and Child Protection Supervisor are to take, if any, concerning the investigation and safety of the children. If the family includes a child age 0-3, the Child Protection Specialist shall be instructed to consult with the DCFS Early Childhood Project to determine if early intervention or home visiting are appropriate. The DCFS Early Childhood Project can offer resources and support to assist the Investigator in linking the family to these services. (see **Subsection (g)(15), Home Visiting Service Referrals**).

e) Case Creation, Opening, Assignment and Transfer

1) **Intact Family Services Family Case Creation**

The **Child Protection Supervisor** is responsible for completing the following activities upon notification from the Area Administrator of the DCFS/POS team Intact Family Services Supervisor and Intact Family Services Worker to whom an Intact Family Services case will be assigned:

A) Completing or having clerical staff complete, a comprehensive "Person Search" for prior service involvement; and

B) Creating the family case in SACWIS.

Note: The Child Protection Supervisor is expected to personally create the case in SACWIS or personally supervise the creation of the case by designated clerical. Also, the Intact Family Services case MUST be created in SACWIS before the investigation is completed and closed in SACWIS.

2) **Case Opening and Initial Case Assignment**

The **Child Protection Supervisor** is responsible for:

A) Creating and completing the **CFS 1410, Case Registration/Opening Form**. The case is to be initially assigned to the Child Protection Specialist who conducted the abuse or neglect investigation.

The Child Protection Specialist is responsible for the safety plan until the investigation is closed. The Child Protection Specialist is responsible for the safety of children in the family and for services to the family until the transfer of case assignment to a DCFS High Risk Specialist or a POS agency Intact Family Services Worker, as explained below; and

B) Submitting the **CFS 1410** to the designated regional clerical staff to open the case in CYCIS. Clerical staff will open the case in CYCIS on or within one (1) business day of receipt of a correctly completed **CFS 1410**. Clerical staff will notify the Child Protection Supervisor and Child Protection Specialist when the case has been opened in CYCIS.

3) **Case Assignment and Transfer**

The Area Administrator shall thoroughly review the fully completed **CFS 2040** and, as applicable, the **CFS 1441-A**. After the Area Administrator approves the **CFS 2040,** the Area Administrator shall determine whether the referral shall be made to a POS Intact Family Services contract agency or to a DCFS High Risk Intact Family Services Worker by considering the comparative caseload size and capacity of the POS agencies and DCFS High Risk staff.

A) **Case Assignment Activity**

<u>Cook County</u>

After thorough review and approval of the **CFS 2040** and, when applicable, the **CFS 1441-A,** DCFS Area Administrators in Cook County shall forward the **CFS 2040** to the Office of Intact Family Services for agency assignment. The referral will be reviewed for geographical location of the case and assigned to an agency that covers that location. The capacity of the POS agency or DCFS High Risk Intact Family Services Worker, if available, shall also be considered.

<u>Downstate</u>

After thorough review and approval of the **CFS 2040** and, when applicable, the **CFS 1441-A,** Downstate DCFS Area Administrators shall review the **CFS 2040** for the geographical location of the case and assign an agency that covers that location. The capacity of the POS agency or DCFS High Risk Intact Family Services Worker, if available, shall also be considered.

B) **Case Assignment Rotation System**

For all Regions

The Child Protection Supervisor shall:

i) Contact the appropriate Intact Family Services Supervisor. The Intact Family Services Supervisor shall inform the assigned Child Protection Specialist and Child Protection Supervisor of the team Region/Site/Field (RSF) to which the case is to be assigned, the name and ID number of the Intact Family Services Supervisor, and the name and ID number of the DCFS High Risk Specialist to whom the case will be assigned; or

ii) Contact the appropriate POS agency, based on the Intact Family Services referral rotation procedures in place at the time of the referral**.** The POS Intact Family Services Supervisor shall notify the assigned Child Protection Specialist and Child Protection Supervisor of the team Region/Site/Field (RSF) to which the case is to be assigned, the name and ID number of the Intact Family Services Supervisor, and the name and ID number of the POS Intact Family Services Worker to whom the case will be assigned.

Cook County

In Cook County, a referral to the Office of Intact Family Services shall be reviewed for geographic location of the case and assigned to an agency that covers that location. Capacity of the POS agency or DCFS High Risk Specialist, if available, shall also be considered. The referring Area Administrator and Supervisor shall be notified as to the agency or DCFS High Risk Specialist who has been assigned the case and will be provided the appropriate contact information so the hand off can be arranged. The Office of Intact Family Services shall keep a written record of all assigned Intact Family Services referrals for Cook County.

Downstate

The DCFS Area Administrator or designee will assign the case, based on a rotational basis, to the DCFS team or POS agency serving the geographical area in which the family resides. The Child Protection Supervisor shall be notified by the Area Administrator or designee of the name of the receiving Intact Agency and Supervisor

The DCFS Area Administrator or Designee will maintain a written record of referrals made to each DCFS High Risk staff and each POS agency.

The record shall include, at a minimum, the name and ID number of the family case, name of the specific agency (DCFS or POS) to which the referral was made, and the date the referral was made. When the case is assigned to a POS agency, the record shall include the maximum number of cases the agency is allowed to serve at one time under the agency's contract with the Department and the total number of opened cases assigned to the agency at the time of the referral.

Within 24 hours of notification of the new referral, the Intact Family Services Supervisor shall identify the Intact Family Services Worker to be assigned the case.

C) **Case Assignment Dispute Resolution**

If the following issues cannot be resolved to the satisfaction of the DCFS/POS Intact Family Services Supervisor and Child Protection Supervisor, the Intact Family Services Supervisor shall immediately contact the DCFS Area Administrator to discuss concerns and reach an agreement on an appropriate response and resolution. If a discussion with the DCFS Area Administrator does not resolve the issue, the DCFS/POS Intact Family Services Supervisor shall contact the DCFS Intact Family Services Administrator or designee:

i) When the DCFS/POS Intact Family Services Supervisor's assessment of safety and risk issues differs significantly from the assessments made by the referring Child Protection Specialist, and when they do not believe that the safety plan provides adequate intervention services to adequately control all key safety threats; and

ii) When mental health records have been requested or subpoenaed and those records have not been received, the identified safety and risk issues need to be discussed to determine if it is appropriate to open an Intact Family Services case prior to receipt of the records.

4) **Case Hand-off Staffing**

Within one (1) business day of case assignment notification from the DCFS Area Administrator, the Child Protection Supervisor shall contact the appropriate DCFS/POS Intact Family Services Supervisor and have a complete case hand-off discussion about the safety needs of the child, the dynamics of the case, the strengths of the family, and the service needs of the family. Whenever possible, the case hand-off staffing shall involve the Child Protection Specialist and the assigned Intact Family Services Worker.

The following documents shall be provided by the Child Protection Specialist or Supervisor for the Case Hand-off Staffing:

- SACWIS Hand-off Document;
- All available applicable records (e.g., medical, school, etc.);
- **CFS 2025, Home Safety Check List**;
- **CANTS 18DV, Domestic Violence Screen**, if applicable;
- **CFS 440-5, Adult Substance Abuse Screen**, if applicable;
- **CFS 600-3,** Signed **Consent**(s) **for Release of Information**;
- **CFS 1000-1 or CFS 1000-1/S,** copies of completed **Hispanic Client Language Determination Form** (if applicable);
- **CFS 370-1, Norman Class Certification** (if applicable);
- **CFS 440-12, Investigation/Intact Parental Mental Health Case Matrix** (if applicable);
- **CFS 2040, Intact Family Services Case Referral and Assignment Form**;
- **CFS 1441, CERAP Safety Determination Form**; and
- **CFS 1441-A, Safety Plan,** (if applicable)

During the case hand-off staffing the following will occur (if applicable):

A) The safety needs of the child, the dynamics of the case, the strengths of the family, and the service needs of the family will be discussed, including information concerning the biological father of each child;

B) The Child Protection Specialist shall discuss any safety decisions and enter a Contact note in the investigation file for any specific safety decisions that were shared with the Intact Family Services Supervisor at the hand-off staffing;

C) The Child Protection Specialist shall share all parent/guardian mental health information and records with the Intact Family Services Worker;

D) The Child Protection Supervisor and Intact Family Services Supervisor shall use the **CFS 440-12, Investigation/Intact Parental Mental Health Case Matrix** to determine urgent case planning needs for the family. The Child Protection Supervisor and Intact Family Services Supervisor shall enter Contact notes in the investigation and in the Intact Family Services files, documenting any topics on the **CFS 440-12, Matrix** that were reviewed at the case hand-off staffing as well as any other relevant topics not listed in the Matrix; and

E) The Child Protection Specialist shall bring dates and times to the hand-off meeting so the family and Child Protection Specialist can schedule the Transitional visit that must take place with the Intact Worker within the next 48 hours.

5) **Transitional Visit**

A Contact note documenting the transitional visit will be recorded by the Child Protection Specialist in the investigation record and also by the DCFS/POS Intact Family Services Worker in the family case record.

A face-to-face Transitional Visit involving the Child Protection Specialist, the Intact Family Services Worker and all the parents/guardians and caregivers must occur within two (2) business days of the intact case referral.

The Child Protection Specialist and Intact Family Services Worker shall conduct the Transitional Visit at the family's primary residence. **The Transitional Visit is required for all cases.**

If the first attempt to meet with the family is unsuccessful, a second Transitional Visit **must** be made no later than 48 hours after the unsuccessful visit. If the second attempt is unsuccessful, the Intact Family Services Worker shall make daily in-person attempts to meet with the family through the first five (5) business days of case assignment. If the Intact Family Services Worker has not met with the family within the first five (5) business days of case assignment, the Intact Family Services Supervisor shall immediately email the Area Administrator and the Office of Intact Family Services so that a resolution to the situation can be determined.

If the Child Protection Specialist has difficulty scheduling/attending the Transitional Visit within the requirements of these procedures, the Child Protection Supervisor shall facilitate the Transitional Visit for the Child Protection Specialist.

The Intact Family Services Worker shall not delay the transitional visit due to the Child Protection Specialist being unavailable.

The Transitional Visit shall be held for the purpose of introducing the Intact Family Services Worker to the family and to review the following information/documentation with parents/guardians and caregivers:

- Final finding determination(s) or presenting issue(s) that led to the Department's initial involvement and continued involvement;
- **CFS 600-3**, **Consent for Release of Information** forms (as needed);
- **CFS 1441, CERAP Safety Determination** Form;
- **CFS 1441-A, Safety Plan** (if applicable);
- SACWIS Risk Assessment;
- **CANTS 18DV, Domestic Violence Screen**, (if applicable);
- **CANTS 18-Paramour, Paramour Assessment Checklist**, (if applicable);
- **CFS 440-5, Adult Substance Abuse Screen**, (if applicable);
- Family's strengths and resources available to them;

- Family's perception of the problem;
- Family's expectations of the Department;
- Department's expectations of the family;
- Parental Protective Factors;
- Recommended services;
- Service referrals;
- Interim service agreement;
- Full disclosure of agreed upon outcomes that need to be achieved and the consequences of failing to achieve said outcomes;
- **CFS 496, Client Rights and Responsibilities** form;
- **CFS 1050-32, Service Appeal Process** brochure;
- Infant Safe Sleep Information verified for all children under 1 year old; and
- All parent/caregiver mental health information and records including the **CFS 440-12**, **Investigation/Intact Parental Mental Health Case Matrix** (if applicable).

If mental health records are received by the Child Protection Specialist after the case hand-off meeting, a conference that includes the Child Protection Supervisor and Intact Family Services Supervisor shall occur within 1 business day in order to address safety and risk implications noted in subpoenaed records and required protective action, up to and including the involvement of juvenile court.

The Intact Family Worker shall reassess the initial services put into place by the Child Protection Specialist. The Intact Family Specialist shall meet with the family and determine the continued appropriateness of the services and/or need for revised and/or additional services. If in the judgment of the Intact Family Services Worker safety threats identified by the Child Protection Specialist have been resolved, it is the responsibility of the Intact Family Services Worker to document how they arrived at this assessment. Resolution of safety and/or risk factors shall be documented through the life of the case.

The Child Protection Specialist **and** the Intact Family Services Worker shall each enter a Contact note documenting the Transitional Visit.

6) **Case Assignment Transfer**

On the date of the scheduled Transitional Visit with the family, the Child Protection Supervisor will complete and submit to the designated regional clerical staff a completed **CFS 1425, Case Status Form**, to transfer case assignment to the appropriate DCFS High Risk Specialist or POS agency Intact Family Services Worker (Special Note: The **entire CFS 1425** must be completed). The date of transfer of case assignment must be the same as the **initial scheduled date** of the Transitional Visit. Regional clerical staff will enter the **CFS 1425** and notify the Child Protection Supervisor and the assigned DCFS or POS agency Intact Family Services Worker that the transfer of case assignment has been completed.

7) **Responsibilities and Notifications When an Investigation is Ongoing, and an Intact Family Services Case is Open**

A) **Services**

i) It is the responsibility of the Child Protection Specialist and Intact Family Services Worker to ensure continuity of intervention and oversight of services during the transfer process to ensure that a child's safety is not jeopardized or placed at risk.

ii) The Child Protection Specialist maintains the responsibility for delivery of services to the family until the Transitional Visit occurs.

iii) The Intact Family Services Worker assigned to the case shall assume responsibility for case planning, and service delivery at the Transitional Visit with the family.

B) **Safety Plan**

Assessment of safety threats shall be comprehensive and ongoing during case transfer. If children are deemed unsafe, but protective custody is ruled out, a supervisor-approved **CFS 1441-A, Safety Plan** must be implemented as specified in Department **Procedures 300. Appendix G, Child Endangerment Risk Assessment Protocol**, also see in these procedures **Section g), 4) CERAP Safety Plan Process.**

i) **The Child Protection Specialist maintains the responsibility for monitoring the Safety Plan until the investigation is closed**.

ii) The Child Protection Specialist shall notify the Intact Family Services Worker within 24 hours of when the **Safety Plan is modified** or when the **Safety Plan is terminated** prior to the investigation closing.

C) **Investigation is Appealed and Overturned**

i) When an indicated investigation is appealed and overturned, the Child Protection Specialist shall notify the Intact Family Services Worker within 24 hours of receiving notice of the final decision of the appeal.

ii) When an indicated investigation is appealed and overturned, the Intact Family Services Worker shall inquire whether the family would like to continue to receive Intact Family Services. If the family would like to continue to receive services, the Intact Family Services Worker shall so notify the Statewide Intact Family Administrator via Department email.

D) **When the Investigation is Unfounded**

i) If the investigation of the family is unfounded, the Child Protection Specialist shall notify the Intact Family Services Worker and the Statewide Intact Family Administrator within 24 hours of closing the investigation.

ii) The Intact Family Services Worker shall inquire whether the family would like to continue to receive Intact Family Services. If the family wants to continue to receive Intact Family Services, the Intact Family Services worker shall notify the Statewide Intact Family Administrator of the family's decision.

E) **When an Investigation is Completed**

The Child Protection Specialist shall notify the Intact Family Services Worker of the outcome and completion date of the investigation within 24 hours of receiving the final finding determination. Notification shall be sent via Department email.

f) Responsibilities of the Assigned Intact Family Services Supervisor

The Intact Family Services Supervisor shall review the case information to identify important aspects or conditions in the family that may require an Intact Family Services Worker to have specialized social work training, skills or qualities in order to meet the family's needs. When a family has identified special needs, the Intact Family Services Supervisor shall assign a worker with the required skills and/or training or assign an Intact Family Services Worker that has the ability to develop required skills with supervision and/or training within a timeframe relevant to the needs of that particular family.

1) **Case Supervision**

The Intact Family Services Supervisor shall review identified clinical and developmental issues (particularly for children aged 0-5) and other significant case information with the Intact Family Services Worker at the time of assignment and weekly thereafter throughout the life of the case. Each discussion shall be documented in a monthly Supervisory note. Known court orders will be shared and discussed with the assigned Intact Family Services Worker to provide clarification and direction prior to any decisions concerning placement or services. New court orders will be discussed during supervision, when they become known.

2) **Staff Supervisory Conferences**

Intact Family Services Supervisors shall meet weekly with all Intact Family Service Workers assigned to their team.

Intact Family Services Supervisors shall document monthly, at a minimum, all case supervision in a Supervisory note. The monthly documentation of case supervision shall include the content and dates of the supervisor's weekly meetings with Intact Family Services Workers and shall include, but not be limited to, the following:

- Child safety, including, if applicable, a review of any active safety plan and/or any subsequent oral report that may have been made;
- Child well-being domains on each child in the family;
- Status of referral/services for developmental needs of children ages 0-5 (e.g., home visiting, early intervention services, enrollment in enrichment of preschool program);
- Progress on and findings from assessments, as applicable;
- Impediments to information collection;
- Progress on Family Case Plan goals and objectives;
- Frequency and content of all contacts with parents and children;
- Critical decisions;
- Clinical issues and intervention techniques;
- Child and Family Team development;
- Parental protection factors;
- Appropriate level of service;
- Intact Family Services Worker self-awareness and safety issues; and
- The family's level of engagement and their follow-through with recommended services.

3) **Intact Family Services Critical Case Decisions**

The assigned Intact Family Services Supervisor is responsible for making Intact Family Services critical case decisions. All Intact Family Services critical decisions are to be documented by completion of a Supervisory note.

Intact Family Services critical case decisions have significant impact on children and families and require the approval of the Intact Family Services Supervisor. The Department identifies the following decisions as the most critical ones affecting intact families:

A) Deciding whether to decrease the frequency of worker contacts with the children and family members to less than one time weekly;

B) Making safety determination decisions is dependent upon information gathering and analysis of all available information and protective factors affecting child safety;

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2018.09

MODEL OF SUPERVISORY PRACTICE

DATE: May 10, 2018

TO: All DCFS & POS Intact Family Service Workers, Permanency Workers, Child Protective Services Workers, and their Supervisors, Managers and Administrators.

FROM: Beverly J. Walker, Acting Director

EFFECTIVE: **Immediately**

I. PURPOSE

The purpose of this Policy Guide is to issue a comprehensive Model of Supervisory Practice for all Department and Purchase of Service Agency (POS) Intact Family Service, Permanency and Child Protective Services staff. This Model sets out expectations required of Supervisors in each of these direct service areas.

This Policy Guide describes:

- a comprehensive model of supervision applicable to all DCFS/POS Intact Family Service, Permanency and Child Protective Services staff;
- the four functions of supervision (administrative; developmental; supportive; and clinical); and
- expectations for the framework and format of supervision.

II. PRIMARY USERS

The primary users of this Policy Guide are All DCFS & POS Intact Family Service Workers, Permanency Workers, Child Protective Services Workers, and their Supervisors, Managers and Administrators.

III. BACKGROUND

Currently, the roles of direct service supervisors are addressed in:

- Procedures 300.70, Role of the Child Protection Supervisor;
- Procedures 302.388(f), Responsibilities of the Assigned Intact Family Services Supervisor; and
- Procedures 315.300, Role of the Permanency Supervisor.

This Model of Supervisory Practice expands these existing Procedures in order to address a "deficient audit finding" in the area of supervision identified during the Council on Accreditation (COA) Interim Review (completed October, 2017).

The Department's Model of Supervisory Practice provides a context for supervision in which the Department's values, philosophy and structure for conducting child welfare practice is supported by Best Practice principles, policy, and training for the purposes of achieving the Department's Mission:

- To protect children who are reported to be abused or neglected and to increase their families' capacity to safely care for them;
- To provide for the well-being of children in our care;
- To provide appropriate, permanent families as quickly as possible for those children who cannot safely return home;
- To Support early intervention and child abuse prevention activities; and
- To work in partnerships with communities to fulfill this Mission.

The Model of Supervisory Practice also reflects the components of the Department's Family-Centered, Trauma-Informed, Strength-Based Child Welfare Practice Model. This Child Welfare Practice Model supports race-informed practice and strives to improve the outcomes for children of color by reducing and/or eliminating race-based disproportionality and disparities in practice.

IV. MODEL OF SUPERVISORY PRACTICE

In the context of child welfare practice, "supervision" describes a formal, agreed-upon process of professional support and learning that enables subordinate practitioners to develop knowledge and competence. Supervision allows the supervisee (subordinate practitioner) to assume responsibility for his or her own practice, with the intended goal providing enhanced services for the service recipient. Good supervision should assist and enable a supervisee to meet Department objectives.

The Department's commitment to accountability and effectiveness has impacted the focus of child welfare practice. Supervisors play a pivotal role in ensuring safety, permanency and well-being for children and families involved in the child welfare system. They are responsible for ensuring effective service delivery and are accountable for achieving the desired outcomes of safety, permanency and well-being for children and families in consideration of the child's sense of time. Supervisors are not only required to manage change - they must lead change. Direct service supervisors are expected to provide the guidance, development and support required for direct service staff to carry out the Department's mandate.

Administrative and management personnel are responsible to support the work of the direct service supervisor and direct service staff. All administrative and management staff must be cognizant of how their actions and responsibility impact direct service supervisors, direct service workers, and the children and families they serve.

a) Overview of the Model of Supervisory Practice

The Model of Supervisory Practice seeks to ensure that the duties and boundaries of supervision are clear and that Supervisors have up-to-date knowledge of legislation; national and state policies; data and research relevant to child welfare that promote the safety, permanency and well-being for children served by the Department.

Model of Supervisory Practice Tenets and Approach

1) **Excellence.** Each DCFS/POS direct service employee has a duty to strive for and achieve excellence in job performance and service provision. Striving beyond the minimum-required compliance allows direct service staff to focus on the needs of children and families and tailor services to meet their individualized needs in a timely manner.

2) **Accountability.** Professional accountability is a key element of protecting children and strengthening families. There are multiple facets to accountability in a supervisory role.

- First and foremost, Supervisors are accountable to the children and families they serve. They are responsible for ensuring the safety, timely permanency and well-being of children in care, and that the services provided minimize the impact of trauma on children and families while children are in care.

- Supervisors are accountable to the Department's Mission and policies, as well as standards set out by federal, state, and accrediting bodies.

- Supervisors are accountable to their subordinate staff. They provide leadership, administrative oversight, and clinical guidance and support so their staff are best able to effectively do their jobs.

- Supervisors are accountable to themselves. Direct service supervisors generally hold their positions because they are dedicated to improving the lives of children and families. Their internal measure of their job performance may be the factor that most significantly affects how they carry out their job responsibilities on a daily basis. They hold themselves accountable for ensuring the highest standard of service delivery.

- Supervisors are accountable to their peers. Through their leadership and actions, supervisors positively impact the culture of their agency and the office in which they work by interacting in a positive and supportive manner with their other supervisors.

3) **Evidence-Informed Practice.** This Model of Supervisory Practice is based on evidence-informed practice. Evidence-informed practice involves questioning and assessing the way that child welfare is currently done, and seeking additional research, information, resources, and interventions to guide practice that is ethically and culturally appropriate. It is a process for doing work in a strategically sound way. Evidence-informed practice seeks to produce the same level of stringency as evidence-based practice; however, because research is not always readily available, other valuable resources may be used as part of the evidence-based movement. These are concrete steps leading in the direction on the road to evidence-based practice.

4) **Race-Informed Practice.** Race-informed practice is a method of viewing and serving families of color which takes into account implicit bias and the dynamics of institutional racism as child welfare professionals and other system stakeholders develop policy, make decisions about, and provide services.

5) **Agency Culture.** Supervisors are in a unique position to have a significant influence on agency culture. Supervisors have a responsibility to model and support a culture of respect with children and families, foster and adoptive parents, staff, peers, colleagues, administration and the community.

b) Vision Statement for Department's Child Welfare Practice Model

The Department supports a Family-Centered, Trauma Informed, and Strength-Based Child Welfare Practice Model. The Vision of the Practice Model is to identify, intervene, and mitigate the effects of adverse and traumatic experiences of children served by the Department and to build parental capacity by focusing on family and individual strengths. This Vision also continues with efforts to prevent or alleviate secondary trauma experienced by Department/POS direct service staff.

c) Core Values, Principles and Standards of Family-Centered, Child-Focused, Trauma-Informed and Strength-Based Practice

The Department's practice principles are family-centered, child-focused, strength-based and trauma-informed. Each of these principles is described below.

1) **Family-Centered and Child-Focused Practice.** Family-centered practice is a way of working with the family, both formally and informally, across service systems to enhance the family's capacity to care for and protect the child. It focuses on the child's safety and needs within the context of the family and community and builds on family strengths to achieve optimal outcomes. Family is defined broadly to include birth, blended, kinship, foster and adoptive families and fictive kin.

Family-centered practice:

- strengthens, enables, and empowers the family to protect and nurture the children;
- safely preserves family relationships and connections when appropriate;
- recognizes the strong influence that social systems have on individual behavior;
- enhances family autonomy;
- recognizes the family's right to define who they consider family;
- respects the rights, values, religious beliefs and culture of the family; and
- focuses on the entire family rather than select individuals within the family.

The family unit, including the child as an individual and continuing member, is the focus of intervention.

The child remains a member of the family even while living in substitute care. Family-centered intervention looks to the extended family members and relatives, not only as caregivers for the family's child, but also as supporters of the family in their work toward reunification.

Through visitation and shared parenting, committed extended family members and relatives provide a wealth of opportunities to support the parents while keeping the child attached as a family member.

The family must be an active participant in all assessment, intervention, review, evaluation and decision processes. Through individual contact with the parents and Child and Family Team Meetings (that may include extended family members and relatives), direct service staff provide:

- engagement, full disclosure and ongoing feedback;
- open, inclusive and frequent planning;
- immediate response to the crisis of placement; and
- review and evaluation of progress toward reunification or an alternative permanency goal.

Family-centered practice provides an opportunity for the family to discuss their progress, casework support, clinical intervention and the effectiveness of the services provided.

2) **Strength-Based Practice.** A key to implementing strength-based practice is to begin identifying and documenting observable strengths that can serve to support the family in achieving their goals for safety, permanency and well-being.

All families have strengths and needs. Most parents want to resolve the problems and issues that confront them, and they want to be as effective as possible in their role as parents. Most families have had some success at solving past problems. Drawing on successful experiences helps identify skills already available within the family and gives the family hope for the future. Most families can be guided to draw upon their strengths and resources to resolve the problems and issues confronting them and will be able to engage in some or all of the services needed.

Direct service staff must document the family's identified strengths and discuss openly how the family can use and build upon those strengths to support positive change. This discussion should occur on an ongoing basis and be shared with the family as part of full disclosure regarding case progression and family prognosis in support of permanency for all children in the family.

3) **Trauma-Informed Practice.** The Department has stated the following vision for a trauma-informed practice model:

> *The vision of the practice model is to identify, intervene, and mitigate the effects of adverse and traumatic experiences of children who are entering protective care or currently living in* a substitute care placement. *This vision also continues with efforts to reduce, if not alleviate, secondary trauma experienced by children while living in out-of-home care.* (DCFS Strategic Plan for Trauma, 2007)

A child's reaction to traumatic stress:

- may have both short- and long-term consequences for the child's mental and physical health;
- may adversely impact the child's ability to protect himself/herself from abuse;
- may have both short- and long-term consequences for the child's life trajectory; and
- can adversely impact the child's stability in placements.

The need for placement as a safety intervention must be balanced against the trauma of removal and prolonged separation from the family with whom the child shares membership, tradition and identity. The child's attachment to his/her family, even in the face of maltreatment, is critical to the child's emotional security.

V. Functions of Supervision

There are four interwoven functions of supervision:

- administrative;
- developmental;
- supportive; and
- clinical.

These functions should be in balance over time, even though one or the other may be more in evidence. If this balance is not achieved and one function (e.g., administrative) is emphasized at the expense of the other three, supervision can become a cold management tool. Similarly, if the supportive function is emphasized, the boundaries between supervision and counseling may become blurred.

An overarching function of supervision is to build and maintain relationships, including relationships with supervisees, peers, administrators, families, colleagues in the organization, and community partners. Building and maintaining these relationships provide a framework for each of the functions of supervision described below.

a) Administrative Supervision

Administrative supervision focuses on promoting high standards of work and adherence to rules, policies, and procedures. Administrative supervision involves the supervisor's ability to effectively manage the supervisee's workload to achieve desired outcomes for children and families. Effective supervision requires workload standards that are manageable and in compliance with Council on Accreditation standards, federal and state requirements, as well as Department policies.

Supervisors act as a vehicle to assist communication up and down the chain of command, and serve to link the supervisee to the agency. This communication may be about agency developments, changes or new policies interpreting and enforcing procedures, briefing agency management about resource deficits, advocating on behalf of the team or individual supervisee and encouraging positive intra- and inter-agency relationships.

Responsibilities in administrative supervision include but are not limited to:

- Establishing objectives and priorities within the team that reflect the Department's Strategic Plan, agency policies, federal and state laws and consent decrees;
- Explaining the rationale supporting policies and procedures and the agency's Mission and Child Welfare Practice Model;
- Supervising field placements and internships to attract qualified staff;
- Summarizing and evaluating data to identify problems and trends for team planning and achieving outcomes; and
- Knowing and complying with laws and policies related to fair hiring and selection processes.

b) Developmental Supervision

The fundamental component of developmental supervision is anchored in life-long professional learning. It is the supervisor's role to create a learning environment, to continue the learning on the job after traditional classroom or online learning, and to use individual and group supervision to foster continued growth and professional development. The most basic component of developmental supervision is on-the-job training and coaching to ensure the transfer of learning from classroom to the field, including both college or university classrooms and the Department training classroom. Research indicates that without continual reinforcement, students retain only about 15% of what they learn in the classroom. Through modeling, coaching and reinforcement, the skills learned in the classroom become integrated into a worker's daily practice. In the quest for excellence, supervisors must help their staff strive for excellence. This includes identifying and building on staff strengths and providing learning opportunities so that staff can reach their full potential. Additionally, supervisors shall work with their supervisees to complete ongoing strength-based staff performance evaluations accordance with agency policy.

Recognizing that staff turnover occurs and promotional opportunities become available, succession planning is necessary at all levels. Supervisors assist staff in developing skills necessary to move up in their careers and continue to carry out the Department's Mission. Learning from one's experiences in child welfare is a significant factor that helps prevent or alleviate secondary trauma, to which direct service staff are exposed. The supervisor is responsible to assist supervisees in learning from their experiences in child welfare, thereby recognizing the risk of secondary trauma in the workforce and taking action to prevent or alleviate the trauma.

Responsibilities in developmental supervision include, but are not limited to:

- Evaluating and monitoring the quality, quantity and timeliness of staff performance;
- Providing frequent, timely and specific feedback to keep staff apprised of their performance;
- Providing a written performance evaluation of staff a minimum of once per year;
- Preparing new staff for foundational training and providing activities to aid in the transfer of learning from classroom to the field;
- Assessing the knowledge, skills and learning styles of new staff;
- Assessing with staff their personal and professional goals and assisting staff in finding and utilizing educational opportunities;
- Encouraging development of specialized expertise and innovation on new projects staff may embrace;
- Encouraging staff creativity and innovation in new projects and roles;

- Encouraging staff to serve on relevant committees to broaden their perspective;
- Supporting staff in their efforts to obtain positions of greater responsibility and to make other needed transitions; and
- Working with staff to develop and maintain a professional development plan.

c) Supportive Supervision

An effective supervisor is one whose staff are supported to maximize their potential. A supervisor is responsible for the maintenance of harmonious working relationships between staff members and other teams and functions in the Department. A supervisor needs to focus on staff morale and job satisfaction, and attend to vicarious trauma and to the high risk of burnout in the child welfare field.

Supportive supervision is not therapy or counseling, but recognizes the critical role that feelings and emotions play in direct service staff's ability to successfully carry out their work. In some cases, supportive supervision may identify the need for counseling independent of supervision. Clearly, this is a very important function; however, it must be kept in balance with the others.

Responsibilities of supportive supervision include, but are not limited to:

- Acknowledging effective performance, staff efforts, client progress, accomplishments and individual contributions;
- Creating and modeling high standards of practice and motivating staff to meet those standards;
- Acknowledging that we work with families who experience trauma and this work has traumatic effects on both clients and staff;
- Being attuned to one's own needs and practice self-care;
- Supporting staff in self-care;
- Treating staff with genuineness, empathy and respect;
- Supporting a climate of trust and openness that promotes personal and professional growth;
- Creating an environment in which cultural and other differences are respected and appreciated;
- Referring staff to employee assistance or other services when identified;
- Using mistakes and challenges as opportunities to teach and learn;
- Promoting a "can-do" attitude for staff;
- Assisting staff in professionally managing conflict;
- Seeking supervision and consultation to enhance one's own effectiveness;
- Increasing awareness of how one's life experiences and cultural background can impact the supervisor/supervisee relationship;
- Helping staff identify their own biases and the impact of biases on service delivery; and
- Exhibiting flexibility and accepting change in a positive manner.

d) Clinical Supervision

Clinical supervision is the provision of guidance designed to support the work that direct service staff do with children and families. During clinical supervision, family engagement, assessment and service provision of cases are reviewed in relation to safety, timely permanency and well-being. Decisions are made regarding how to facilitate the desired goals for change in families in order to best achieve timely outcomes.

Clinical supervision also reinforces positive social work ethics and values, encourages self-reflection and critical thinking skills, builds upon training to enhance performance, and supports direct service staff through day-to-day casework practice and decision-making.

Responsibilities in clinical supervision include, but are not limited to:

- Using sound professional judgments to make case decisions and promote evidence-based and evidence-informed practice;
- Assessing and considering direct service workers' skills, strengths, interests, areas of needed development and the client's strengths and needs in assigning cases;
- Assisting staff in case assessment, including identifying strengths, needs and safety issues, the dynamics of child abuse and neglect contributing to the underlying needs and safety issues, and the strategies for intervention and development of the plan with the family;
- Assisting and teaching staff the effective clinical application of assessment tools as they relate to individual children and families;
- Increasing staff awareness of how their own attitudes and approaches, life experiences and cultural background potentially impact the relationship with the client and the outcome of intervention;
- Assisting staff in assessing progress towards case goals;
- Supporting staff in making critical case decisions regarding safety, permanency and well-being;
- Encouraging staff to identify and respect the cultural diversity of all families and helping staff develop plans to address individual differences;
- Accompanying each worker in the field once per quarter and provide structured feedback;
- Helping the supervisee explore any emotional blocks to their work; and
- Assessing the supervisee in dealing with job stresses and secondary trauma.

VI. Objectives of Supervision

The objectives of supervision are to ensure that:

- Clinical practice protects and promotes the Illinois Child Welfare Model of Practice;
- Supervision reflects an ethos of equality, embraces diversity and promotes anti-oppressive practice;
- Race-informed practice is developed so that the supervisor and supervisee are culturally aware and responsive to each other, their clients, the community and other professionals.
- The voices of the child and family are included and evidenced as part of the supervisory process;
- Sound professional judgments are made, and evidence-informed, evidence-based and race-informed practices are promoted;
- Practice will reflect state and national strategies and legislation on protecting children and will be consistent with Department policies;
- Supervision will be carried out in a reflective manner and provide a safe environment where attitudes and feelings may be challenged or explored as necessary;
- Clarity and objectivity in relation to the presenting issues are achieved in order to ensure that decisions are made in the best interests of the child;
- Staff fully understands their roles and responsibilities. The process of supervision will be underpinned by the principle that each staff member remains accountable for his or her own professional practice and that the supervisor is accountable for the advice he or she gives and decisions made;
- Supervision will provide a process of professional learning and support to enable staff to develop and enhance knowledge and competencies; and
- Supervision will provide a process to identify individual training needs, and any areas of practice where improvements can be made.

VII. Framework for Supervision

a) Individual Supervision. Individual supervision is required to be provided to each direct service worker and non-direct service staff on a weekly basis. Individual supervision should include administrative, developmental, clinical and supportive supervision. Case-related supervision shall be documented in SACWIS case notes as required in Department procedures. A supervisor shall document supervision that is not case-related in the supervisory file, including the date and duration of the meeting and a brief summary of what was discussed.

b) Group Supervision. Group supervision is a process where team members come together in an agreed-upon format to share skills, experience and knowledge in order to improve both individual and group capacities. Group supervision is required to be held with the entire team a minimum of once per month. Group supervision should address administrative, developmental, supportive, and clinical supervision. A supervisor shall document group supervision in the supervisory file, including the date and duration of the meeting and a brief summary of the topics discussed and presented in group supervision/team meetings.

Note: Managers and administrators should regularly monitor that case-specific supervision, non-case related supervision and group supervision are conducted and properly documented on a routine basis.

VIII. Format for Supervision

a) Uninterrupted (Protected) Time. Supervisors should ensure that the time slot identified for each individual's supervision is protected from interruptions and distractions.

b) Planned and Scheduled Supervision. Both individual and group supervision should be scheduled in a regular, consistent manner, giving both the supervisor and staff ample time to ensure that they are prepared and available.

IX. Functions and Job Responsibilities of Supervisees in Relation to Supervision

Supervisees also have a responsibility in the supervisor-supervisee relationship. Among the responsibilities of the supervisee are the following:

- Actions agreed upon should be completed within agreed or required timeframes;
- Supervision is critical and this time should be protected;
- Be prepared for the supervision session;
- Supervision that is not case-related will include the identification of critical operational issues, professional development, training, assignments, and follow-up on previous instruction;
- Case-specific supervision will include cases to be discussed, with a brief historical summary, outlining the current safety and risk factors, concerns, protective factors and follow up on previous case instruction;

- Record case related supervision and actions agreed upon in SACWIS;
- The supervisee is responsible for ensuring all follow-up actions;
- The supervisee has a responsibility to raise with the supervisor those instances when the supervisee is not able to fulfill agreed-upon or required actions; and
- The supervisee has a responsibility to foster a healthy and collaborative relationship with the supervisor and team.

X. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or e-mail to DCFS.Policy on Outlook. Persons and agencies not on Outlook can e-mail questions to DCFS.Policy@illinois.gov.

XI. FILING INSTRUCTIONS

Place this Policy Guide immediately following these Procedures:

- Procedures 300.70, Role of the Child Protection Supervisor;
- Procedures 302.388(f), Responsibilities of the Assigned Intact Family Services Supervisor; and
- Procedures 315.300, Role of the Permanency Supervisor.

This page intentionally left blank.

C) Deciding whether to implement a Safety Plan based on safety threats to the child;

D) Deciding whether to end the Safety Plan of a case that has previously been considered unsafe;

E) Deciding to recommend screening the case for court in order to remove a child from the home of the parent through court intervention, or whether services can prevent placement away from their parents;

F) Deciding whether to use the probate court process to assist the parents with the transfer of the guardianship of a child to another adult caregiver with whom the child has a positive relationship; and

G) Deciding whether to close an Intact Family Services case.

g) Responsibilities of the Assigned Intact Family Service Worker

1) General Responsibilities

The assigned Intact Family Services Worker is expected to be the agent of change and is expected to utilize services to address specific problems identified in the Family Case Plan. The Intact Family Services Worker's responsibilities include effective family engagement; direct crisis intervention and problem resolution; parenting training with individual parents and their children present; prenatal health care for pregnant women and developmental support for children ages 0-5; advocacy with other governmental, medical and community systems; risk monitoring/management; and actively managing and coordinating supportive services.

Intact Family Services Workers and Intact Family Services Supervisors are expected to be knowledgeable of community and governmental resources available to families for free or at a nominal charge, and to regularly refer families for such services. Community resources include services as diverse as food pantries; Alcoholics Anonymous support groups; early childhood services, including home visiting services for children ages 0-3, enrichment programs for 3-5; inpatient and outpatient substance abuse treatment programs provided through the Division of Alcoholism and Substance Abuse (DASA)/Child Welfare Integrated Services Program; other addiction support groups; mental health support groups such as National Alliance on Mental Illness (NAMI); used clothing and furniture outlets; church activity and other support groups for adults and/or children; free or reduced price medical clinics; and shelters for battered women and their children. Federal or state supported services include public health clinics, mental health clinics, substance abuse treatment programs, local schools and the Department of Human Services.

The services to which a family is referred will largely depend upon the Family Case Plan that is developed with the input of the family, the findings of the Child Protection Specialist, and the findings of the assessment process completed by the Intact Family Services Worker. The Intact Worker and Supervisor shall explore the use of court-ordered service compliance for intact families who are assessed as having a high level of risk for incidents of abuse or neglect and demonstrate a lack of compliance with Department services.

Intact Family Services Workers shall coordinate and monitor service referrals made to community organizations, service providers and state human service systems in order to maximize their combined benefits and minimize confusion and contradictions to the family.

Parents/caregivers with developmental delays shall be referred to community resources that specialize in working with the developmentally delayed population, for community linkage and additional case management services. Parents/caregivers and children with epilepsy shall be referred to the Epilepsy Foundation for education, case management and assistive resources. The Intact Worker should assure, via the Case Plan, that the biological families of children with mental illness are linked to psycho-educational programs.

Note: When Clinical consultants note a critical parenting issue during a clinical consultation, the consultant must provide written recommendations to amend the Case Plan, if necessary to address critical risk or safety issues.

2) **Intact Family Services Worker Review of Prior Investigations and Services**

Services initiated for the family prior to the completion of the Interim Service Agreement developed at the Transitional Visit are to be integrated into the case planning process. As part of the Integrated Assessment (IA), the worker must obtain and review any current and/or prior indicated investigations and service records related to the family. Intact Family Services Workers shall document attempts to access records that are unavailable in a Contact note.

Note: When a case is indicated for medical neglect and referred to Intact Family Services, the Intact Family Services Worker shall obtain documentation that the family has followed through with medical visits. The Intact Family Services Worker shall maintain a calendar of appointments that are necessary for the family and shall follow up with medical providers to ensure the appointments were kept. The Intact Family Services Worker shall obtain releases from the family for all medical providers.

3) **Required Assessments and Family Case Plan Time Frames**

A) The following shall be completed within 5 business days of case opening:

- **CFS 1441, CERAP Safety Assessment**; and
- **CANTS 18-Paramour, Paramour Assessment Checklist**, if applicable.

B) The following shall be completed every 5 business days when a Safety Plan is in effect:

- **CFS 1441, CERAP Safety Assessment**; and
- **CANTS 18-Paramour, Paramour Assessment Checklist**, if applicable.

C) The following shall be completed within 45 calendar days of case opening:

- SACWIS Risk Assessment;
- **CFS 2025** and **CFS 2026**, Home Safety Checklists;
- **CANTS 18-Paramour, Paramour Assessment Checklist**, if applicable;
- Integrated Assessment;
- Family Case Plan;
- Child and Adolescent Needs and Strengths (CANS);
- **CANTS 18DV, Domestic Violence Screen**; and
- **CFS 440-5, Substance Abuse Screen**.

D) The following shall be completed every 30 calendar days after initial completion:

- **CANTS 18-Paramour, Paramour Assessment Checklist**, if applicable; and
- **CFS 440-10, Substance Abuse Screen (30 days after CFS 440-5)**, if applicable**.**

E) The following shall be completed every 90 calendar days after case opening:

- **CFS 1441, CERAP Safety Assessment**;
- SACWIS Risk Assessment;
- **CFS 2025** and **CFS 2026**, Home Safety Checklists; and
- Family Case Plan.

F) The following shall be completed whenever the Intact Worker is aware that a child's safety may be in jeopardy:

- **CFS 1441, CERAP Safety Assessment**; and
- **CANTS 18-Paramour, Paramour Assessment Checklist**, if applicable.

G) The following shall be completed whenever the Intact Worker is aware that the family is experiencing a major life change:

- **CFS 2025** and **CFS 2026**, Home Safety Checklists; and
- Integrated Assessment.

H) The following shall be completed whenever the Intact Worker is informed that the family has a Subsequent Oral report (SOR):

- **CFS 2025** and **CFS 2026**, Home Safety Checklists.

I) The following shall be completed whenever clinically indicated:

- **CANTS 18DV, Domestic Violence Screen**; and
- **CFS 440-5, Substance Abuse Screen**.

J) The following shall be completed prior to case transfer:

- **CFS 1441, CERAP Safety Assessment**; and
- **CANTS 18-Paramour, Paramour Assessment Checklist**, if applicable.

K) The following shall be completed prior to case closure:

- **CFS 1441, CERAP Safety Assessment**;
- SACWIS Risk Assessment;
- **CFS 2025** and **CFS 2026**, Home Safety Checklists;
- **CANTS 18-Paramour, Paramour Assessment Checklist**, if applicable;
- Family Case Plan;
- Child and Adolescent Needs and Strengths (CANS);
- **CANTS 18DV, Domestic Violence Screen**, if applicable; and
- **CFS 440-5, Substance Abuse Screen,** if applicable
- **CFS 440-10, Substance Abuse Screen,** if applicable.

These assessment time frames are also listed in Exhibit 1 at the end of these procedures.

4) **Requirements for Worker Contact with Parents/Caregivers and Children**

The assigned Intact Family Services Worker is expected to have in-person, contact in a family's residence at the frequency required to ensure the on-going safety and well-being of children in the family. However, contact with members of a family shall be no less frequent than the following requirements:

A) The Intact Family Services Worker must see all parents/guardians and caregivers of an Intact Family Services case face-to-face, in the family home, at a minimum once every calendar week for the first 4 full calendar weeks following the week in which the case was assigned to the worker;

B) The Intact Family Services Worker must see all parents/guardians and caregivers of an Intact Family Services case face-to-face, in the family home, at a minimum one time each calendar month, beginning the first full month after the first 4 weeks of service;

C) The Intact Family Services Worker must see all children face-to-face, in the family home, at a minimum once every calendar week for the first 4 full calendar weeks following the week in which the case was assigned to the worker. **Children must be interviewed away from their parents/caregivers;** and

D) The Intact Family Services Worker must see all children face-to-face in the family home at a minimum one time each calendar month beginning the first full month after the first 4 weeks of service. **Children must be interviewed away from their parents/caregivers**.

Note: The Intact Family Services Worker must continue with weekly face-to-face contacts until a critical decision has been made by the Supervisor. Even with a critical decision, the face-to-face visits shall never occur less than monthly. Monthly face-to-face visits may be approved when the case is ready for closure.

E) At least one visit in the family home shall be "unannounced" each month.

The Intact Family Services Worker must complete a Contact note every time a parent/caretaker and/or child is seen. A Contact note on a child **must** indicate whether the child was seen and interviewed separate from the parent/caregiver.

F) Situations of Imminent Risk

The Intact Family Services Worker shall take all necessary action to ensure the safety of all children before leaving the home, when based on the observation of or interview of a child, the Intact Family Services Worker:

- Observe or learns of anything that leads him/her to believe that child abuse or neglect has occurred;
- Obtains knowledge of incidents that have jeopardized a child's safety;
- Is prevented by the parent/caregiver from seeing and/or interviewing a child;
- Obtains knowledge that the safety plan has been violated;
- Obtains knowledge that the perpetrator has had access to the child; and/or
- Discover that court orders have been violated.

Possible actions include but are not limited to:

- Contacting law enforcement;
- Contacting the Intact Family Services Supervisor to discuss the situation;
- Contacting the SCR Child Abuse Hotline;
- Contacting the appropriate court officials to staff the case for court intervention; and
- Completing a CERAP and, if applicable, a Safety Plan (**See provision (g), (5) of this section)**.

Whenever an Order of Protection (OP) has been issued by a court of competent jurisdiction, the Intact Family Services Worker must secure a copy of the OP and place it in the case file, summarize in a Case note the directives the court has provided, and notify their Supervisor of the court action.

During the time that an OP is in force, the Intact Family Services Worker must check regularly to make sure that all who are covered by the order comply with it. The Intact Family Services Worker must document their observations in a case note and report this information to the court.

CERAPs are still needed as often as required by these procedures, as well as any time the worker becomes aware of conditions and circumstances that indicate an additional CERAP is necessary.

5) **CERAP Safety Plan Process**

The Intact Family Services Worker and Supervisor shall ensure that all children in the family are assessed for safety using the **CFS 1441, Child Endangerment Risk Assessment Protocol Safety Determination Form (CERAP).** If children are deemed unsafe but protective custody is ruled out, a supervisor-approved **CFS 1441-A, Safety Plan** must be implemented as specified in Department **Procedures 300. Appendix G, Child Endangerment Risk Assessment Protocol**:

A) The **CFS 1441-A, Safety Plan** that was implemented regarding child endangerment shall be signed by each parent/guardian, all responsible caregivers and safety plan participants, and the Intact Family Services Worker.

B) The Intact Family Services Worker shall give each parent/guardian, all responsible caregivers and safety plan participants, a copy of the **CFS 1441-A, Safety Plan** that was implemented regarding child endangerment.

C) The Intact Family Services Worker shall provide each parent/guardian, all responsible caregivers and safety plan participants, with information on their rights and responsibilities when a safety plan is involved. This information shall include, but not limited to, providing information on how to obtain medical care, emergency phone numbers, and information on how to properly notify schools or day care providers, when necessary.

The rights and responsibilities of each parent or guardian, adult caregiver, safety plan participant and child protection/child welfare staff are listed in forms **CFS 1441-D, Safety Plans Rights and Responsibilities for Parents and Guardians; CFS 1441-E, Safety Plan Rights and Responsibilities for Responsible Adult Caregivers and Safety Plan Participants; CFS 1441-F, Safety Plan Responsibilities for Child Protection Specialists and Child Welfare Caseworkers.**

D) The Intact Family Services Worker shall receive verbal approval of the safety plan from their Supervisor prior to leaving the family home. The Intact Family Services Worker shall submit the signed **CFS 1441-A** to the Supervisor for review and approval.

E) The **CFS 1441-A, Safety Plan** shall be entered into the case file and a hard copy placed in the file **within the business day**.

6) **Requirements for Contacts with Department of Human Services**

Families that have an Intact Family Services case with the Department of Children and Family Services often experience problems in multiple life domains and require services from several state or community social service agencies, including Temporary Assistance to Needy Families (TANF) services from IDHS. Coordination of services between DCFS/POS agencies and IDHS is especially critical for the family because the family faces serious consequences for failing to comply with the Family Case Plan requirements of either agency. Such consequences include TANF denials or sanctions, substitute care for children, and possible loss of parental rights.

Intact Family Services Workers and IDHS workers are expected to participate in ongoing communication and collaborative case planning in order to maximize service delivery for families involved in both the DCFS and IDHS service delivery systems. When the Intact Family Services Worker is made aware that a family is receiving TANF services, the IFS Worker must contact the local IDHS TANF worker via phone, fax, email or mail to provide them with notification of the DCFS Intact Family Services involvement. The Intact Family Services Worker must notify the IDHS TANF worker of any changes to the family composition as the result of children coming into the care of DCFS.

7) **Requirements for Contacts with Collateral Sources of Information (with Family Consent)**

Persons identified by the family/child and persons that provided relevant information during the investigation shall be interviewed to obtain information for monitoring purposes, providing assessment information and determining family functioning. Professional collateral contacts, including child-centered collaterals, shall be made with those individuals that can provide information about the family and the incident of harm. **These contacts shall be made only with the family's prior knowledge and written consent**.

Mental health, substance abuse treatment and HIV information can **only be obtained and shared with the written consent** of the family member receiving the mental health, substance abuse treatment and HIV services**.**

If court involvement becomes necessary, the Intact Family Services Worker must obtain additional releases or the court shall issue subpoenas before information that was previously obtained with a release can be reissued to court personnel.

8) **Providers of Service (Other than the Staff to Which the Case is Assigned)**

Service providers shall be contacted at a minimum of once per month, unless case dynamics indicate the need for more frequent contact. The Intact Family Services Worker shall obtain progress reports that determine whether safety or risk factors exist, based on information provided by the family members to the provider; determine whether the family is keeping appointments and is actively participating in services; and that the family continues to demonstrate their willingness and ability to ensure child safety. **These contacts shall be done only with the family's prior knowledge and written consent**.

9) **Infant Safe Sleep**

The Intact Family Services Worker is responsible for insuring that the parents practice safe sleep habits for any infant in the home under the age of one (1) year, including the use of appropriate infant beds, such as Pack-n-Plays, cribs and bassinets. Whenever the Intact Family Services Worker becomes aware that the infant in an Intact Family Services case does not have a safe sleep situation, the Intact Family Services Worker must ensure on the same day that a safe sleeping arrangement has been made for the infant. This may include providing a Pack-n-Play if no other arrangements for securing a proper infant bed can be made that day. It is essential that the Intact Family Services Worker discuss safe sleep issues with the parent/guardian when there is an infant in the home and to also insure that an appropriate infant bed, such as a Pack-n-Play, crib or bassinet is always available to the family and caregivers. POS providers and DCFS shall each maintain their own inventory of Pack-n-Plays or similar equipment for the use of their staff in these circumstances. POS providers and DCFS shall also have clearly written procedures for staff access to this equipment. Any discussion of Infant Safe sleep issues with the family shall be documented in a Contact note. For additional information on safe sleep, see **Procedures 300, Appendix K Infant Safe Sleep Practices**.

Note: Home visiting services support safe sleep habits.

10) **Family Contact Documentation Requirements**

The Intact Family Services Worker must document all contacts made with a family member of an assigned case by the completion of a Contact note. Such Contact notes shall be entered no more than one (1) business day after the contact. **All Contact notes shall specify whether the contact with the children was with or without the parent/guardian present.**

11) **Engaging and Partnering with the Family and Social Support Network**

It is important for the Intact Family Services Worker to establish a working partnership with the family. Strategies essential for engagement and partnering with the family and the family's social support network include:

A) Ensuring that the family members identify specific individuals included in their family;

B) Creating an overall environment that conveys respect toward the family and consideration of family needs;

C) Regularly sharing accurate, understandable and complete information necessary to set goals and make informed choices around services and interventions;

D) Partnering with family members to facilitate their participation in planning and shared decision-making during Child and Family Team Meetings and establishing shared responsibility for outcomes;

E) Ensuring regular contacts;

F) Ensuring the family has access to the Intact Family Services Worker;

G) Tailoring culturally-responsive approaches for engage the family;

H) Employing treatment strategies that can be applied in the family environment;

I) Selecting family therapy approaches and parenting skills education opportunities based on the needs of the family;

J) Providing supports that enable the family to meet their own needs;

K) Providing ongoing treatment, consultation, and services acceptable and useful from the family and child's perspective;

L) Making available peer parent/caregiver support services designed to assist family members in increasing their capacity to care for the child;

M) Engaging the parent/guardian more fully in the planning and services process;

N) Providing information to the parent/guardian about the child welfare system and their rights and responsibilities; and

O) Providing support, modeling, training and linkages to assist the family in meeting goals.

12) **Family Finding Responsibilities of the Intact Worker**

A) **Initial Family Finding Responsibilities**

The Intact Family Worker shall ask the parent/guardian whether there is a non-custodial parent or if there are relatives that may be willing and able to serve as resources or positive supports for the family. The Intact Family Services Worker shall ask the parent and/or child to identify grandparents and other "relatives", per the Department definition of relatives in subsection (b) of this section. The relatives can be from both the maternal and paternal sides of the family. The Intact Family Services Worker shall list each relative on the **CFS 458-B, Relative Resources and Positive Supports Worksheet**. For each listed relative, the Intact Family Worker shall document:

- contact information, including phone numbers, home and email addresses, if any;
- the relationship of the listed person to the parent or child (e.g., non-custodial parent, maternal grandparent, godparent of child, or fictive kin);
- if the parent/child thinks the relative might be an acceptable child and family team member, visitation or respite resource, or can offer other types of support to the family;
- whether it was the parent or the child who identified the relative as a possible resource/support; and
- the date the relative was identified by the parent or the child.

The Intact Family Worker shall document **all** identified relatives on the **CFS 458-B PART II** and shall **not** omit anyone named by the parent or child from this list.

The Intact Family Worker shall ask the child (when verbal), outside the presence of the parents and any other family member, about each relative named by the parent as a resource. The Intact Family Worker shall ask how the child knows the person and if the child trusts and feels safe with that person. If the child does not trust or feel safe with a relative named by the parent, the Intact Family Worker shall discuss those concerns with the child and document the concerns. The Intact Family Worker shall also ask the child to name the people who are important to the child. After speaking with the child, the Intact Family Worker shall give a brief account on the **CFS 458-B PART II** of who is important to the child and shall use the child's own words in doing so. Conversations with the child shall also be documented in a Contact note, again using the child's own words.

If the child does not know, trust or feel safe with a person named by the parent, the Intact Family Worker shall not consider them as a resource. However, that person may still be considered as other support for the family.

The Intact Family Worker shall continue to update the **CFS 458-B PART II**, adding names and contact information for any additional relatives identified during contacts and interviews, and indicating who identified the relative.

B) **On-Going Family Finding Responsibilities**

The Intact Family Worker shall add the individuals into SACWIS as collaterals by choosing group type "family" and selecting the appropriate relationship. All the relatives listed on the **CFS 458-B PART II** shall be added as collaterals to the case.

The Intact Family Worker shall contact each of the relatives listed on the **CFS 458-B PART I and II** whom the family desires to be a member of the child and family team. **These contacts shall be done only with the family's prior knowledge and written consent**. The Intact Family Worker shall add all the individuals listed on the **CFS 458-B PART II** into SACWIS under the "family finding support and connections table".

Each interview or attempted interview of a relative for the child and family team shall be documented by the Intact Family Worker in a Contact note. During the interview, the Intact Family Worker, shall ask about the relative's involvement in the child's and family's life, including past and current relationship, and the Worker shall ask about what potential resource/support relationships the relative would commit to having with the child and family.

The Intact Family Worker shall ask if the relative is willing and able to be a formal, natural or informal support for the family. The role of formal, natural or informal supports includes, but is not limited to the following:

- Formal Support: placement, backup placement, extended respite, safety plan;

- Natural Support: short term respite, child and family team participant, mentor, parent coach, child care, transportation to medical and other necessary services; and/or

- Informal Support: phone calls, cards for special occasions, provide family photographs, offer emotional support, plan outings, and celebrate important events and milestones in a child's life.

The Intact Family Worker shall document the relative's stated desires for formal, natural and/or informal support in a Contact note.

The Intact Family Worker shall attempt to locate and interview each of the relatives whom the family identified as potential members of the child and family team within 30 days of case assignment and shall document each interview or attempted interview in a Contact note.

While interviewing each of the relatives whom the family identified as potential members of the child and family team, the Intact Family Worker shall ask if the relative is aware of other relatives of the family who should be contacted, and shall request contact information, including addresses and phone numbers, if known. After discussing these newly suggested relatives with the parents and child, the Intact Family Worker shall update the **CFS 458-B PART II**, adding names and contact information for any additional relatives identified during the interview, and shall indicate who identified the relative. The Intact Family Worker shall add the relative as a collateral into SACWIS and into the Family Finding Table.

The Intact Family Worker shall take copies of the **CFS 458-B PART II** to review it with the parents and child (if verbal and developmentally able) while gathering information for the Integrated Assessment. During the Integrated Assessment, the Intact Family Worker shall add other relatives identified by the parents, caregiver, or child to the **CFS 458-B PART II**.

The Intact Family Worker shall also take the **CFS 458-B PART I and II** to each Child and Family Team Meeting. The Intact Family Worker shall ask the members of the team if there are any other relatives, they want to add to the **CFS 458-B PART II** at that time.

The Intact Family Worker shall also review the child/family's historical case records (including sibling records) to find relatives who may have been previously identified. Identified relatives shall be added to the **CFS 458-B PART II**, noting the record where the information was found.

Throughout the life of the case, the Intact Family Worker shall continue to collect information about other relative supports and connections, as the information becomes available, in order to develop a network of individuals who will commit to being a resource/support for the family. The Intact Family Worker shall continue to add all identified relatives in SACWIS.

13) **Subsequent Oral Reports (SOR)**

If a subsequent report of abuse and/or neglect is received on an open Intact Family Services case, the Child Protection Specialist shall attempt to contact the assigned Intact Family Services Worker prior to initiating the investigation.

The Intact Family Services Worker may go out with the Child Protection Specialist, if the Worker is available. When not available for the initiation of the investigation, the Intact Family Services Worker shall have in-person contact with the family within 5 business days.

The Child Protection Specialist shall inform the Intact Family Services Worker when any Safety Plan is implemented and shall continue to monitor any Safety Plan during the time the investigation is open.

The Intact Family Services Worker and Child Protection Specialist shall both maintain an ongoing communication with one another so that the Child Protection Specialist informs the Intact Family Services Worker of the status of a pending investigation or if a SOR is received and actions are taken. The Intact Family Services Worker shall enter monitoring notes on the Safety Plan to document the observed level of compliance with the DCP safety plan.

14) **Developmental Screenings**

A) **Children Ages 0-3**

Developmental screenings are important for children aged 0-3 in order to determine if the child needs early intervention services. In 2003, Congress amended the Child Abuse and Prevention Treatment Act (CAPTA) to require that all abused or neglected infants and toddlers be assessed to determine if they are eligible to receive early intervention services. In response to CAPTA, it is the Intact Family Services Worker's responsibility to encourage parents to have their children screened. The earlier a child's developmental delays are addressed the better the outcome for the children and family. In addition, the Intact Family Services Worker will assist the family with understanding any results and recommendations from the developmental screening. [CAPTA as amended by the Keeping Children and Families Safe Act of 2003 (P.L. 108-36)]

The Intact Family Services Worker shall:

- Encourage the parent/guardian's compliance with accessing developmental assessment resources by explaining the benefits of early developmental screening within 45 days of case opening;

- Document the discussion with the parent/guardian about accessing developmental assessment resources in a Contact note;
- Document the decision of the parent/guardian as to whether they will cooperate with the recommendation for the child to be screened in a Contact note;
- Request that parent/guardian signs a consent for the release of information for the Worker to obtain the screening and/or evaluation results;
- Provide support to parents in accessing screening resources, e.g. through making appointments, arranging/providing transportation;
- Discuss the child's screening results with the parent/guardian;
- Document the discussion of the results of the screening with the parent/guardian in a Contact note;
- Include the developmental screening results in the Family Case Record;
- Incorporate any recommendations from the developmental screening into the Family Case Plan ; and
- Follow-up with the family and service provider regarding service implementation and outcome(s). If a child is found eligible for services through the Early Intervention Program (Child and Family Connections) the Intact Family Services Worker shall assist the parents with confirming the therapy appointments and/or advocate for additional services, if there are additional concerns. It is recommended that the Intact Family Services Worker obtain a copy of the Individualized Family Case Plan for the child and attend the service meetings for Early Intervention.

If the developmental screening reveals the need for further evaluation/intervention, the developmental screener will refer the family to the Early Intervention Program (Child and Family Connections) for an evaluation to determine eligibility for Early Intervention services. The screening may also result in recommendations for other developmental services such as a home visiting program, infant mental health services or an early childhood educational enrichment program, depending on the needs of the child and the family. The Intact Family Services Worker shall assist the family with the process of connecting with recommended services. The Intact Family Services Worker will document all contacts and interventions in a Contact note.

An immediate referral to early intervention is indicated when at-risk criteria or a developmental concern exist. The Intact Family Services Worker can receive consultation and assistance by emailing the DCFS Early Childhood Project at DCFS.HomeVisiting@illinois.gov.

Additional resources for Early Childhood Programs include:

Chicago
http://cps.edu/schools/earlychildhood/Pages/EarlyChildhood.aspx

Statewide in Illinois
http://www.excelerateillinois.com/

For Head Start/Early Head Start programs in Illinois
http://www.benefits.gov/benefits/benefit-details/616

B) **Children Ages 3-5**

For children three to five years of age, t the Intact Family Services Worker may assist the family with enrolling the child in an early learning program, such as Head Start or preschool, or make other recommendations, such as a developmental evaluation or children's mental health services, based on discussion with the parent and knowledge of the child's needs. The Intact Family Services Worker shall document the discussion of this recommendation with the parent/guardian in a Contact note.

C) The specifics regarding the Developmental Screening and other Developmental Services are located in **Procedures 314, Educational Services**.

15) **Home Visiting Service Referrals**

The parent-child relationship is one of the most important factors in a young child's development. Home visiting has been identified as an evidence-based service that can support and strengthen this relationship. Referrals for home visiting services are strongly recommended for Intact Family Services while a parent is pregnant and/or the family composition includes children ages 0-3, as young children involved with child welfare services are deemed at increased risk for adverse experiences that can impact their early relationships and development.

In DCFS/POS open intact family cases, linkages for referrals to home visiting services can be facilitated by the DCFS Early Childhood Project. The Intact Family Services Worker can receive consultation and assistance by emailing the DCFS Early Childhood Project at DCFS.HomeVisiting@illinois.gov. The DCFS Early Childhood Project receives notification of all newly opened intact family cases with children ages 0–3 and offers assessment or consultation through individual outreach to DCFS and POS direct service staff.

The Teen Parenting Service Network Program will be responsible for maintaining all data on parenting/pregnant mother's (over the age of 21) for the Department.

The DCFS Early Childhood Project will work to link families with young children involved in Intact Family Services to a home visiting provider, whether this referral began before or during case opening as long as the family consents. If there are reasons that a family is refusing a referral to home visiting, this should be discussed with the family and DCFS Early Childhood Project staff. Home visiting is a voluntary service. Discussing the family's reasons for refusals can assist in understanding barriers the family may experience.

Referrals to the DCFS Early Childhood Project for consultation regarding home visiting services are made via email at DCFS.HomeVisiting@illinois.gov.

A DCFS/POS Intact Family Services Worker is required to make notification to the DCFS Early Childhood Project within 3 working days in learning of the following events involving a parent, caregiver or youth with an open intact case:

A) Information regarding pregnancy/status of pregnancy (regardless of the source of information), including:

- pregnant mother;
- delivery;
- termination;
- miscarriage; or
- stillbirth.

Note: If the involved parent is a youth in care, the Intact Family Services Worker is also required to record the information in a Significant Event Report. (See **Procedures 331.70(h), Identification of a Pregnant or Parenting Child or Youth in Care**.)

B) a parent is parenting a child younger than 6 months of age;

C) after consultation or assessment of a family with the DCFS Early Childhood Project, and a recommendation of home visiting services; or

D) upon request of a parent for home visiting services or in-home parenting support if the family includes a child or children within the target age group (0-3 years).

The DCFS Early Childhood Project shall work to link the identified family to a home visiting program within the service area. As home visiting service availability varies by community, this linkage will occur when there is a program the family qualifies for within the service area.

The DCFS/POS Intact Family Services Worker shall obtain parental consent for the referral and support efforts to link the family with the identified home visiting resource.

16) **Family Withdrawal of Voluntary Consent after Initiation of Intact Family Services**

When a family withdraws voluntary consent for Intact Family Services after the initiation of Intact Family Services, the assigned Intact Family Services Worker shall immediately inform the Intact Family Services Supervisor. The Intact Family Services Supervisor shall decide whether:

- the case shall be screened for court involvement;
- the family shall be referred to appropriate community services; and/or
- the case shall be closed.

The Intact Family Services Worker shall document the family's withdrawal of consent and the follow-up action to be taken in a Contact note. The Intact Family Services Supervisor shall document the family's withdrawal of consent and the follow-up action to be taken in a Supervisory note.

If a case is screened with the State's Attorney for court ordered services, but the State's Attorney declines to file a petition for services or consideration of a Shelter Care/Temporary Custody Hearing, the Intact Family Services Worker and Intact Family Services Worker Supervisor shall then decide whether to consult with the DCFS Office of Legal Services.

If the investigation is still open, the Intact Family Services Worker or the Intact Family Services Worker Supervisor shall notify the referring Area Administrator and document that notification in a contact note. The Area Administrator shall determine if additional investigative activities are required.

If the investigation is closed, the Intact Family Services Worker or the Intact Family Services Worker Supervisor shall notify the referring Area Administrator and document the notification in a Case note.

When consultation with another Department division (e.g., the Division of Clinical Practice and Development) is desired, the Intact Family Services Worker shall discuss the need for a consult with the Intact Family Services Worker Supervisor.

The Intact Family Services Worker and Supervisor shall staff a case to decide if a case should be closed when a State's Attorney declines to file a petition for court ordered services or consideration of a Temporary Custody/Shelter Care Hearing. This staffing shall be held within 2 business days after the State's Attorney decision. If the decision is to close the case, all necessary documents shall be completed and the case closed within 5 business days (For additional information, reference subsection (**m),** (**1) Case Closing Decision,** of this section).

If the family includes a child age 0-3, the Intact Family Services Worker shall be instructed to consult with the DCFS Early Childhood Project to determine if home visiting or early intervention referrals are appropriate. If the Intact Family Service case remains open, the DCFS Early Childhood Project can provide assessment or linkage to home visiting or early intervention as appropriate (see **Subsection (g)(15), Home Visiting Service Referrals**). If the case is closing, the DCFS Early Childhood Project can offer resources and support to the Intact Family Services case manager to secure these referrals.

h) Assessment Requirements

A strength-based, trauma informed assessment is crucial to understanding a family's composition and role functioning as well as identifying:

- the family's strengths;
- the protective factors in the family; and
- the family's needs.

1) Initial Assessment of Safety (CERAP)

An initial CERAP shall be conducted by the Intact Family Services Worker if the case results from a court order or other situation as listed in these procedures in subsection **(c)(1)(E)**. This Initial Assessment shall identify child endangerment, risk, emergency needs, interventions and services. The Intact Family Services Worker shall refer to **Procedures 300, Appendix G, subsection (d)(2)(E),** for specific directions for completing an initial CERAP.

2) Assessments to Develop the Family Case Plan

The following assessment-related documents or tools are to be completed prior to the development of the Family Case Plan, that is due no later than 45 calendar days after the date on which an Intact Family Service case was opened in SACWIS to the Department or POS agency Intact Family Services Worker**:**

A) CFS 600-3, Consents for Release of Information;

B) Integrated Assessment

Detailed information is expected on all areas for all family members. This includes the specific topics/child tabs:

- Child Personal History, including the biological father's name and date of birth
- Educational
- Medical
- Developmental Status
- Mental Health, Social and Emotional Functioning
- Interpersonal Relationships
- Problematic Behavior
- Legal History
- Substance Use
- Impressions
- Child's Strengths and Resiliency Factors
- Parent-Child Interaction
- Family Finding Support and Connections

C) SACWIS Risk Assessment;

D) **CFS 1441**, **CERAP** and, if applicable, a **CFS 1441-A, Safety Plan**;

E) **CFS 2025** and **CFS 2026, Home Safety Checklists**;

F) **CANTS 18, Paramour Checklist** (if applicable);

G) CANS;

H) **CANTS 18DV, Domestic Violence Screen** ;

I) **CFS 440-5, Adult Substance Abuse Screen** ;

J) **CFS 440-10, Recovery Matrix** (if applicable);

K) **CFS 968-90, Questions for Mental Health Professionals** (if applicable);

L) Infant Safe Sleep Procedures (if applicable);

M) Collateral Contacts with Pertinent Information;

N) Children with Asthma, if applicable.

Note: For Intact Family Services cases involving children with asthma, **Procedures 302, Appendix Q, Case Management Guidelines for Children's Asthma Management,** can be used to assist with educating the parent/guardian or other caregivers.

O) Medical Consultation for children with a significant medical injury, condition or illness, if applicable.

For Intact Family Services cases with families who already have children involved with the DCFS Regional Medical Consultation Providers and the medical consultation provider's report is still pending when the case is open, the DCFS Regional Medical Consultation Coordinator shall convene a phone conference with the Intact Family Services Worker. The DCFS Regional Medical Consultation Coordinator shall ensure that the Intact Family Services Worker receives a copy of the report upon its completion. The Intact Worker completing the Integrated Assessment should be part of the case conference in order to integrate the information into the assessment.

i) Case Planning

1) The Case Planning Process

Case planning is a strength-based, child-focused, family-centered, and trauma-informed activity that includes whoever the family identifies as providing support to the family. Case planning focuses on child safety by engaging the family's problem-solving capacities toward the end of enhancing their protective capacities to control or prevent safety threats from affecting their children throughout the life of the case. The approach for working with an intact family shall be family-focused, with the needs of the family dictating the types and mix of services and supports.

Within the first 45 days of case opening, the Intact Family Services Worker shall facilitate the first Child and Family Team meeting as part of the assessment and treatment planning process. The Child and Family Team shall work to integrate and synthesize all assessment information to develop a complete picture of the family.

A) The Child and Family Team:

The Intact Family Services Worker and Supervisor are responsible for developing the Child and Family Team, according to Department policy and these procedures.

i) All families with an Intact Family Services case shall have a Child and Family Team. The Intact Family Services Worker must work intensively with the child and family to initiate development of a well-functioning Child and Family Team. Members of the team most commonly include, but are not limited to: parents; children (when emotionally and developmentally appropriate); other concerned family members; concerned persons from the

community, including school/daycare staff, the DCFS/POS Intact Family Services Worker and Supervisor, and other involved service providers. This group of people is committed to the family and child and invested in helping to strengthen the family.

ii) The Family Case Plan shall be developed with the family and the Child and Family Team. The Child and Family Team provides a foundation for family centered practice and engagement and serves as a long term and primary support network for the family.

iii) The Supervisor is required to attend the Initial Child and Family Team meeting. The Supervisor shall also attend, when requested by the worker or Team members, in order to address issues of concern.

iv) The Supervisor shall meet with the Intact Family Services Worker if it is determined there is no Child and Family Team for a family or if the existing Child and Family Team is not functioning in a manner that is supportive to the family and their situation.

v) The size, scope and frequency of the Child and Family Team meetings shall be determined by:

- The goals established for the family;
- The needs and wishes of the family; and
- The individuals needed to develop an effective Family Case Plan.

vi) The membership of the team may change over time, depending on what services and supports are necessary to assist the family to be successful. Ideally, there are basic core members of the team who remain involved no matter the service delivery context.

vii) Child and Family Team meetings must be convened in a manner and schedule that ensures the unique needs and preferences of family members are met and so that other members of the Team are accommodated to in order to facilitate their participation (i.e., meetings are held at times and locations when the Child and Family Team members can participate).

viii) The Intact Family Services Worker shall ensure the Child and Family Team process provides genuine opportunities to participate in and influence the casework process.

ix) The Intact Family Services Worker is responsible for educating the Child and Family Team members concerning the clinical needs and progress of the family in a manner that builds the team's capacity to make effective decisions.

x) All Child and Family Team members shall be provided opportunities to provide feedback regarding key aspects of services, prior to completing or revising the Family Case Plan.

B) **Consensus Decision Making:**

The Child and Family Team shall achieve consensus when making decisions during meetings. Achieving consensus means that each Child and Family Team member agrees to support the team's decision, even though it may not be the first choice of some individual team members. Achieving consensus also requires each team member to state their agreement or disagreement openly with the team.

i) When a Child and Family Team member is not able to directly participate in meetings, the Intact Family Services Worker shall actively solicit the team member's input prior to the meeting and share that input with all present at the meeting.

ii) The assigned DCFS/POS Intact Family Services Worker and Supervisor are ultimately responsible for Critical Decisions made concerning the family and shall work in conjunction with the Child and Family Team to achieve consensus.

iii) When there is disagreement among the Child and Family Team members, the Intact Family Services Worker must work to resolve issues with team members through education, brainstorming and problem-solving prior to and including, consultation with the supervisor.

iv) When the family disagrees with the Child and Family Team, the following actions shall take place in an attempt to resolve the disagreement.

- When the family disagrees with the Child and Family Team, the team must seek to understand the family's perspective and engage in a problem-solving process in a manner that conveys respect and fosters trust;

- When the disagreement cannot be resolved to the satisfaction of the Child and Family Team members, the Child and Family Team should initiate the chain of command; and

- Should pursuing the chain of command fail to resolve the family's disagreement, the family shall be offered the opportunity to make a formal complaint regarding their disagreement via the established Service Appeal process.

C) **The Family Case Planning Process:**

The development of a Family Case Plan requires an evaluation of the family's physical, mental and behavioral health concerns; informal support systems; social role functioning; cultural and religious factors; economic situation; and basic needs. Family Case Plan contain comprehensive assessment information that will be used to formulate client service interventions and outcomes. Information gathered from the various Department-required assessments, include, but are not limited to: Child Endangerment Risk Assessment Protocol (CERAP), SACWIS Risk Assessment, Child and Adolescent Needs and Strengths (CANS), and the Integrated Assessment (IA).

The Family Case Planning Process:

i) Formalizes an approach to address the underlying needs of the family with respect to identified safety threats and risk and provides direction to the Intact Family Services Worker and family about what will occur during the course of the case plan;

ii) Emphasizes family system outcomes and underlying needs associated with specific outcomes to focus and direct family change;

iii) Intact Family service Workers shall utilize the six protective factors as a frame of reference to guide their work with the family and to help obtain safe case closure. The six factors are;

- Parental resilience;
- Social connections;
- Knowledge of parenting and child development;
- Concrete support in times of need;
- Social and emotional competence; and
- Healthy parent-child relationships.

The Intact Family Services Worker must, as part of the life-of-the-case assessment process, utilize all six factors to assess safety and risk; assist in planning Child and Family Team meetings; and guide their work in a family strengths/trauma informed practice. Each factor shall be specifically addressed during case supervision. The Intact Family Services Worker shall use the factors to identify protective capacities and any gaps in those capacities.

iv) Focuses on minimum parenting standards;

The Intact Family Services Worker evaluates the strengths and weaknesses of the parent/guardian, including their ability to meet minimum parenting standards. The Intact Family Services Worker's assessment must summarize the parental capacity to achieve and maintain minimum parenting standards.

v) Focuses on the achievement of child well-being outcomes;

vi) Identifies specific measures that can be applied to facilitate family change;

vii) Prioritizes the actions and activities to be performed within the scope of the case plan and determines what those actions are, when they will take place, who will perform them and their duration; and

viii) Establishes the expected length of service for the case.

2) **Development of the Intact Family's Case Plan**

The Family Case Plan is developed in collaboration with the family and is based on the mutual perceptions of the family and Department of the need to control safety threats, reduce risk, and includes recommendations from the assessments listed below. The family's Interim Service Agreement is developed with the family at the Transitional Visit and is subject to amendment, if the need to do so is indicated by the **CERAP**. All services in place for the family at the time of the Transitional Visit shall be evaluated for continued and/or additional need and incorporated into the interim service agreement that shall be documented in a Contact note.

The Family Case Plan shall be completed within 45 days of case opening in SACWIS. The Family Case Plan shall be reviewed with the family every 30 days and shall be documented in a Contact note. **The Family Case Plan must be evaluated and updated 90 calendar days from case opening and every 90**

days thereafter. The Family Case Plan is amended with the family to include recommendations from the following assessments as clinically indicated and agreed to by the family:

- CERAP, Safety Assessment;
- Safety Plan if applicable;
- SACWIS Risk Assessment;
- Integrated Assessment; and
- CANS.

The planned case closure achievement date is based on the recommendations of the above assessments.

3) **Safety Planning (Including Applicable Infant Safe Sleeping Arrangements)**

Safety plans are voluntary, temporary and short-term measures designed to control serious and immediate threats to a child's safety. They must be adequate to ensure the child's safety and as **minimally disruptive** to the child and family as is reasonably possible. The Safety Plan shall identify the safety threats that led to the need for a Safety Plan, per the CERAP. The Safety plan shall require a written description of what will be done or what actions will be taken to protect children, who will be responsible for implementing the components of the safety plan, how the plan will be monitored and who will monitor it. Safety Plans can take a variety of forms and are developed with the input and voluntary consent of the children's parent/guardian and other family members. It is important that safety plans be developed with the family to control specific threats and that the family understands the mechanism for ending each safety plan.

Under no circumstance is a Safety Plan to serve as the solution to a long-term problem. A family may request to modify or terminate the Safety Plan at any time, per Procedures 300, Appendix G, subsection (j) Safety Planning.

Safety Plans must be written in the preferred language of the family and of those individuals who comprise the family's support network who are participating plan.

The family must be informed in writing of the changes and outcomes to be achieved and the designated time frames for doing so, in order to achieve the successful termination of the safety plan. The family must also be informed of the possible consequences for not achieving these changes and outcomes. If the family refuses to accept the plan, or if the plan is violated, the Intact Family Services Worker and Supervisor must reassess the situation, consider making a hotline report and/or complete a referral to the State's Attorney's Office for a court order.

In the event that a Safety Plan is needed during an investigation, it is the responsibility of the Child Protection Specialist and the Child Protection Supervisor to develop the Safety Plan. It is the responsibility of the Child Protection Specialist to monitor the Safety Plan until there is a final finding determination.

The Intact Family Services Worker and/or Intact Family Services Supervisor cannot change a Safety Plan while an investigation is in process. However, a monitoring note shall be completed for each family visit by the Intact Family Services Worker until a final finding of the investigation. This monitoring of the family by the Intact Family Services Worker does not alleviate the Child Protection Worker of their responsibility to continue monitoring the Safety Plan.

The Intact Family Services Worker assumes responsibility for evaluating and monitoring the Safety Plan upon the investigation's final finding determination.

Once the crisis is resolved and the CERAP form is marked "**SAFE**," a **CFS 1441-B, Safety Plan Termination** form is completed, and the Safety Plan is discontinued. Copies of the **CFS 1441-B** must be provided to those legally responsible for the child and all of those who agreed to be a part of the safety plan.

The **CERAP** safety assessment must be conducted on the child's home environment, at a minimum of every five (5) business days following the determination that a child is **unsafe** and a Safety Plan is implemented.

Under no circumstance may Department or POS staff terminate Department involvement while a Safety Plan is in effect.

Safety plans are time limited. Under no circumstance is a safety plan to serve as the ***long-term solution*** to manage, control and/or reduce identified safety threats. For additional information regarding Safety Plans, staff should reference **Procedures 300, Appendix G.**

4) **Development of the Initial Family Case Plan**

A) **Timeframe for Initial Family Case Plan**

The initial Family Case Plan is to be developed with the Child and Family Team and entered in SACWIS within 45 days of case opening to a Department or POS agency Intact Family Services Worker.

B) **Documenting Candidacy for Foster Care**

Family Case Plan for Intact Family Services cases must contain the question:

> If the services outlined in the plan are refused or ineffective, will the outcome for at least one child be substitute care (e.g., foster care, relative family home, group home, childcare or other institution)?

The question must be answered either, "Yes" or "No" or "N/A", when the case has been incorrectly identified as an Intact Family Services Case. **Under no circumstance may the question be left unanswered.**

C) **Distribution of Copies of the Family Case Plan**

Copies of the Family Case Plan shall be distributed to all adult parents/guardians and to the relevant court.

5) **Evaluating Family Progress**

A) **Evaluation Criteria**

Factors used to assess family progress through case planning include the following:

i) The identified safety threats and risk factors have been managed or controlled;

ii) The family has strengthened protective factors within the family;

iii) The family has met the child well-being outcomes;

iv) The parent/guardian has demonstrated the capacity to maintain minimum parenting standards;

v) The parent/guardian is meeting the minimum parenting standards established by the Department; and

vi) The family has achieved or has made reasonable progress in achieving their Family Case Plan goals.

B) **Evaluation of Progress**

At every visit with the family, the Intact Family Services Worker shall assess the level of the family member's engagement with services and the progress of the family on tasks of the Family Case Plan. The family's engagement and progress shall be documented in a Contact note.

When a family shows a lack of progress and/or barriers exist to progress, the Child and Family Team shall select a variety of interventions to address the problem(s), including but not limited to:

i) Re-evaluating goals and objectives;

ii) Revising the current Family Case Plan, education plan, etc. to provide more intensive and individualized interventions in order to maximize the child and family's strengths;

iii) Developing strategies to increase parent or guardian and/or child engagement;

iv) Engaging individuals in the family's social support network or the Child and Family Team in order to increase their support of the family; and

v) Obtaining additional specialized consultation.

Note: When a family discloses a new pregnancy, the Intact Family Services Worker shall notify the DCFS Early Childhood Project for home visiting (see **Subsection (g)(15), Home Visiting Service Referrals**).

6) **Revising the Family Case Plan**

A Family Case Plan shall be updated with the input of the family and relevant supportive Child and Family Team members. The **Family Case Plan shall be evaluated and updated at least 90 days from the date of the case opening and every 90 days thereafter**. The Family Case Plan shall also be evaluated and updated any time there is a change in a family's function and/or composition if that change impacts directly or indirectly the safety and/or risk to a child in the family. Engagement of the family in revising the Family Case Plan shall be documented in a Contact note.

7) Tier 2 Request and Approval/Disapproval

All Intact Family Services cases shall begin as a Tier 1 Intact Family Services case. Any time after the completion of the Integrated Assessment and the initial Family Case Plan, a Tier 2 case status can be requested.

- A case shall be designated as Tier 1 when the duration of services to the family is expected to be 6 months or less.

- A case will be designated as Tier 2 when the duration of services to the family is assessed to likely need more than six months to achieve a safe case closure. The Tier 2 extended period of time for safe case closure is usually agreed to when there is a high level of service provision for the family.

A) Process to Request Tier 2

All cases will be considered Tier 1 cases unless the Intact Family Services Supervisor of the assigned Intact Family Services Worker completes the following:

Before a request can be submitted for a Tier 2 designation, the case documentation must be current in SACWIS, including the **CERAP**, SACWIS Risk Assessment, Integrated Assessment and Family Case Plan. In addition, the Intact Family Service Worker's Contact Notes must reflect that in-person contacts with the family and contacts with service providers included discussion of service provision and progress in services, as well as safety, well-being and status of permanency. Supervision Notes must contain documentation that these discussions took place.

i) The **CFS 2040-1** shall be completed by the Intact Family Service Worker, including the specific reasons why a Tier 2 status is requested.

To complete the **CFS 2040-1**, the following information is required:

- Reason for case opening: presenting issues, indicated allegations;
- Initial family goals that were deemed necessary to achieve safe case closure. These goal shall be expressed in terms that clearly describe the ***Behavioral Patterns*** that must be acquired and then adequately and consistently demonstrated by the parent/guardian to preserve a family and maintain family stability and daily functioning;

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2020.10

PROCEDURES 302.388
INTACT FAMILY SERVICES UNSUCCESSFUL CASE CLOSINGS

DATE: June 22, 2020

TO: All POS & DCFS Intact Family Service Workers and their Supervisors, Managers and Administrators

FROM: Marc D. Smith, Acting Director

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to revise the process for the unsuccessful closing of Intact Family Services cases. This Policy Guide amends Procedures 302.388(g)(15) Family Withdrawal of Voluntary Consent After Initiation of Intact Family Services and 302.388 (m) Intact Family Services Case Closing. Instructions for identifying and staffing unsuccessful case closings are added. The intent is to provide a multidisciplinary consultation to Intact Family Services Workers and Supervisors when a family disengages from Intact Family Services.

Amendments to Procedures 302.388 are being prepared and will be issued soon.

II. PRIMARY USERS

The primary users of this Policy Guide are POS & DCFS Intact Family Service Workers, and their Supervisors, Managers and Administrators.

III. BACKGROUND

The recommendations of the Chapin Hall evaluation of Intact Family Services and results of Department Quality Improvement reviews identified unsuccessful case closings as a point of risk.

IV. INSTRUCTIONS

a) The following case closing reasons are considered unsuccessful and require a file review by the IFS Unit to determine the need for a closing staffing. Unsuccessful voluntary withdrawals of case closing include, but are not limited to:

1) Moved From Area;
2) Non Active Family;
3) Unable To Locate; and
4) Other Reason.

b) Prior to case closure submission to the IFS Unit, the Intact Family Services Worker and Supervisor shall:

1) IFS Worker and Supervisor shall discuss and document in a SACWIS case note ongoing needs of the family and any risk and/or safety threats to the child/children. (Note: If safety threats are present, the IFS Worker and/or Supervisor shall make a report to the DCFS Hotline);

2) If the investigation is still pending, the IFS Supervisor shall notify the referring Division of Child Protection (DCP) Area Administrator and discuss appropriate actions to take due to family's refusal to accept Intact Family Services;

3) If the investigation is closed, the Intact Family Services Worker or the Intact Family Services Supervisor shall notify the referring DCP Area Administrator and POS Program Manager or DCFS Intact Regional Administrator and document the notification in a case note; and

4) Ensure all aspects of Procedure 302.388(g)(15) "Family Withdrawal of Voluntary Consent after Initiation of Intact Family Services" and Procedure 302.388(m) "Case Closing Decision" are met.

c) Once case dynamics dictate that the Intact Family case will close unsuccessfully, the Intact Family Services Supervisor shall:

1) Review the SACWIS case to ensure all case notes, assessments, and CERAPs are completed;

2) Document the rationale for the decision in a SACWIS case note and indicate the case is being submitted for review of that decision. The IFS Worker shall **not close the case**;

3) For POS assigned cases, POS agencies will, within 24 hours of the decision, send the case name, case information and CYCIS ID to the DCFS.OIFS@illinois.gov mailbox and title the Subject Line **INTACT CLOSURE REVIEW REQUEST**. The assigned Agency Performance Team Monitor and Supervisor must be carbon copied in the email request;

4) POS IFS Supervisor will document in a SACWIS case note what appropriate next steps will be taken and the outcome of the case closing staffing;

5) For DCFS managed cases, the IFS Supervisor will within 24 hours request a case closing file review with the respective DCFS Intact Administrator; and

6) DCFS IFS Supervisor will document in a SACWIS case note what appropriate next steps will be taken and the outcome of the case closing staffing.

d) The Intact Utilization Unit will be responsible for reviewing case closing requests for private agency managed cases. Upon receipt of the request the Office of Intact Family Services will:

1) Review the case and complete a case closing review document within 72 hours of request; and

2) Following the review of the case, the IFS Supervisor will communicate the following determination to the POS agency based on the review:

A) Approval to close the case based on review of file.
B) Direct POS on follow up steps or actions needed before closure.
C) Inform Worker if a staffing is necessary in order to further review and discuss the case prior to closure.

Note: The case closing staffing will include the Caseworker, Supervisor, Agency Performance Team Supervisor or designee and any other stakeholders deemed appropriate.

e) The DCFS IFS Regional Administrator will be responsible for reviewing case closing staffing requests for DCFS managed intact cases. Upon receipt of the request the Administrator will:

1) DCFS IFS Regional Administrator will review the case and complete a case closing review document within 72 hours of request; and

2) Following the review of the case, the IFS Supervisor will communicate the following determination to the POS agency based on the review.

A) Approval to close the case based on review of file.
B) Direct POS on follow up steps or actions needed before closure.
C) Inform Worker if a staffing is necessary in order to further review and discuss the case prior to closure.

Note: The case closing staffing will include the DCFS IFS Caseworker, Supervisor, Child Protection Area Administrator and/or Child Protection Supervisor and any other stakeholders deemed appropriate.

3) DCFS IFS Regional Administrator will notify the Intact Utilization unit of the request and results of the case closure conference.

4) The Office of Intact Family Services will maintain a record of all case closing staffing requests and outcomes.

V. NEW, REVISED OR OBSOLETE FORMS

None

VI. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983, email to DCFS.Policy on Outlook or email the Office of Intact Family Services at DCFS.OIFS@illinois.gov. During the Department's response to COVID-19 the listed phone number to the Office of Child and Family Policy is being checked remotely, but we do ask that if you need immediate assistance Monday – Friday (8:30 – 5:00) please utilize the email address provided.

VII. FILING INSTRUCTIONS

Place this Policy Guide immediately after page 48 of Procedures 302.388, Intact Family Services.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2020.09

PROCEDURES 302.388
INTACT FAMILY SERVICES CASE CATEGORIES

DATE: June 22, 2020

TO: All POS & DCFS Intact Family Service Workers and their Supervisors, Managers and Administrators

FROM: Marc D. Smith, Acting Director

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to describe changes to Intact Family Services case categories. This PG amends Procedures 302.388 Intact Family Services, paragraph (i) Service Planning, at steps (7) Tier 2 Request and Approval/Disapproval and (8) Extension Request and Approval/Disapproval. Tier 1 and Tier 2 are being replaced by Intact Family Services-Intensive, Intact Family Services-Intensive continued and Intact Family Services-Intensive beyond 12 months, due to a new payment rate structure. The functionality for making the request and notification required in these new procedures is available in SACWIS. Therefore, forms CFS 2040-1 and CFS 2040-2 are rendered obsolete since SACWIS will automatically notify the Intact Administration Unit when a request is made for intensive services to continue or to continue beyond 12 months.

Effective immediately, the POS/DCFS supervisor will submit the case category change request on SACWIS to the Intact Administration Unit.

II. PRIMARY USERS

The primary users of this Policy Guide are POS & DCFS Intact Family Service Workers, and their Supervisors, Managers and Administrators.

III. BACKGROUND

Payment rate structure for Intact Family Services have been modified for FY19, effective July 1, 2018.

IV. INSTRUCTIONS

A) Intact Family Services-Intensive

All new Intact Family Services cases are opened with the case category Intact Family Services-Intensive and any case transferred to a new agency is considered Intact Family Services-Intensive for the first six months of service. Intensive Services are considered to be in place when families require a level of case work intervention and/or service provision that results in additional expense to the provider agency. In-Person Contact with a family receiving intensive services should not be less than twice monthly, but may be more depending on the family's needs. Examples of the services that indicate intensive services provision include, but are not limited to:

- safety plans;
- multiple services appointments;
- agency payments to other service providers such as co-pays; and/or
- weekly contact with parents and children.

All of the above mentioned do not need to be present, but are factors to be considered.

B) Intact Family Services-Intensive Continued

Families who meet the definition of Intensive Services as identified above may qualify for a continued Intensive Services payment rate during months 7 through 12 of service. The assigned Intact Family Services Supervisor will document in a SACWIS supervisory note the reason for requesting the case category of Intact Family Services-Intensive Continued. The note should fully describe the reason for involvement, progress of the family and the justification for Continued Intensive Services. The supervisor will submit the case category change request on SACWIS to the Intact Administration Unit.

C) Intact Family Services-Intensive Extended (beyond 12 months)

Families who require continued Intensive Services beyond 12 months will require additional approval through the Office of Intact Family Services using the same request process as in B) above; the assigned Intact Family Services Supervisor will document in a SACWIS supervisory note the reason for requesting the case category of Intact Family Services-Intensive beyond 12 months. The note should fully describe the reason for involvement, progress of the family, and the justification for Continued Intensive Services beyond 12 months. The supervisor will submit the case category change request on SACWIS. If approved, these cases may be reviewed again every 90 days thereafter.

D) Use by DCFS High Risk Intact Services Workers and Supervisors

Families served by DCFS High Risk caseworkers should also use the above case categories to designate the level of service needed by the family. The assigned DCFS Intact Family Services Supervisor will document in a SACWIS supervisory note the reason for requesting the case category. The note should fully describe the reason for involvement, progress of the family and the justification for Continued Intensive Services. The DCFS Intact Family Services Supervisor will submit the case category change request on SACWIS to the Intact Administration Unit.

E) Resolution Process for Case Category Denial

If the Office of Intact Family Services reviews the case category change request and denies it, the agency can request a review of the denial by the following process:

i) The POS Agency Program Manager or DCFS Regional Administrator may request a review of the case category denial by contacting the Statewide Intact Family Services Administrator via email at "**DCFS.OIFS@illinois.gov**". It is expected that all case information shall be current in the SACWIS case record at the time the review is requested.

ii) The DCFS Statewide IFS Administrator may contact the POS Agency Program Manager or DCFS Regional Administrator who requested the review in order to discuss the rationale for the reconsideration and any additional information that was not included in the original case category change request.

iii) Should the request for case category change be denied by the DCFS Statewide Intact Family Services Administrator, the POS Agency Program Manager or DCFS Regional Administrator can request a review by the Deputy Director of Intact Family Services. The POS Agency Program Manager or DCFS Regional Administrator shall email their request for the review, including the rationale for the request, to the Deputy Director of Intact Family Services via email at "**DCFS.OIFS@illinois.gov**".

IV. NEW, REVISED OR OBSOLETE FORMS

CFS 2040-1 and CFS 2040-2 are rendered obsolete.

V. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983, email to DCFS.Policy on Outlook or email the Office of Intact Family Services at DCFS.OIFS@illinois.gov. During the Department's response to COVID-19 the listed phone number to the Office of Child and Family Policy is being checked remotely, but we do ask that if you need immediate assistance Monday – Friday (8:30 – 5:00) please utilize the email address provided.

VI. FILING INSTRUCTIONS

File this Policy Guide immediately after page 48 of Procedures 302.388, Intact Family Services.

- Family Case Plan goals established to achieve safe case closure;
- Strategies deployed to achieve safe case closure;
- Documentation of progress achieved to date;
- Barriers to achieving safe case closure;
- Specific roadmap of behavioral strategies to be used to achieve safe case closure in the proposed additional 6 months, including achievement of Family Case Plan objectives, case management and monitoring strategies; and
- Basis to support the reasonable expectation that keeping the case open will be beneficial to family and is aligned with the original goals.

The **CFS 2040-1** must be approved by the Intact Family Service Supervisor and then emailed to the DCFS Office of Intact Family Services, "**DCFS OIFS**" via email.

ii) The Intact Family Service Supervisor must go to the SACWIS "Case Maintenance" page within the case record and click the "Tier 2 request" box.

B) **Review of Tier 2 Request**

Staff of the Office of Intact Family Services shall review the Tier 2 request. The status of the request can be viewed at the "Change Request History" box in SACWIS. The Tier status shall be posted within five (5) business days of the date when the request was received by the Office of Intact Family Services. The effective date for the Tier 2 designation will be the date when the Office of Intact Family Services received the request.

Note: POS agency Supervisors shall notify their agency's billing staff of the approval of Tier 2 designation for any case. The notification shall include the case name, case ID number, and the effective date of the Tier 2 designation, as communicated by the Office of Intact Family Services.

If the request for Tier 2 is denied, the Office of Intact Family Services shall enter a brief explanation for the decision into the case record in SACWIS. After the submitting worker reads the explanation, he/she has the option of submitting a request for review of the Tier 2 denial.

C) **Resolution Process for Tier 2 Denial**

If the Office of Intact Family Services reviews the Tier 2 request and denies the request, then the agency can request a review of the Tier 2 denial by the following:

i) The POS Agency Program Manager or DCFS Area Administrator may request a review of the Tier 2 denial, by contacting the Statewide IFS Administrator via email at "**DCFS OIFS**". It is expected that all case information shall be current in the SACWIS case record at the time the request is submitted.

ii) The DCFS Statewide IFS Administrator may contact the POS Agency Program Manager or DCFS Area Administrator who sent the request for review to discuss the rationale for the reconsideration and any additional information that may not have been included in the original narrative.

iii) Should the second Tier 2 request be denied, the POS Agency Program Manager or DCFS Area Administrator can request a review of the denial by the Deputy Director of Child Protection. The POS Agency Program Manager or DCFS Area Administrator shall email their request for the review including the rationale for the request, to the Deputy Director of Child Protection via email at "**DCFS OIFS**".

8) **Extension Request and Approval/Disapproval**

An extension request is required if the Intact Family Services Worker and Supervisor have determined that the case will not be closed within the Tier time frame assigned to the case.

A) **Extension Requests for Intact Family Services Cases**

i) **Tier 1 Extension Requests**

An Extension Request is required if an Intact Family Services Tier 1 case is expected to be open past 6 months. The **CFS 2040-2, Intact Family Service Extension Request** must be submitted to the Statewide IFS Administrator via Department email at "**DCFS OIFS**", no later than 5.5 months after the case opening date.

ii) **Tier 2 Extension Requests**

An Extension Request is required if an Intact Family Services Tier 2 case is expected to be open past 12 months. The **CFS 2040-2, Intact Family Service Extension Request** must be submitted to the Statewide IFS Administrator via Department email at "**DCFS OIFS**", no later than 11.5 months after the case opening date.

B) **Review of Extension Request**

Staff of the Office of Intact Family Services shall review all Extension requests. If an extension request is approved, the Office of Intact Family Services shall email a brief explanation of the decision to the requesting Supervisor. The effective date for the Extension designation must be the date the Office of Intact Family Services received the request.

If an extension request is denied, the Office of Intact Family Services shall email a brief explanation of the decision to the requesting Supervisor. After the submitting Worker receives the explanation, he/she has the option of submitting a request for review of the extension denial.

C) **Resolution Process for Extension Denial**

If the Office of Intact Family Services reviews the extension request and denies it, the agency can request a review of the Extension Request denial by the following process:

i) The POS Agency Program Manager or DCFS Area Administrator may request a review of the extension request denial, by contacting the Statewide IFS Administrator via email at "**DCFS OIFS**". It is expected that all case information shall be current in the SACWIS case record at the time the review is requested.

ii) The DCFS Statewide IFS Administrator may contact the POS Agency Program Manager or DCFS Area Administrator who requested the review in order to discuss the rationale for the reconsideration and any additional information that was not included in the original narrative.

iii) Should the extension request be denied, the POS Agency Program Manager or DCFS Area Administrator can request a review by the Deputy Director of Child Protection. The POS Agency Program Manager or DCFS Area Administrator shall email their request for the review, including the rationale for the request, to the Deputy Director of Child Protection via email at "**DCFS OIFS**".

j) Intact Family Case Disruptions

1) There are two circumstances where a child being served in an Intact Family Services case could result in the child being placed into substitute care:

   A) An Intact Family Services Worker screens a family case into court due to concerns about child safety and risk and the court grants the Department temporary custody of the child; or

   B) The investigation of a new report of abuse or neglect results in a child being taken into temporary protective custody.

2) The transfer of assignment of the Intact Family Services case and all new placement cases shall be determined according to the Department's statewide case assignment system, regardless of the type of foster care (traditional foster care or home of relative) needed for a child.

3) The Integrated Assessment program is notified daily of all intact disruption cases. These cases are screened by the IA Administrator to determine whether they meet the criteria for an Integrated Assessment screener assignment. An IA screener is assigned to intact disruption cases only if the case disrupted within 14 days from the intact family case opening. For those cases that are not eligible for an IA screener, the Intact Family Services Worker must complete the IA within 45 days of the date of Temporary Custody.

k) Concurrent Planning

Concurrent planning activities include, but are not limited to, a Safety Plan; a referral to the court for custody of a child to be granted to the Department; or a report of abuse or neglect that results in a child being taken into temporary protective custody. Throughout the life of a case, the Intact Family Services Worker needs to be aware of potential caregivers who can step in and provide child care, should the parent or guardian not be able to remain in the home or if it becomes necessary to remove a child from the home.

The Intact Family Services Worker shall consult the Intact Family Services Supervisor when a child is assessed to be unsafe or at intermediate or high risk due to the parent or guardian's failure to make satisfactory progress to correct critical safety or risk factors identified in the Family Case Plan; or if the Intact Family Services Worker has assessed the parent or guardian of is incapable of meeting minimum parenting standards. Based on these factors, a determination shall be made by the Intact Family Services Supervisor whether to:

1) Develop a Safety Plan (The process for approving, developing and issuing the Intact Family Services Safety Plan is located in subsection **g), 5)** of these procedures.);

2) Refer the case to the State's Attorney for juvenile court intervention (The process for submitting a request for court intervention is located in subsection **l)** of these procedures.); and/or

3) Report the concerns to the Child Abuse and Neglect Hotline (SCR).

l) Juvenile Court Involvement with Intact Family Services Cases

1) **Valid Reasons to Seek Juvenile Court Involvement**

A family is referred to court when it is necessary to request that the court order the family to cooperate with Intact Family Services. The Child Protection Specialist or Intact Family Services Workers shall seek juvenile court intervention only with supervisory approval. Court-ordered services can be sought when:

A) The family refuses to accept Intact Family Services, as recommended by the Child Protection Specialist. When such a refusal occurs, the Child Protection Specialist and Child Protection Supervisor shall forward the investigative file to the Area Administrator for review and consultation. The Area Administrator shall assess the diligent efforts were made to engage the family in services, the identified safety and risk concerns, and whether the case shall be screened with the State's Attorney for court ordered services. If the Department screens the case with the State's Attorney and the State's Attorney refuses to file for court ordered services, the Child Protection Specialist shall document the results of the screening in a Contact note and complete the Investigation report;

B) The family refuses to cooperate with Intact Family Services, as initiated by the Intact Family Services Worker. When such a refusal occurs, the Intact Family Services Worker shall review the case with the Intact Family Services Supervisor. The Intact Family Services Supervisor shall assess the diligent efforts made to engage the family in services, the safety and risk concerns, and whether the case shall be screened with the State's Attorney for court ordered services. If the Department screens the case with the State's Attorney and the State's Attorney refuses to file for court ordered services, the Intact Family Services Worker shall document the results of the screening in a Contact note and close the case file; and/or.

C) The Intact Family Services Worker needs to obtain orders requiring the parent/guardian to allow the sharing of confidential information, when relevant to services being provided to the family.

2) **Supervisor Approval to Seek Juvenile Court Involvement**

The Intact Family Services Worker shall request permission from their Supervisor to have the State's Attorney screen cases for juvenile court intervention when there is evidence that the parent/guardian:

A) Does not believe that the abuse or neglect occurred;

B) Was aware or made aware of the abuse prior to the report, but failed to take reasonable precautionary measures to prevent or mitigate the imminent risk of moderate to severe harm to the victim;

C) Would have serious difficulty in maintaining a Safety Plan;

D) Is not supportive of the victim or blames the victim. as evidenced by attempts to convince the child victim to recant his/her claim of being abused or neglected;

E) Has a history of alcohol or substance abuse or mental illness that is likely to impede compliance with a protective plan;

F) Was aware that the perpetrator had previously been convicted of sex offences or other violent crimes, but allowed the perpetrator access to the children;

G) There are multiple family perpetrators; or

H) Is a victim of domestic abuse, but denies being harmed or intimidated by the abuser or has not taken reasonable steps to protect him or herself.

I) In addition, cases involving substantial risk of harm shall be referred to the State's Attorney. The following factors for referring a case to the State's Attorney must be considered on a case-by-case basis:

i) The severity of harm;

ii) The extent to which the perpetrator is likely to have access to the victim and the victim's siblings;

iii) The early evidence of the non-offending caregiver's willingness to cooperate;

iv) The presence of a strong extended family willing to monitor the Safety Plan;

v) The family's treatment progress; and

vi) The presence of a strong extended family willing to provide support to the victim and the non-offending caregiver.

With Supervisory approval, an Intact Family Services Worker can seek juvenile court intervention to obtain orders requiring a parent/guardian to allow the sharing of confidential information, when necessary and relevant to services being provided to the family.

A waiver must be obtained from the Area Administrator for all cases not screened in accordance with these procedures. The Area Administrator's decision must be documented in a Contact note.

3) **Working with the State's Attorney and Juvenile Court**

The Intact Family Services Worker shall contact the State's Attorney's office within 24 hours of the Intact Family Supervisor's decision that the Department shall request that the State's Attorney file a petition in Juvenile Court seeking court-ordered services for the family.

A) **Juvenile Court Referral Documents**

When an Intact Family Services Supervisor makes, and documents in SACWIS, the critical decision that a case should be referred to court for possible placement of a child, the Intact Family Services Worker must screen the case for juvenile court according to established court screening procedures in the appropriate court jurisdiction.

All or part of the following documents may be required when preparing a case for court involvement:

- Request for filing an abuse/neglect petition;
- SACWIS Intake Report (Name and contact information of Reporter must be redacted);
- Medical reports;
- Police reports;
- Mental health or therapy reports;
- Victim Sensitive Interview report;
- Contact notes;
- Safety assessments;
- Integrated Assessment;
- Family Case Plan;
- Reasonable efforts checklist;
- Affidavit documenting Department efforts;
- Prior abuse/neglect history (Requires a Person Search);
- Substance abuse treatment and drug screening results;
- Public Aid screen (i.e., case identification number, Social Security numbers for parents and children); and/or
- Notice to parents.

B) **Intact Family Services Worker Preparation for Court**

Intact Family Services Workers must review the entire case record prior to appearing in court. Intact Family Services Workers must also provide the court with any required written information within relevant timeframes prior to the hearing.

Case facts (e.g., prior abuse/neglect history, current or past service provisions, factors precipitating any incident of abuse or neglect, collateral information) must be reviewed with the Supervisor before the hearing to ensure that services are appropriate (see **Policy Guide 96.7**, **Court Attendance and Performance**).

When children in an active Intact Family Services case are being screened into court, the Intact Family Services Worker shall assemble a case-opening packet comprised of copies of the following documents:

i) A completed **CANTS 19, Data Sheet** listing all children who are being screened into court and any are already in Department care;

ii) A completed **CFS 1410, Case Registration Form**;

iii) A completed **CFS 1425, Change of Status Form;**

iv) A **CFS 906-1-E, Placement/Payment Authorization Form** for each child already in placement. There will be no **CFS 906** for children who are not in protective custody and whose cases are being screened for future dates. The placing worker is responsible for submitting the **CFS 906** within twenty-four hours of placement; and

v) A completed **CFS 1425-L, Legal Maintenance Form** for each child.

These packets must be routed to CAPU immediately upon deciding to screen the case. **It is mandatory that the Department be notified that the case being opened involves a family case that is an Intact Family Services case.**

If the case is approved for filing of a petition for temporary custody, the assigned Intact Family Services Worker shall **immediately** notify CAPU of the name, SACWIS ID, and CYCIS client ID of each child who will require a placement (if the court gives the Department temporary custody) and include the date, time and location of the Temporary Custody/Shelter Care Hearing. Notification must be by Department email at "**CAPU 906 **Case Opening ONLY****". CAPU will use the Statewide Case Assignment System to determine the agency to which the cases will be referred for assignment. CAPU shall notify the agency that is assigned the case of the date, time and location/court calendar for the Temporary Custody/Shelter Care Hearing.

When a case is accepted for court intervention, CAPU shall notify the DCFS Permanency team or private agency of the date, time and location of the Temporary Custody/Shelter Care Hearing. Both the Intact Family Services Worker and the Permanency Worker are expected to appear at the Temporary Custody/Shelter Care Hearing. When a case is rejected by the State's Attorney's office, CAPU will delete the assignment.

CAPU shall notify the Intact Family Services Worker by e-mail of the name and phone number of the POS or DCFS Permanency Worker to whom the case will be assigned, should the court grant temporary custody of a child.

C) **Court Ordered Placement of Children in Court Involved Case**

When the court orders the placement of children from an open Intact Family Service case, the Intact Family Services Worker is responsible for:

i) Immediately contacting CAPU to locate a placement for the children;

ii) Contacting the Placement Clearance Desk (PCD);

iii) Arranging for Healthworks to be completed on each child;

iv) Arranging for the transportation of the children to the placement; and

v) Completing and submitting all required case opening documents to CIRU within 24 hours of the court order. The Intact Family Services Worker shall e-mail the required forms and a concise explanation of the reasons why the placement case is being opened. The e-mail must also include contact information for the Intact Family Services Worker and Intact Family Services Supervisor. Case opening documents shall be emailed on the Department's email to "**CIRU Referrals**". The following forms are required for a case opening:

- **CFS 1425-L, Legal History Maintenance Form;**
- **CFS 418-J, Checklist for Children at Initial Placement;** and
- **CFS 906-1E, Placement/Payment Authorization Form.**

Note: Refer to **Procedures 302, Appendix R, Case Opening Protocol** for the specific process.

vi) Within one (1) business day of receiving the correctly completed forms and required information, as listed above in subsection **l), 3), C), v)**, CIRU staff shall:

- Create a child case in SACWIS for each child entering care;
- Change the type of case in SACWIS from "intact" to "placement";
- Create a **CFS 1410, Registration/Opening Form**; and
- Submit the **CFS 1410**, the **CFS 1425-L**, the **CFS 418-J** and the **CFS 906-1E** by Department e-mail to the Case Assignment Placement Unit (CAPU) at the following address: "**CAPU 906 **Case Opening ONLY****;**

vii) Within one (1) business day of receiving the required documents, per subsection l), 3), C), vi) of these procedures, CAPU staff shall;

- Create a case in CYCIS for each child entering care; and
- Transfer the cases to the agency where the cases will be assigned, as determined by the Statewide Case Assignment System.

D) **New Report of Child Abuse and Neglect Resulting in Protective Custody and Placement**

If a situation requiring protective custody occurs outside regular working hours, DCFS after-hour staff shall be responsible for child placement.

In the event that protective or temporary custody is taken **during normal work hours**, the following clarifies the responsibilities of the Child Protection Specialist and Intact Family Services Worker.

i) **In the course of responding to an investigation, the Child Protection Specialist is responsible for the safe placement of the children and shall:**

- Initiate the investigation;
- Attend and ensure completion of the initial Healthworks examination (when the need for placement occurs during regular working hours);
- Contact CAPU immediately for case assignment and placement, if traditional foster care is needed;

- Complete a Diligent Search, locate and secure placement using the **CFS 458-B Relative Resources PART I and PART II Positive Supports Worksheet**;
- Complete **CFS 458-A, Affidavit of Relationship**, including all required CANTS and LEADS checks;
- Ensure all signed copies of valid consents are documented on a **CFS 600-3, Release of Information** and are in the record;
- Transport children to placement (if after hours);
- Assist the Intact Family Services Worker with transporting the children to their placement, if there is a large sibling group and/or multiple placement locations;
- Complete post placement CERAP (HMR cases only);
- Provide the Medical Card, Clothing Voucher, and Infant Equipment voucher to the foster parent or Permanency Worker;
- Ensure all custody and visitation orders are in the record;
- Complete the Safety Checklist for placement;
- Complete and fax the **CFS 418-J**, if necessary;
- Complete and fax the **CFS 1425-L** ;
- Complete all case opening responsibilities;
- Complete the **CFS 454-1, Relative Caregiver Information Checklist**, if applicable;
- Complete the **CFS 458, Relative Caregiver Placement Agreement**, if applicable:
- Complete the court screening packet;
- Attend and take the lead in the legal screening with the State's Attorney's office; and
- Close all child cases, if temporary custody is not granted.

Note: A placement team is not responsible for case management or placement services until it contacted by CAPU.

ii) **The Child Protection Specialist is responsible for bringing copies of the following to the Temporary Custody/Shelter Care Hearing:**

- A completed **CANTS 19, Data Sheet** listing all children who are being screened into court and any who are in Department care;

- A **CFS 906 1-E, Placement/Payment Authorization Form** for each child placed. There will be no **CFS 906** for children who are not in PC and whose cases are being screened for future dates;

- A **CFS 2010, Placement Clearance Agreement** for each child placed;
- The most recent **CFS 1441, Child Endangerment Risk Assessment Protocol** (CERAP);
- The completed Burgos forms, if applicable;
- A clothing voucher, if not already provided to foster parent;
- An Infant Care Equipment voucher, if not already provided to the foster parent; and
- Health screening packets for any child already in custody, including Medicaid eligibility card and the following signed forms:
    - **CFS 425, Routine and Ordinary Health and Dental Care;**
    - **CFS 653, HealthWorks Health Services Encounter** form;
    - **CFS 650, Health Passport;** and
    - **CFS 600-3, Release of Information**;

The Intact Family Services Worker and the Child Protection Specialist are to discuss the case with or hand the case off to the Permanency Worker while at court for the Temporary Custody/Shelter Care Hearing. The documentation listed above in this Section is to be given to the Permanency Worker at the Temporary Custody/Shelter Care Hearing.

iii) **The Intact Family Services Worker:**

- Shall accompany the Child Protection Specialist during the initiation of the investigation, if available;
- Shall provide the Child Protection Specialist with information on known qualified relative caregivers for the child via the **CFS 458-B PART I, Relative Resources and CFS 458-B PART II Positive Supports Worksheet**;
- May accompany the children during the initial Healthworks exam process (the Child Protection Specialist will take the lead at the HealthWorks exam, as relevant medical evidence may be made available to the investigator during the course of the Health screening), if available;
- May transport or physically place the children after the Child Protection Specialist receives approval from PCD;

- Shall be present and participate in the legal screening with the State's Attorney's office; and
- Shall attend the Temporary Custody/Shelter Care Hearing. **Immediately following the hearing**, the Intact Family Services Worker is to email a completed copy of the ***Court Order to: DCFS Initial Court Order/Petition*** and a completed **CFS 1425-L, Legal Maintenance Form** to CAPU.

If DCFS has received custody of at least one child, CAPU shall open the child's case and transfer him/her to the placement agency/team. In cases where PC was not taken and the **CFS 906** has not been completed, the completed **CFS 906** must be emailed to "**CAPU 906 **Case Opening ONLY****".

The family case shall remain assigned to the Intact Family Services Worker until the family case is transferred to the placement team/agency. If custody was not granted, CAPU shall delete the child placement case assignment.

iv) **Transition of Relationship and Responsibility from Intact Family Services to Placement**

During the time between the assignment of a child's case to the placement team/agency and the transfer of the family case, a transition of relationship and responsibility must occur. During the transitional period, the Permanency Worker shall be responsible for parent/child visitation and tasks for the child entering substitute care.

The case transition shall occur as follows:

- Within two (2) business days of placing a child in care, the Intact Family Services Worker shall meet with the Permanency Worker to plan for the transition of case responsibility. The Intact Family Services Worker is responsible for completing the Comprehensive Assessment or ensuring that the Comprehensive Assessment has the most current information.

- The Permanency Worker shall be responsible for those elements of the Integrated Assessment that pertain to a child in care; and

- The Intact Family Services Worker is expected to participate in any court hearing held within 30 days of the child's case being open.

v) **The Intact Family Services Worker Shall:**

- Complete the written case transfer summary;
- Ensure the Integrated Assessment contains the most current family information; and
- Ensure the Family Case Plan is current and is evaluated, if needed.

vi) **The Permanency Worker Shall:**

- If a change of placement is warranted, identify an appropriate placement for non-HMR cases and place the child;
- Assure that parent-child and sibling visitations occur according to DCFS policy and any relevant court orders;
- Obtain birth certificates and immunization records;
- Obtain pertinent education records;
- Initiate or continue to gather information on known qualified relative caregivers for the child via the **CFS 458-B PART II, Positive Supports Worksheet**;
- Follow up on any medical and/or psychological needs not addressed in the initial health screening for any child identified during the initial health screening;
- Attend to all needs related to the placement;
- If necessary, the Permanency Worker shall contribute information to assist with the completion or update of the comprehensive assessment;
- Together with the parent, complete the initial post-placement case plan at the 30-day supervisory staffing. It is critical that the Intact Family Services Worker and the Permanency Worker maintain close communication during the transition period; and
- Instruct the placement provider (foster parent, relative caregiver or group home/institution) to call the HealthLine (1-800-KID-4345) to select a primary care physician and to schedule a comprehensive health evaluation. The health evaluation must occur within 21 calendar days of custody.

m) Case Closing

1) Case Closing Decision

When making a decision to close a case, the Intact Family Services Worker and Intact Family Services Supervisor shall staff the case using the following items to reach that decision:

- **CFS 1441, CERAP**;
- SACWIS Risk Assessment;
- **CANTS 18DV, Domestic Violence Screen**;
- **CANTS 18-Paramour, Paramour Assessment Checklist** (if applicable);
- **CFS 440-5, Substance Abuse Screen** (if applicable);
- **CFS 440-10 Recovery Matrix** (if applicable);
- Current Integrated Assessment (IA);
- CANS;
- Family Case Plan; and
- Protective Factors

Ongoing safety and risk assessments and required screens must indicate the absence of any safety threats or risk of harm or sufficiently demonstrate that any threats of harm have been mitigated within the family and/or through extended family or community. The reason for and timing of the closing of the case shall be relevant. All children must be seen and interviewed apart from their parent/guardian no more than 5 business days prior to case closing.

2) Family Case Plan Goals

The Intact Family Services Worker evaluates the Family Case Plan to assess whether the parent/guardian has demonstrated positive behavioral changes in relation to the written goals. The Supervisor shall assist the Intact Family Services Worker to determine whether there is progress in achieving positive behavioral change and then to adjust the strategies for working with the family using protective factors accordingly. The Intact Family Services Worker evaluates whether the family has achieved the Family Case Plan goals and determines that no new factors exist that would significantly impact the safety of the children and the stability of the family system.

In cases where the family does not meet their service objectives (e.g., family fails to cooperate with services, does not achieve outcomes despite cooperation, moves out of state or to an unknown location), the case cannot be closed without the DCFS Area Administrator's or POS Agency Intact Family Services Program Manager's review and approval.

When the Intact Family Services Worker has concerns regarding developmentally challenged parents, the Intact Family Services Workers shall ensure that appropriate supports are in place for those parents.

3) **Family Functioning**

Intact Family Services Workers must at a minimum, consider the following when assessing the family's ability to meet their current and future needs:

- The parents/guardians or family members have demonstrated the ability to recognize safety and risk issues that threaten the safety of the children and acknowledge the need for protective measures;

- The parents/guardians or family members have the ability to act on their recognition and acknowledgement of the need for protective measures and demonstrate that these protective measures are taken; and

- The parents/guardians or family members have demonstrated that they have sufficient concrete supports in times of need.

4) **Service Providers**

Service providers involved with an Intact Family Services case being considered for closure shall be notified of the intended action and asked to provide feedback on the closure, acknowledge any significant safety or risk factors that remain unresolved, services that may need to continue to ensure the safety of the children, and recommendations for resources available after case closing.

5) **Development with the Family of a Community Services Linkage Plan**

A discussion of the intention to close the case shall occur with the Child and Family Team and any other relevant collateral, such as school, the children's identified significant connections, and significant people who provide support to the family.

The Intact Family Services Worker and family shall jointly identify services that address any home or community needs essential to the continued healthy growth and development of the children, ensure the family's access and connection with appropriate community resources, encourage social support linkages and networks, and encourage the family to contact the Department in the future should questions or needs arise.

6) **Protective Factors**

During the Intact Family Services Supervisor-Worker conference, the evaluation of Protective Factors shall be included in the Critical Decision-making process of case closing.

Protective Factors include the following:

- Parental resilience;
- Social connections;
- Knowledge of parenting and child development;
- Concrete support in times of need;
- Social and emotional competence; and
- Healthy parent-child relationships.

7) **Documents Required for Supervisory Approval and Case Closure**

The **CFS 1441, CERAP** must be completed and submitted to the Intact Family Services Supervisor **five (5) business days** prior to the Intact Family Services case closing.

The following documents must be completed and submitted to the Intact Family Services Supervisor **fifteen (15) calendar days** prior to the Intact Family Services case closing:

- Final evaluation of the Family Case Plan;
- Current Contact note documentation of required child interviews or observations;
- Current provider treatment reports and notifications;
- SACWIS Risk Assessment;
- **CANTS 18DV, Domestic Violence Screen** (if applicable);
- **CANTS 18-Paramour, Paramour Assessment Checklist** (if applicable);
- **CFS 440-5, Adult Substance Abuse Screen** (if applicable);
- **CFS 440-10, Recovery Matrix** (if applicable);
- **CFS 2025 and CFS 2026,** Home Safety Checklists;
- CANS;
- Completed LEADS and Person Search checks for all adult members of the household, all adults that are frequently in the home and youth age 13 and older; and
- **CFS 1425,** Change of Status Form including the Case Closing Summary.

The Intact Family Services Worker shall meet with the family to formalize the case closing and to obtain the required signatures on the Family Case Plan. The Intact Family Services Worker shall provide the family with the **CFS 151, Notice of Decision** to close the case and the **CFS 1050-32, Service Appeal Process.**

Once the Intact Family Services Worker, Intact Family Supervisor and the family have reviewed the above case closing items and all parties concur that case closure is appropriate, the Supervisor shall enter the Critical Decision to close the case in a Supervisory Case Note.

8) **Final CERAP**

The **CFS 1441, CERAP** must be completed and submitted to the Intact Family Services Supervisor **five (5) business days** prior to the Intact Family Services case closing. The case cannot be closed unless the **CERAP** outcome is "safe". **All** children and parents/guardians who reside in the household must be seen. Children **must** be interviewed away from the adults. Supervisor approval of the **CERAP** must be entered before the case can be closed.

9) **Case Closing Assessment of Family Strengths and Community Service Needs**

Intact Family Services Workers must consider the following when assessing the family's ability to meet their current and future needs:

- The parents/guardians or family members have demonstrated the ability to recognize safety and risk issues that threaten the safety of the children and acknowledge the need for protective measures;
- The parents/guardians or family members have the ability to act on their recognition and acknowledgement of the need for protective measures and demonstrate that these protective measures are taken; and
- The parents/guardians or family members have demonstrated that they have sufficient concrete supports in times of need.

10) **Case Closing Critical Decision by Supervisor**

A) The Intact Family Services Supervisor shall consider the Protective Factors when assessing whether it is appropriate to close the case. The Protective Factors are an essential part of the Critical Decision-making process of case closing and must be addressed in the Intact Family Services Supervisor-Worker conferences that lead up to and include the decision to close the family case. The Protective Factors will assist in determining if the case is or is not successfully closed.

B) The Intact Family Services Supervisor shall evaluate the Family Case Plan to assess whether the parents demonstrate behavioral changes necessary, as identified by the Protective Factors, necessary to mitigate the safety and/or risk issues that brought the case to the Department's attention. The Supervisor shall verify with the Intact Family Services Worker that the parents or guardians demonstrate the necessary behavioral changes.

The Intact Family Services Supervisor shall ensure that any concerns regarding developmentally challenged parents are addressed. The Supervisor shall verify that the Intact Family Services Worker has addressed these concerns and that appropriate and necessary supports are in place for those parents.

C) The Intact Family Services Worker shall acknowledge any risk issues. The Intact Family Services Supervisor shall verify that the Intact Family Services Worker has a plan in place and the family has been provided information about or linked to community resources.

D) The Intact Family Services Supervisor shall verify that the Intact Family Services Worker had discussions with relevant collaterals, such as school staff, the children's identified significant connections and other significant people who provide support to the family.

E) The Intact Family Services Supervisor shall review the case closing reason for relevancy during the case closing decision staffing.

F) Once all safety/risk issues and Protective Factors have been appropriately addressed, the Intact Family Services Supervisor shall at that time support the decision for case closing.

11) **Case Closing in CYCIS and SACWIS**

A) **CYCIS**

i) The DCFS Intact Family Services Supervisor shall submit the completed **CFS 1425** to the designated regional clerical staff to close the case in CYCIS. Clerical staff shall close the case in CYCIS on or within one (1) business day of receipt of a correctly completed **CFS 1425**. Clerical staff shall notify the Intact Family Services Supervisor that the case closure is complete; or

ii) The POS Intact Family Services Supervisor shall email the completed **CFS 1425** to CAPU. CAPU shall close the case in CYCIS on or within one (1) business day of receipt of a correctly completed **CFS 1425. CAPU** shall email the POS Intact Family Services Supervisor that the case closure is complete

B) **SACWIS**

The DCFS/POS Intact Family Services Worker shall forward the SACWIS file to the DCFS/POS Intact Family Services Supervisor who will then be responsible for closing the case in SACWIS.

Note: The Intact Family Services Supervisor shall personally close the case in SACWIS or personally supervise the closing of the case by designated clerical.

This page intentionally left blank.

SERVICES DELIVERED BY THE DEPARTMENT
November 20, 2020 – PT 2016.20

INTACT FAMILY SERVICES REQUIRED ASSESSMENTS
EXHIBIT 1

Frequency / Assessments	Within 5 Business Days of Case Assignment	Every 5 Business Days When a Safety Plan is in Effect	Every 45 Calendar Days of Case Opening	Every 30 Calendar Days After Initial Completion	Every 90 Calendar Days	When Aware that a Child's Safety Maybe in Jeopardy	When Aware of Family Experiencing a Major Life Change or Change of Composition	When Aware of a SOR	When Clinically Indicated	Prior to Case Transfer	Prior to Case Closure
CFS 1441 CERAP Safety Determination	X	X			X	X				X	X
SACWIS Risk Assessment			X		X						X
CFS 2025 and CFS 2026, Home Safety Checklists			X		X		X	X			X
CANTS 18-Paramour, Paramour Assessment Checklist	X	X	X		X	X				X	X
Integrated Assessment			X				X				
Family Case Plan			X		X						X
CANS			X								X
CANTS 18/DV Domestic Violence Screen			X						X		X
CFS 440-5 Substance Abuse Screen			X						X		X
CFS 440-10 Recovery Matrix				X							X

This page intentionally left blank.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2020.16

PROCEDURES 302.388 INTACT FAMILY SERVICES

DATE: November 20, 2020

TO: All DCFS and POS Intact Family Services Workers and their Supervisors, Managers and Administrators

FROM: Marc D. Smith, Acting Director

EFFECTIVE: Immediately

I. PURPOSE

This Policy Guide is to immediately issue revisions to Procedures 302.388 Intact Family Services to add the definition of "medically complex children", and language to address the needs of children considered to be medically complex and their families. Additionally, this policy guide provides direction for services to those families referred for services from Child Protection with an allegation 79, Medical Neglect, as well as those cases opened for services that involve children with medical complexities. Intact Family Services Workers shall follow the requirements described below pertaining to contact with parents/caregivers, children, and medical providers.

Revisions to Procedure 302 Appendix O will be forthcoming.

II. PRIMARY USERS

All DCFS and POS Intact Family Services Workers and their Supervisors, Managers and Administrators.

III. BACKGROUND AND SUMMARY

Procedures 302.388 provides direction to Intact Family Services Workers and Supervisors. These revisions provide direction to Intact Family Services Workers regarding the frequency of in-person contact with Intact families, actions the worker shall take during in-person contact with the family, holding multidisciplinary team meetings at crtical junctures of a case, required contacts by the Intact Family Services Worker who is providing services to medically complex children, contact with medical providers, frequency of Child and Family Team meetings, and case closing actions for children with medical complexities. The Department is pursuing procedure revision at this time to formally amend Procedures 302.388.

IV. DEFINITIONS

"Division of Specialized Care for Children (DSCC)" is the University of Illinois at Chicago Division of Specialized Care for Children (UIC-DSCC) who is the Illinois Title V organization designated to serve children and youth with special health care needs (CSHCN) (89 Illinois Administrative Code 1200, 2018). UIC-DSCC is a resource to DCFS as needed during investigations or follow-up services involving children with special health care needs or medical complexities. UIC-DSCC is positioned across the state with staff embedded in the communities who are knowledgeable about medical services or other relevant community providers. The mission is to partner with Illinois families and communities to help children with special healthcare needs connect to the services and resources they require through one of three programs: Core program (serving a broad range of children with chronic medical conditions), Connect Care Program (serving children with special health care needs where UIC-DSCC has a contract with their Medicaid Managed Care Plan, and Home Care Program (operated by UIC-DSCC on behalf of the state's Medicaid program for children up to age 21 who have a need for in-home, shift based nursing care).

"**Medically Complex Children"** means those children with one or more medical conditions that require intervention or monitoring to ensure their health and well-being. Conditions may result from genetic, congenital or trauma origin; including but not limited to: diabetes, shaken baby syndrome, seizure disorders, chromosome disorders, failure to thrive, cleft palate, feeding tubes and apnea monitors.

"Multidisciplinary Team (MDTs)" are used in a variety of contexts in child welfare, including: family-centered case planning, casework practice, and integrated service delivery. MDTs consist of professionals from several disciplines, as well as family members and other stakeholders, working together in a coordinated and collaborative manner. The people represented on the team may vary based on the specific needs of the family, resulting in many different forms of a MDT. A multidisciplinary team approach is recommended because it allows for a coordinated response to children and families that causes the least possible trauma to children/adolescents and families while ensuring their safety and well-being.

V. INSTRUCTIONS

Procedures 302.388 (f)(3)(A)(i-iii):
INTACT FAMILY SERVICES CRITICAL CASE DECISIONS

The assigned Intact Family Services Supervisor is responsible for making Intact Family Services critical case decisions. All Intact Family Services critical decisions are to be documented in a Supervisory note in SACWIS and reflect general knowledge and understanding of the child's diagnosis, medication, treatment plan, prognosis, daily care regimen, frequency of medical provider visits, and caregiver capacities.

A) Deciding whether to decrease the frequency of worker contacts with the children and family members to less than one time weekly may occur after the 90-day assessment period;

i) Frequency of contact with children who are considered to have a medically complex condition shall not be reduced to less than one time weekly, unless the Intact Family Services Worker and Supervisor has consulted with and obtained the agreement of the child's medical providers and/or consulted with the assigned DCFS Regional Nurse;

ii) Convened a Child and Family Team Meeting within 10 working days of case opening that specifically addresses the oversight and responsibilities of the caregivers of medically complex children; and

iii) Following a critical decision (contact may be reduced to a minimum of twice monthly, with at least one being unannounced).

Procedures 302.388 Section (g)(4)(A)(i-xi) is revised as follows:

g) Responsibilities of the Assigned Intact Family Service Worker

The assigned Intact Family Services Worker is expected to have in-person contact in a family's residence, at the frequency required to ensure the on-going safety and well-being of children in the family. However, contact with members of a family shall be no less frequent than the following requirements:

A) <u>In cases opened as the result of Allegation 79 Medical Neglect, or opened as a result of a service referral involving a medically complex child,</u> the assigned Intact Family Services Worker shall:

i) Within one week of case opening convene a phone conference with the assigned DCFS Regional Nurse, if there is already one assigned and the referral is still open, or make the appropriate referral to have a DCFS Regional Nurse assigned.

ii) Make a minimum weekly face-to-face contact for the first 90 days, with at least half of the contacts being unannounced and:

- Children interviewed individually, privately, and separately from caregivers;
- Observation of the child if non-verbal;
- Observation of all children for signs of abuse or neglect; and
- Sleeping children awakened and interviewed or observed.

Note: Infants and disabled children who are swaddled or covered shall be unswaddled, unwrapped or uncovered and physically observed. If a caseworker observes injury or marks and has reason to believe a child should be observed undressed, parental consent and presence is required.

iii) Following a Critical Decision by the supervisor after the first 90 days of case opening, contact may be reduced to a minimum of two times per month, with at least one visit being unannounced. See P302.388 (f)(3)(A);

iv) Observe the prescribed medications to assess if they are being administered as prescribed;

v) Ensure all contacts will be made in the family's residence or temporary shelter;

vi) Ensure all prescribed medical equipment for a medically complex child is present in the home and in operable condition;

vii) Ensure that the caregiver has the knowledge and skills necessary to operate the medical equipment for the child, and can articulate the care plan for the child;

viii) Ensure all caregivers will be observed at least monthly. At least one caregiver must be present at each home visit;

ix) Increase frequency of home visits at any point in the case, based on concern for the care of any medically complex child or dynamics of the family;

x) Make monthly contact with collaterals and service providers (with consent of the family). Collaterals include but are not limited to family, school, medical, or community providers and can include child identified collaterals, as well;

xi) With permission of the parent or guardian, as documented in a SACWIS contact note, take photos of the environment and the medically complex child, at least once per month, or as indicated by observation of significant changes to the home environment and/or appearance of the child. Photos shall be uploaded into the SACWIS case file within 24 hours;

xii) Contact the DCFS Regional Nurse, as well as, public health nurses and home health nurses who provide services. This includes the Division of Specialized Care for Children, as appropriate. See Procedure 302.360(t);

xiii) Ensure all case contact notes are entered into SACWIS within 48 hours of the contact. A contact note regarding a child **must** indicate whether the child was seen and interviewed individually, privately, and separately from the parent/caregiver;

xiv) Ensure contact with all medical providers, including medical specialists, with parent/guardian consent, regarding medical appointments and prescribed medical treatment plans;

xv) Ensure that Child and Family Team Meetings are held quarterly that include all parents, caregivers, family identified supportive individuals, school personnel, and medical providers as available.

Special Circumstances – Medically Complex Children

Families with medically complex children require additional attention and case management to ensure the safety and well-being of the child(ren). This includes any child with an acute or chronic condition requiring more than routine well-child checkups. The child's medical care may or may not have been subject to an allegation of abuse or neglect. In order to adequately serve these families, the following shall be completed by the Intact Family Services Worker:

- Obtain release of information at the transitional visit for all involved medical providers;
- Attend medical specialist appointments, if possible;
- Minimally make monthly contact with primary care physician and/or medical specialists involved in the care and treatment of the child;
- Make contact with medical providers within two business days after the child attends an appointment unless the worker is present for the appointment, making continued attempts until contact is made;
- Contact or make a referral to the DCFS Regional Nurse as outlined in Appendix O. Include the nurse as needed to consult when there is a medical emergency;
- Inclusion of school personnel, medical providers, and home health care workers in Child and Family Team meetings;
- Convene a staffing, within 30 days of receiving the case, with the medical case manager, home health care provider, and parent(s) to discuss the child's care and assess parent's needs for tangible and emotional support;
- Child and Family Team meetings shall be held no less than quarterly throughout the life of the case;
- Develop a general knowledge and understanding of the child's diagnosis, treatment plan, prognosis, daily care regimen, expected frequency of medical provider visits, and the medical provider's expectations of the caregiver;
- Thoroughly document all medical information including, but not limited to: diagnosis, impact on child's daily functioning, treatment plan, prognosis, and the medical provider's expectations of the caregiver;
- Maintain a calendar of medical appointments and ensure the family has followed through with all medical visits;

- Ensure that parents understand and have the capacity to deliver the level of care the child needs, and thoroughly document all medical providers' assessment of such;
- Ensure that parents use alternate caregivers, i.e. grandparents, daycare providers, or siblings who have the necessary general knowledge and understanding of the child's conditions and care requirements. Caregivers must have the capacity to meet the child's needs; and
- Ensure that the parents understand the medical and physical implications and risk to their child if treatment is not provided as prescribed by the medical professionals involved.

Note: The Office of the Inspector General's document titled Dialogue with Doctors may assist workers and families to communicate effectively with a child's medical care team and can be accessed at: http://dnet/Inspector_General/Documents/Dialogue_with_Doctors.pdf

Parents/caregivers with developmental delays shall be referred by the Intact Family Services Worker to community resources that specialize in working with the developmentally delayed population, for community linkage and additional case management services. On cases wherein developmental delays of a parent or caregiver is suspected or confirmed, the Intact Family Services Worker shall request documentation of parental capacity to care for the medically complex child.

The Intact Family Services Worker should assure, via the Service Plan, that the biological families of children with mental illness are linked to psycho-educational programs.

Procedures 302.388 (g)(8):
REQUIREMENTS FOR CONTACTS WITH COLLATERAL SOURCES OF INFORMATION WITH FAMILY CONSENT

Intact Family Services Workers will obtain consents for release of information for all medical providers of children referred to Intact Family Services as a result of Allegation #79 Medical Neglect, and medically complex children upon first contact with the family; when there is a change of medical providers; or when a new condition is diagnosed, discovered, or suspected.

Procedures 302.388 (n):

n) Case Closure for Families with Medically Complex Children

The following must occur when closing an Intact Family Services case where one or more children are medically complex, and for cases opened as a result of a referral of a referral from Child Protection due to Allegation #79 Medical

- Determination by observation that the family has exhibited a pattern of adequate medical care of the children;
- An aftercare plan has been established with parents, caregivers, family supports and medical providers;
- Convening of a multi-disciplinary team meeting to gather information, notify medical providers of the decision to close the case, and consideration of any concerns noted by the medical provider; and
- Convene a case closing Child and Family Team meeting to discuss the plans for case closing to ensure the supports needed are available for the family and continue after case closure.

The following information must be obtained and documented in the case file prior to case closure:

- Documentation of contact by the Intact Family Services Worker with all medical providers within 30 days prior to closing;
- Copies of the most recent medical reports;
- The Critical Decision of the Supervisor to close the case; and
- An aftercare plan that designates the individuals responsible for the physical and medical care of the medically complex child.

Procedures 302.388 (o):

o) Unsuccessful Closings

1) The following case closing reasons are considered unsuccessful and require a file review by the Office of Intact Family Services to determine the need for a closing staffing. Unsuccessful voluntary withdrawals of case closing are, but not limited to:

   A) Moved from Area;

   B) Non-Active Family;

   C) Unable to Locate; and

   D) Other Reason as designated by the Office of Intact Family Services

All case closures, successful or unsuccessful, involving medically complex children and cases opened as a result of a referral from Child Protection due to Allegation #79 Medical Neglect must be staffed by the Office of Intact Family Services.

Note: In cases wherein, a parent is not participating in, failing to meet the treatment plan, or repeatedly not making medical appointments for a child determined to be Medically Complex, a State Attorney's Office referral for screening is necessary to determine if the family should be court ordered to participate in services.

If a case is referred to, or screened with, the State's Attorney for court ordered services, but the State Attorney's Office declines to file a petition for court ordered services, the Child Protection Specialist or Intact Family Services Worker and Supervisor shall document the outcome of the referral to the State Attorney's Office, and consult with the DCFS Office of Legal Services.

VI. NEW, REVISED AND/OR OBSOLETE FORMS

No new or revised forms

VII. QUESTIONS

Questions concerning this Policy Guide should be directed to the Office of Child and Family Policy by emailing the DCFS.Policy on Outlook. Persons and agencies not on Outlook can e-mail questions to DCFS.Policy@illinois.gov.

VIII. FILING INSTRUCTIONS

File immediately behind page 72 of Procedures 302.388.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2016.10

Replaces PG 2014.20

Procedures 300 Reports of Child Abuse and Neglect
Procedures 302 Services Provided by the Department
Procedures 315 Permanency Planning

DATE: August 26, 2016

TO: All Child Protection and DCFS/POS Child Welfare Staff and Supervisors

FROM: George H. Sheldon, Director

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to provide Child Protection and Child Welfare staff for with revised and updated Safety Plan Rights and Responsibilities for Parents and Guardians, Safety Plan Rights and Responsibilities for Adult Caregivers and Safety Plan Participants and Safety Plan Rights and Responsibilities for Investigators and Caseworkers. The updated forms provide additional information for parents and caregivers, adult caregivers and safety plan participants and investigators and caseworkers regarding the formulation of the safety plan, the information that needs to be detailed in the safety plan document, the process for modification of safety plans and the process for continual review of safety plans.

The instructions in this Policy Guide will be incorporated into **Procedures 302.250 Paramour Involved Families; 302.260 Domestic Violence; 302.388, Intact Family Services, 302 Appendix A Substance Affected Families; 302 Appendix B Older Caregivers; Procedures 315.110 Worker Contacts and Interventions; Procedures 315 Appendix A CERAP** and **Procedures 300 Appendix G CERAP.**

This Policy Guide is effective immediately.

II. PRIMARY USERS

Primary users are all Child Protection Specialists and Supervisors and all DCFS/POS Child Welfare Workers and Supervisors.

III. BACKGROUND

Procedures 300 Appendix G CERAP/Procedures 315 Appendix A CERAP (Current)

Safety Plans

Safety plans are voluntary, temporary and short term measures designed to control serious and immediate threats to children's safety. They must be adequate to ensure the child's safety and be as **minimally disruptive** to the child and family as is reasonably possible. Additionally, families can request that a safety plan be modified or terminated at any time. The safety plan will indicate which safety threat or threats have led to the need for a safety plan according to the completion of the CERAP. The safety plan will require a written description of what will be done or what actions will be taken to protect children, who will be responsible for implementing the components of the safety plan and how/who will monitor it. It is important that safety plans be developed with the family to control specific threats and that the family understands the mechanism for ending each safety plan. **Under no circumstance is a safety plan to serve as the solution to a long-term problem. A family may request at any time to modify or terminate the safety plan.**

When a safety plan is implemented, it should be documented on a **CFS 1441-A, Safety Plan** when it is likely that a child could be moderately or severely harmed now or in the very near future. The safety plan must be developed whenever there are protective efforts that would reasonably ensure child safety and permit the child to remain in their caregiver's custody. After the safety plan has been developed, it must be immediately implemented to ensure that all of the designated tasks are completed effectively. The safety plan should contain timeframes for implementation and continued monitoring.

IV. OVERVIEW

Public Act 98-0830 amended Section 21 (f) of the Children and Family Services Act [20 ILCS 505/21] and required the Department or POS caseworker to provide information to each parent, guardian and adult caregiver participating in a safety plan explaining their rights and responsibilities. These updated forms add additional information to the Safety Plan Rights and Responsibilities forms with the following information:

- The investigator and caseworker shall implement a safety plan only when DCFS has a basis to take protective custody of a child(ren) and the safety plan is an alternative to protective custody;
- The investigator and caseworker shall explain to the parent(s)/guardian(s) the safety plan alternatives and that the parent(s)/guardian(s) have a voluntary choice to enter into the safety plan as an alternative to protective custody and to choose the individual(s) responsible for supervising or monitoring the safety plan if such person(s) is/are determined to be qualified by DCFS;
- The investigator and caseworker shall modify the safety plan if the family's circumstances change or if the participants request modifications, including a change in the person(s) preferred by the parent(s)/guardian(s) to supervise or monitor the safety plan or serve as a temporary caregiver;

- Terminate the safety plan as soon as the investigator and/or supervisor determine there is no longer a legal basis to take protective custody and provide the parent(s)/guardian(s) with the Safety Plan Termination form; and
- The Department or POS representative shall ensure that the safety plan is reviewed and approved by their respective supervisor.

V. INSTRUCTIONS

Effective immediately:

- Child Protection and Child Welfare staff shall provide the parent, guardian and adult caregiver participating in a safety plan with a copy of the **CFS 1441-A, Safety Plan** that has been signed by all adult participants and the DCFS/POS representative;

Note: Department and POS staff must use only the **CFS 1441-A, Safety Plan (Rev 12/2014)** that has been revised to meet the requirements of PA 98-0830.

- The Department or POS representative shall provide each parent/guardian, adult caregiver and safety plan participant with information explaining their rights and responsibilities including, but not limited to: information for how to obtain medical care for the child, emergency contact information for participants including phone numbers and information on how to notify schools and day care providers of safety plan requirements. The rights and responsibilities of each parent/guardian, adult caregiver, safety plan participant and child protection/child welfare staff are listed in new forms **CFS 1441-D, Safety Plans Rights and Responsibilities for Parents and Guardians; CFS 1441-E, Safety Plan Rights and Responsibilities for Responsible Adult caregivers and Safety Plan Participants; CFS 1441-F, Safety Plan Responsibilities for Child Protection Specialists and Child Welfare Caseworkers.** All **CFS 1441** forms are available in central stores, templates, and the website; and

- After receiving verbal supervisory approval of the safety plan prior to leaving the family home, the Department or POS representative shall submit the signed **CFS 1441-A** to their respective supervisor for review and approval.

VI. ATTACHMENTS

CFS 1441-D, Safety Plans Rights and Responsibilities for Parents and Guardians (Revised 08/2016);
CFS 1441-E, Safety Plan Rights and Responsibilities for Responsible Adult caregivers and Safety Plan Participants (Revised 08/2016); and
CFS 1441-F, Safety Plan Responsibilities for Child Protection Specialists and Child Welfare Caseworkers (Revised 08/2016).

Please note that the **CFS 1441-A** is printed on a 6 Part form and available from Central Stores. The **CFS 1441-D – F** are printed on regular paper and available from Central Stores, DCFS Website and T drive. All forms will be available in Spanish.

VII. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or via Outlook at OCFP – Mailbox. Non Outlook users may e-mail questions to cfpolicy@idcfs.state.il.us.

VIII. FILING INSTRUCTIONS

Remove and replace Policy Guide 2014.20 with this Policy Guide immediately after **Procedures 302.250 Paramour Involved Families; Procedures 302.260 Domestic Violence; Procedures 302.388 Intact Family Services; Procedures 302 Appendix B Older Caregivers; Procedures 315.110 Worker Contacts and Interventions; Procedures 315 Appendix A CERAP and Procedures 300 Appendix G CERAP.**

Section 302.389 Extended Family Support Program

The Extended Family Support Program (EFSP) provides short term services to a child residing in the care of a relative for the foreseeable future for which short-term interventions shall stabilize the relative household and allow for continued care of the child in the household. Children served by this program shall be referred for EFSP services by the State Central Register, Child Protection, Intact Family Services or the Post Adoption Unit.

a) Eligibility Criteria

A relative caregiver referred for EFSP services shall meet ***all*** of the following requirements:

1) The relative is the child's primary caregiver, and the child has been living in the relative caregiver's home for more than 14 days prior to being referred to the EFSP. The EFSP Administrator can waive the 14-day requirement in situations such as death, incarceration, or incapacitation of a parent or guardian;

2) The parent(s)/legal guardian(s) does **not** want to take custody of child within 60 days;

3) The relative caregiver meets the definition of "relative" as defined in **Rule 302.20, Definitions.** The relative caregiver shall complete the **CFS 458-A, Statement of Relationship** to document how the relative meets this eligibility criterion;

4) The relative caregiver is willing and able to provide a safe and appropriate living arrangement for the child; and

5) The relative caregiver and all other people living in the home 13 years of age and older are willing to sign releases for Person Search and LEADS (Law Enforcement Agencies Data System) check.

b) Ineligibility Criteria

A relative caregiver is not eligible to receive EFSP services if ***any*** of the following apply to his/her situation;

1) The parent/guardian and the child are living with the relative caregiver, and the parent/guardian is capable of caring for the child without the assistance of the relative;

2) The relative caregiver or any other adult, age 18 and older, residing in the relative caregiver's home is part of an open child protection investigation (unless assessed and waived by the Administrator of Permanency or designee), found unfit by a court to have custody of his/her child or has had his/her parental rights terminated because of a finding of parental unfitness (unless assessed and waived by the Administrator of Permanency or designee);

3) If a safety plan is currently in place with anyone involved in the current case;

4) The relative caregiver cannot care for the child; or

5) Another caregiver has an open court case related to the child (probate, child support, family or otherwise).

c) Referral for EFSP Services

1) State Central Register (SCR)

A relative caregiver calling the State Central Register to request assistance shall be screened by a Call Floor Worker to determine if the relative meets the criteria for EFSP services. If a caseworker from the Department on Aging (IDoA)/Aging Network is with the relative caregiver at the time of call and a Call Floor Worker is not available and needs to return the call, the Call Floor Worker may take an EFSP referral with the information provided by the IDoA caseworker. If the relative caregiver meets the eligibility criteria, the Call Floor Worker shall complete and email a CWS Intake Form to the EFSP Coordinator.

2) Child Protection Investigations

When a Child Protection Specialist and Supervisor determine that a relative caregiver is eligible for and willing to accept EFSP services, the Child Protection Specialist shall complete a **CFS 1448**, **Extended Family Support Program Division of Child Protection Referral Form. The following documentation shall be attached to the Referral Form:**

- the most recent **CERAP**;
- the **CFS 915-3, Search Outcome Form;** and
- the results of the most recent Person Search and LEADS check on every person age 13 and older in the relative caregiver's household.

The Child Protection Specialist and Supervisor shall sign and forward the completed **CFS 1448** to the EFSP Coordinator.

Prior to submitting the referral form and attachments to EFSP, the Child Protection Specialist shall fully explain EFSP services to the relative caregiver and the relative caregiver must agree to accept EFSP services.

After being notified by the EFSP Coordinator that the family has been accepted for assignment to an EFSP provider, the Child Protection Specialist may keep an investigation open for up to 30 days to ensure stability of the child's living arrangement.

3) Intact Family Services

When an Intact Family Worker and Supervisor determine that a relative caregiver is eligible for and willing to accept EFSP services, the Intact Family Worker shall complete a **CFS 1448**. The following documentation shall be attached to the Referral Form:

- the Intake Form; and
- the results of the most recent Person Search and LEADS check on every person in the relative caregiver's household who is age 13 and older.

The Intact Family Worker and Supervisor shall sign and forward completed **CFS 1448** to the EFSP Coordinator.

Prior to submitting the referral form and attachments to EFSP, the Intact Family Worker shall fully explain EFSP services to the relative caregiver and the relative caregiver must agree to accept EFSP services.

After being notified by the EFSP Coordinator that the family has been accepted for assignment to an EFSP provider, the Intact Family Worker may keep an Intact Family Services case open for up to 30 days to ensure stability of the child's living arrangement.

4) Post Adoption Teams

When the Post Adoption Worker and Supervisor determine that a relative caregiver is eligible and willing to accept EFSP services to seek private guardianship, the Post Adoption Worker shall complete a **CFS 1448-PA**, **Extended Family Support Program Post Adoption Referral Form.** The Post Adoption Worker and Supervisor shall sign and forward the completed **CFS 1448-PA** to the EFSP Coordinator.

d) Diligent Search

If both parents/guardians of a child cannot be located, a diligent search shall be performed as described in **Administrative Procedures #22, Diligent Search**.

1) When a Child Protection Specialist makes a referral to EFSP, the Child Protection Specialist shall complete the diligent search before submitting the referral to EFSP. The **CFS 915-3, Search Outcome Form** shall be attached to the **CFS 1448**.

2) When an Intact Family Worker, SCR Call Floor Worker or Post Adoption Worker makes a referral to EFSP, the diligent search shall be completed by the EFSP provider. The EFSP provider shall initiate the diligent search within 5 business days after the relative caregiver signs the **CFS 1448-E, Extended Family Support**

Program Intake Protocol Needs Assessment. The EFSP provider shall prepare and submit a completed **CFS 915-2, Search Request** form to the Diligent Search Service Center**.** The EFSP provider shall review the **CFS 915-3, Search Outcome Form**, when received, and place it in the case record.

If the EFSP provider locates a parent/guardian, the EFSP provider shall inform the parent/guardian that they are assisting the relative caregiver with obtaining guardianship.

e) LEADS and Personal Child Neglect/Abuse History Information

If the Child Protection Specialist did not provide Person Search and LEADS information that is less than 30 days old, or the case was referred by a Call Floor Worker, Intact Family Worker or Post Adoption Worker, the EFSP provider shall complete the Person Search for prior child abuse/neglect history and LEADS searches on all persons 13 years of age and older residing in the relative caregiver's home. The EFSP provider shall complete the **CANTS 48, Request for LEADS/CANTS Check** and **CFS 1448-F, EFSP Tracking Form for Request of CANTS and Leads Information.** If a person residing in the home age 13 years or older will not provide information necessary to complete the **CANTS 48** and **CFS 1448-F,** the EFSP provider shall end EFSP services for the relative caregiver. The EFSP provider shall close the case as outlined in subsection (h)(7) below.

The EFSP provider shall forward the completed **CANTS 48**, **CFS 1448-F** and **CFS 600-3, Consent for Release of Information** to the EFSP Coordinator. Information obtained from the LEADS and Person Searches shall be assessed and disclosed to the EFSP provider by the EFSP Coordinator in accordance with **Rule 301, Appendix A, Criminal Convictions that Prevent Placement of Children with Relatives** and **Rule 385.50, Child Abuse and Neglect.** The EFSP provider and the EFSP Coordinator shall review and assess the results of these background checks to assess the suitability or unsuitability of the relative caregiver.

If, after assessment of the results of the background check, the EFSP provider and EFSP Coordinator determine that the relative caregiver or another adult in the household could pose a safety concern to the child, the EFSP provider and EFSP Coordinator shall notify the referring worker immediately. If the EFSP provider or EFSP Coordinator believes the child is not safe in the relative caregiver's home, the EFSP provider or EFSP Coordinator shall immediately contact SCR and make a report. The EFSP provider or EFSP Coordinator shall share this information with each other and the referring worker.

f) Extended Family Support Program Services

Casework interventions provided by the EFSP provider shall focus on obtaining the objectives identified in the **CFS 1448-E, Extended Family Support Program Intake Protocol Needs Assessment** for the child through formal and informal mechanisms. Services and interventions may include, but are not limited to:

1) crisis intervention and other short-term interventions to address issues within the relative caregiver's family that threaten to destabilize the relative's household and might prevent continued care of the child in that household;

2) assisting the relative caregiver in obtaining guardianship of the child in probate court. This may include helping the relative caregiver find pro-bono legal services. When pro-bono legal services are not available, legal fees may be paid with EFSP cash assistance (see subsection (g)). The EFSP provider may also help the relative caregiver obtain required documents and, when necessary, pay for court costs with EFSP cash assistance. The EFSP provider shall not assist relative caregivers with obtaining guardianship when a parent or legal guardian of the child objects to the relative caregiver obtaining guardianship;

3) assist the relative caregiver with registering the child in the local school;

4) assist the relative caregiver with obtaining the Child-Only Grant from the Illinois Department of Human Services;

5) advocate by assisting the relative caregiver with obtaining benefits, such as Medicaid, Supplement Nutrition Assistance Program, Supplemental Security Income, day care, and other benefits for which the family may be eligible;

6) refer and advocate for needed services that may include employment, housing, budgeting, mental health and medical services, parenting training, counseling and therapy;

7) refer the relative caregiver to the Illinois Department on Aging; and/or

8) provide EFSP cash assistance to purchase "hard goods" for the relative caregiver that are needed to ensure a stable living environment.

g) Extended Family Support Program Emergency Cash Assistance

1) Eligibility Criteria

The relative caregiver shall have an open EFSP case before the family may access EFSP cash assistance funds. The relative caregiver shall meet all of the eligibility criteria in subsection (a), and shall not meet any of the ineligibility criteria in subsection (b). EFSP cash assistance may be used to purchase "hard goods" and services that the family requires in order to obtain guardianship or to support stabilization of the child's living arrangement.

2) Application Protocol

Relative caregivers can request EFSP cash assistance through the assigned EFSP provider to purchase items needed to obtain guardianship or stabilize the relative caregiver family.

3) Types of EFSP Cash Assistance

A) If necessary, "hard goods" purchased with cash assistance may include:

i) Bed for the child;
ii) Dresser for the child;
iii) Clothing for the child;
iv) Food in emergency situations;
v) Security deposit for housing; and
vi) Other items needed to stabilize the relative caregiver family.

B) When necessary, "services" purchased with cash assistance may include:

i) Legal counsel; and
ii) Legal services, filing fees, legal notices and other legal items or services needed to obtain guardianship.

4) Cash Assistance Limits

The EFSP provider may provide up to $500 for legal counsel, when pro bono services cannot be obtained. Any amount over $500 for legal counsel shall be approved by the EFSP Coordinator.

The EFSP provider can purchase other legal services and "hard goods" explained in subsections (3) (Types of EFSP Cash Assistance) above, if those services and/or hard goods are necessary to stabilize the relative caregiver's home. The EFSP provider cannot bill the Department more than an average of $500 per family served per fiscal year for EFSP cash assistance provided for items covered in subsection (3)(A).

h) EFSP Provider Requirements

1) The EFSP provider shall return the **CFS 1448-A**, **Extended Family Support Program Referral Received Confirmation** form to the EFSP Coordinator within 1 business day of receiving the **CFS 1448** referral.

2) Initial Contact with Referred Families

The EFSP provider shall attempt an initial contact, by phone or face to face, with the relative caregiver within 1 business day after receipt of the referral. Face-to-face contact with the relative caregiver shall be attempted within 3 business days after the initial contact is made. The EFSP provider's contact attempts shall be documented on the **CFS 1448-C, Extended Family Support Program Case**

Accepted form. The EFSP provider and relative caregiver shall complete the **CFS 1448-E** at the initial meeting. If the EFSP provider fails to reach the referred relative caregiver after all required attempts have been made, the EFSP provider shall discontinue further attempts to contact the relative caregiver and notify the EFSP Coordinator of the situation.

If the EFSP provider learns, during the initial phone contact with the relative caregiver, that the relative caregiver does not meet all of the eligibility criteria (or meets any of the ineligibility criteria), the EFSP provider shall complete the **CFS 1448-B, Extended Family Support Program Case Ineligible** form. The EFSP provider shall complete the **CFS 1448-D Extended Family Support Program Withdrawn Form** if the provider goes to the home and they learn that the family is not eligible or does not want services.

When a Child Protection Specialist or Intact Family Worker made the referral, and the EFSP provider determines that the relative caregiver is not eligible for ESFP services, the EFSP provider must notify the EFSP Coordinator, in writing, within 10 business days. The EFSP Coordinator shall inform the referring Child Protection Specialist or Intact Family Worker that the relative caregiver is not accepted for EFSP services, and return the **CFS 1448** referral form.

If the EFSP provider believes that the child is not safe in the relative caregiver's home, the EFSP provider shall immediately contact SCR and make a report. The EFSP provider shall share this information with the EFSP Coordinator and the referring worker.

3) Unusual Events

When unusual events occur in an EFSP case, the EFSP provider must contact the EFSP Coordinator within 1 business day. The EFSP provider shall document this contact in a case note. The unusual event shall also be recorded on the **CFS 1448-G, Extended Family Support Program Closing Report**. EFSP unusual events include:

- protective issues were present;
- the Child Abuse Hotline was called after case was referred to EFSP;
- DCFS took custody of the child; and
- a Significant Event Report (SER) was completed on the family.

4) EFSP Safety Assessment

The EFSP provider shall complete the Child Endangerment Risk Assessment Protocol (CERAP) during the initial visit to the relative caregiver's home. If services are provided and the child still resides with the relative caregiver, the EFSP provider shall complete a second CERAP before closing the case.

In addition, the EFSP provider shall conduct a CERAP anytime they become aware of potential safety and/or risk issues. If the CERAP identifies any safety or risk factors the EFSP provider shall **immediately** take all necessary action to ensure the safety of the child. Possible actions include but are not limited to:

A) Contacting law enforcement;

B) Contacting the EFSP provider Supervisor to discuss the situation; and/or

C) Contacting the Child Abuse Hotline/State Central Registry.

The EFSP provider shall staff the case with the EFSP Coordinator within 1 business day to notify them of the safety and risk issues, the action taken and that the case is closing. The EFSP provider shall document the staffing with the EFSP Coordinator in a case note. The EFSP provider shall complete and email the **CFS 1448-G, Extended Family Support Program Closing Report** to the EFSP Coordinator within 2 business days after the date of closing. The EFSP provider shall follow all procedures related to CERAP as outlined in **Procedures 300, Appendix G.**

4) EFSP Provider Contact with Relative Caregiver

The EFSP provider shall have a minimum of monthly in-person contacts with the relative caregiver and the child.

5) Child and Family Team Meeting

The EFSP provider shall facilitate at least one Child and Family Team Meeting with the relative caregiver and other adults who may assist with caring for the child in the future. The EFSP provider shall make reasonable efforts to ensure that the parents/guardians and other adults who have cared for the child in the past participate in the Child and Family Team Meeting. The EFSP provider shall document those efforts in a case note. The EFSP provider shall facilitate additional Child and Family Team Meetings if requested by the relative caregiver.

6) Reporting

If the EFSP provider has reasonable cause to believe that a child may be abused or neglected, the provider shall immediately make a report to SCR. The EFSP provider shall share this information with the EFSP Coordinator and the referring worker.

7) Discharge

The EFSP provider shall complete the **CFS 1448-G, Extended Family Support Program Closing Report** when discharge from EFSP occurs. The **CFS 1448-G** shall be emailed to the EFSP Coordinator within 2 business days after the date of closing. If the child still resides with the relative caregiver, the EFSP provider shall complete a second CERAP before closing the case.

The relative shall be discharged from EFSP services when the following occurs:

A) Guardianship is obtained. The EFSP provider shall close the case when the relative caregiver has obtained guardianship for the child and the objectives identified on the **CFS 1448-E** have been achieved.

B) Guardianship is not obtained and the objectives identified on the **CFS 1448-E** have been achieved.

If guardianship is not sought by the relative caregiver, the EFSP provider shall close the case when the objectives identified by the relative caregiver in the **CFS 1448-E** are achieved.

If guardianship is sought by the relative caregiver but the EFSP provider cannot assist the relative caregiver to obtain guardianship then the provider shall submit a written explanation why the provider was not able to assist the relative caregiver with obtaining guardianship and shall close the case after the other objectives identified in the **CFS 1448-E** have been achieved.

C) Guardianship is not obtained and the objectives identified on the **CFS 1448-E** have NOT been achieved.

The EFSP provider shall close the case when the relative caregiver is no longer eligible for EFSP services, the relative caregiver no longer seeks EFSP services, the provider determines that EFSP services will not assist the family in obtaining guardianship and other services will not lead to the family becoming stable, or services have been provided to the relative caregiver for 6 months and the relative caregiver and provider are unable to achieve the objectives identified in the **CFS 1448-E**. The provider may also close the case at any time upon request of the relative caregiver.

The EFSP provider shall notify the relative caregiver, in writing, when the EFSP case is closed and provide the reasons for closing the case. The EFSP provider shall place a copy of the written notice in the EFSP case record. When the EFSP provider cannot locate the relative caregiver before closing the case, the EFSP provider shall:

i) attempt to contact the relative caregiver and leave a voice mail message, if possible;
ii) attempt a home visit at least 5 business days before closing the case;
iii) mail a letter to the relative caregiver at least 5 business days before closing the case; and
iv) attempt a second home visit at least 5 business days after the previous home visit.

8) Follow-up

The EFSP provider shall contact the relative caregiver within 30 to 45 days after the case is closed to see if the living arrangement remains stable. The EFSP provider shall make appropriate referrals, when possible, if requested by a relative caregiver after the case is closed.

ForSection 302.390 Placement Services

a) When Placement is Appropriate

1) Services Prior to Placement

When appropriate, placement prevention services shall be provided prior to placing a child. The worker shall consider whether the following placement prevention services are appropriate: 24-hour emergency caretaker, homemaker services, day care services, crisis counseling, individual and family counseling, emergency family shelter, self-help groups, parenting training and other placement prevention services. The worker shall also consider whether services to meet the basic needs of the child and family would prevent placement of the child.

Services to meet basic needs may include but are not limited to, cash assistance, food, clothing, furniture, housing, advocacy and other appropriate services for a child at risk of placement due to living conditions or lack of subsistence needs. A child may be placed without offering or providing placement prevention services only when circumstances cited in **Rule 302.390 (d)** exist.

2) Provide Parent Handbook (CFS 1050-73), Youth Handbook (CFS 1050-70), and the Guide for Parents who are Mexican Nationals (CFS 1050-26)

When a child must be placed in substitute care, the placing worker shall give the parents a copy of the Parent Handbook in their primary language, if available, and shall document the date the handbook was given and who it was given to in a case note. The worker shall advise the parents to keep the handbook as a reference guide while their child is in substitute care. When a child whose parents are Mexican nationals must be placed in substitute care, the placing worker shall complete the **CFS 1000-6, Notification to the Mexican Consulate,** and give the parents a copy of the **CFS 1050-26, Guide for Parents who are Mexican Nationals (Procedures 300.120 (h))**.

The placing worker shall give each child ten years of age and over a copy of the Child Handbook in his/her primary language and shall document in a case note the date and place the handbook was given to each child. Children shall be encouraged to keep the handbook to help them while they are living apart from their parents.

At Administrative Case Reviews (ACR), the Reviewer shall ensure that parents and youth in attendance are aware of and have received a copy of the Parent and Youth Handbooks. The Reviewer shall ensure that copies of the Parent and Youth Handbooks are available for parents or children at each Administrative Case Review. If a parent or child has not received a copy of the Parent or Youth Handbook or when a parent or child requests a copy (or an additional copy) of the Parent or Youth Handbook, the reviewer shall provide him or her with a copy.

3) Verification of Birth

Within 90 days after a DCFS payment has been initiated on behalf of a child, documentation of the child's birth must be in his case record. Such documentation shall be a certified copy of the child's birth certificate (BC).

Certified copies of birth records may be requested from DPH and are required by a court or for a pending adoption, and to obtain the child's Social Security number and to obtain federal financial benefits on behalf of the child. DPH will not charge for the certified copy when it is required by a court or for a pending adoption, and either reason is indicated in the comments section of the **CFS 402, IDPH Request for Vital Records** form.

Certified copies can also be obtained from the County Clerk's Office for the county where the child was born, if unknown, the county of birth must be established through Public Aid before submitting a request for a birth certificate (BC). County Clerks may charge the Department for searching their records.

For DCFS Supervised Cases

All requests for funds to pay for the cost of birth certificates (BC) must be made using the **CFS 906-7, Children's Benefit Fund Request**. The completed signed and approved form must be scanned and sent via e-mail to the **Children's Benefit Fund** mailbox found on the Outlook Global Address List. The form must include the exact payee, required amount, and the name and CYCIS Id. of the child for whom the birth certificate is ordered.

If seeking reimbursement, complete the **CFS 906-7** and attach the corresponding receipt. After supervisory approval is obtained, the **CFS 906-7** and receipt must be scanned and sent via e-mail to the **Children's Benefit Fund** mailbox found on the Outlook Global Address List. The e-mail shall include the following in the subject line of the e-mail:

"Birth Certificate Payment Request for (Child name) (Child CYCIS ID)"

The DCFS Office of Budget and Finance will issue checks as requested usually within 10 calendar days for the expenses directly to the requesting worker.

For POS Supervised Cases

Through their normal invoice process, POS agencies shall submit an invoice for expenses incurred for the purchase of birth certificates each month to the DCFS Office of Budget and Finance. The child must have an open foster care case assigned to the submitting agency during the month of service. Documentation of the receipt of purchase showing the amount paid for the child's birth certificate must accompany the invoice for each child listed. The type service code associated with the expenditure is 1902. The invoice shall list each child's name and CYCIS ID number and the date of service must correspond to the month of purchase.

Parentage Unknown – Child Up to Age 7

When unable to ascertain the identity of a child believed to be up to the age of 7 years whose parentage is unknown and for whom the Department has received guardianship, the DCFS/POS caseworker shall inquire whether the agency first receiving the child (i.e., hospital, private agency) has registered the child with the Department of Public Health. If the Department/POS agency is the first agency receiving the child, the DCFS/POS worker shall submit the materials indicated below to DPH within three days after receiving guardianship.

Parentage Unknown – Child Under 1 Year

Submit **Department of Public Health Form V.S. 102, Certificate of Birth - Foundling Child** to the local registrar of vital statistics, Department of Public Health, of the registration district in which the child was found (form obtainable from the local registrar).

Parentage Unknown – Child 12 Months to 7 years

Submit **Department of Public Health Form V.S.-141A, Delayed Record of Birth,** to the State Registrar of Vital Statistics, Department of Public Health, Springfield. This form can be obtained by contacting:

IDPH – Vital Records
925 East Ridgely Ave.
Springfield, Illinois 62702

E-mail - Dph.vitals@illinois.gov
Telephone - (217) 782-6554

Data on the **V.S. 102** and **V.S. 141A** shall include date and place found (place found to be entered as place of birth); sex, color or race, approximate age (date of birth as determined by a physician); name and address of persons or institution with whom the child has been placed (DCFS/POS office); name given the child by the DCFS/POS office; name and address of person who found the child; and other data required by the State Registrar of Vital Statistics (affidavit portion of **V.S. 141A** must be signed by the child's legal guardian or authorized agent and must be notarized).

The worker shall request certified copy of the Certificate of Birth from the:

IDPH – Vital Records
925 East Ridgely Ave.
Springfield Illinois 62702

E-mail - Dph.vitals@illinois.gov
Telephone - (217) 782-6554

Enter the official birth date in person management screen and on all DCFS statistical forms. If, after issuance of a Certificate of Birth, the child is identified and the original Certificate of Birth obtained, the worker shall:

For a child under 1 year - notify the local registrar.
For a child 12 months to 7 years - notify the State Registrar.

Children Born in Foreign Countries

When it is believed or known that a child for whom a case has been opened was born in a foreign country (outside of the U.S. and U.S. Territories), the worker shall attempt to verify the child's place of birth, parentage and parents' place of birth and whether they were lawfully admitted into the U.S. The worker shall seek verification of birth/citizenship through school or medical records, if appropriate, and ask to see the Alien Registration Card (green card), if appropriate. The worker shall notify his/her supervisor immediately when it has been determined that a child is not a U.S. citizen by birth or naturalization. All such cases shall be referred to the Department's Immigration Liaison for follow-up. Please see **Procedures 327, Appendix F Immigration/Legalization Services for Foreign-Born DCFS Wards** for additional information.

4) Children of Mothers in Correctional and DMH/DD Facilities

The Department of Corrections and the Department of Human Services, Division of Mental Health and the Division of Developmental Disabilities may refer the children of mothers placed in those facilities to DCFS when relatives are unable to provide care. Referrals shall be made to the Region of the mother's legal residence prior to entering the facility. The facility will provide social history information on the mother and children, relatives who may be potential caregivers or with whom placement was sought, name of committing court, mother's legal residence or address when admitted to the facility, and release date. The worker shall comply with **Procedures 301.60, Placement Selection Criteria** when placing such children. **Appendix E** of these Procedures contain additional procedures concerning referral of infants from Dwight Correctional Center as well as procedures for those children of inmates for whom DCFS is legally responsible.

b) Placement is Temporary

In order to ensure that children do not remain in placement for inordinate periods of time and that they are returned home when their parents can meet the minimum parenting standards and ensure their health and safety, the Family Service Plan must support placement continuation as detailed in **Rules and Procedures 315, Permanency Planning.** The following shall occur prior to placement or replacement in a foster family/relative caregiver home:

1) Worker discusses the placement with his/her supervisor, including:

- specific reason(s) for placement;
- family preservation services already provided or if not provided, why not;
- specific reason(s) for the type of care recommended (intensity of care);
- projected length of the placement;
- whether the placement of the child is subject to the Indian Child Welfare Act (ICWA). See Rule and Procedures 307, Indian Child Welfare Services for special requirements;
- whether meeting basic subsistence needs has been imposed as a condition of return home; and
- whether financial assistance would enable the child to return home.

2) If the supervisor verbally approves the placement, the worker completes and signs a **CFS 906/E, Placement/Payment Authorization,** and gives it to his/her supervisor for signature. Supervisory signature denotes written approval of the placement and the payment amount.

3) Supervisor documents the detail of the discussion with his/her worker per (b)(1) above, including the date of such discussion, in a supervisory note**.**

4) Placement proceeds.

c) Transportation of Children

When transporting a child under age 8 in their official capacity as Department or Purchase of Service (POS) representatives, all DCFS and POS staff shall provide for the safety and protection of that child by securing him or her in a child passenger restraint system that meets federal standards.

- A child under age 4 years shall be properly secured in an infant carrier or a child car seat that meets federal standards;
- A child 4 years of age or older but under the age of 8 shall be secured in a child restraint system that meets federal standards, which also includes a booster seat;
- The Department shall provide a child restraint system to any person who transports a child in the Department's custody or guardianship.

When transporting a child 8 years of age or older but under the age of 16, staff shall be responsible for properly securing that child in seat belts.

A child weighing more than 40 pounds may be transported in the back seat while wearing only a lap belt if the back seat is not equipped with a combination lap and shoulder belt.

Both the American Academy of Pediatrics and the Illinois Department of Transportation's Division of Traffic Safety recommend that children 12 and under should ride properly restrained in the back seat to protect them from frontal crash forces.

This procedure also applies to Department and private agency foster parents, relative caregivers, supervised homemakers, volunteers and advocates who are responsible for the safe transportation of a child for whom the Department is legally responsible.

Additional information about child passenger safety is available on the website for the Illinois Department of Transportation's Division of Traffic Safety: http://www.buckleupillinois.org/illaw.html.

d) Emergency Placement

Via Temporary Protective Custody

Only designated child protection investigative staff may take or assume temporary protective custody of a child and arrange emergency placement. The child must be alleged to be abused or neglected, a report of alleged child abuse or neglect must have been received by the Department's State Central Register, and the investigative worker shall make a decision whether in-home services including Intact and, if needed, Norman Services would sufficiently protect the health and safety of the child before temporary protective custody may be taken.

e) Foster Family Home Care

1) Licensure

Children for whom the Department is legally responsible shall not be placed in the family homes of non-related caregivers until such homes are licensed as foster family homes or hold a permit to provide foster family care.

2) Deaf Children

The Boarding Home Program for Deaf Children is designed to provide substitute parental care, for educational purposes only, for deaf and hard of hearing children who cannot be accommodated at the School for the Deaf or whose needs would best be met by community living. The minimum age of acceptance of a child for boarding home care under this program is 4 years. Acceptance of a younger child is dependent upon his social and emotional maturity as demonstrated by his ability to function with reasonable independence in feeding, dressing, and toileting; ability to relate to persons outside of his immediate home environment; and ability to function away from his parents and/or family over a period of time.

DSCC and Special Education Involvement

The DCFS field office will request from the Regional Office of the Division of Specialized Care for Children summary information, if available, to aid in planning for the child. After recommending a child for acceptance into the boarding home program, the DCFS Office will notify the Special Education Supervisor in the child's school district who will communicate with the appropriate school superintendent.

DCFS Responsibilities

The caseworker is responsible for locating an appropriate foster family home, supervising the placement, being aware of arrangements between the child's parents and the boarding home parents, and providing casework services to the family or the boarding home parents on behalf of the child, if indicated. See **Procedures 359** for payment information.

Parental Responsibilities

The child's parents are responsible for contacting their school superintendent regarding the school and transportation arrangements; providing clothing, medical, school, laundry, and all personal expenses for their child in addition to paying the boarding home parents for extra services they may need; arranging with the boarding home parents for medical care during the week by providing the boarding home parents with a letter of written authorization to secure medical services in an emergency when they cannot be reached; informing the boarding home parents of their whereabouts when away from home for more than 24 hours; and taking their child home for weekends, when school is in session, and for vacations.

DSCC and Special Education Responsibilities

The Division of Specialized Care for Children is responsible for providing clinical services for which the child is eligible. The Special Education Supervisor of the Deaf and Hard of Hearing is responsible for securing and forwarding to the DCFS office the school reports at the end of the school year. Form **CFS 407, School Report**, may be used.

f) Residential Care

Children in the custody or guardianship of the Department may require placement in a residential setting when a less restrictive setting will not meet their needs. In such instances, the worker shall refer the case for a Clinical Intervention for Placement Preservation (CIPP) multidisciplinary staffing by submitting a **CFS 1452-1, CIPP Meeting Referral Form**. The CIPP staffing shall determine the appropriateness of residential care for the child and recommend an appropriate residential care facility to meet the child's needs. After the CIPP staffing, the worker shall record on the Family Service Plan why the child requires placement in a residential setting.

g) Caregivers Request Removal of Child

A request from the caregivers for a child's removal, whether tentative, indirect, direct, or urgent, shall be explored promptly and fully by the worker. To prevent abrupt or unnecessary replacement, such requests should neither be ignored nor accepted immediately as final. Discussion may serve to resolve feelings so that replacement is not necessary; persuasion to continue the placement will probably result in strained relationships and not avert termination.

Replacement from an unsuitable home shall be carried out in a way that minimizes trauma to the child and caregivers.

Participation of the caregivers in the decision about replacement is important particularly if the caregivers are in conflict about the move.

Preparation of the caregivers for the move should allow them time to work out their feelings at least to the point of acceptance of the decision. It is harmful to a child to be moved against the wishes of the caregivers.

h) Written Authorization For Release of a Child

1) Admission/Discharge of a Child

When a caseworker or supervisor is personally involved in the hospital admission of a child for whom the Department is legally responsible, instructions provided to the hospital staff shall specify the individual who will be authorized to remove the child from the hospital upon completion of treatment.

When a caseworker or supervisor has not participated directly in the admission of a Department ward, they shall decide to whom the child will be released when notified by the hospital of the child's readiness to be discharged, and they shall also notify the hospital as to who the authorized person will be.

The individuals designated to accept custody of the child may include the caseworker, foster parent, designated relative, group home or institution staff member, homemakers, volunteer or agency advocate. Such person shall be provided with a letter of authorization signed by the Field Office/Unit Supervisor. Older wards who are living independently may be released without accompaniment.

2) Authorization

The letter of authorization shall be on Department letterhead and shall include:

i) The name of the individual authorized to receive the child;
ii) The name of the child who is being discharged;
iii) The name of the medical facility discharging the child;
iv) The date of the discharge; and
v) The signature of the supervisor.

In addition to presenting the letter of authorization to the proper hospital personnel, the authorized individual if requested shall provide personal identification (I.D. card, driver's license, etc.) verifying his/her identity.

i) Health Care Services and the Transfer of Health Information

Health care services for children in the custody or guardianship of the Department shall be provided in compliance with **Procedures 302.360, Health Care Services**. When a child changes substitute care placements, the caseworker shall transfer the child's health care information to the new caregiver as required in **Procedures 301.120, Sharing Information with the Caregiver, and Procedures 302.360, Health Care Services**. The caseworker shall also provide the child's health care information to the child's primary care physician, if the caregiver has selected a new medical provider.

This page intentionally left blank.

Section 302.400 Successor Guardianship

// No new cases may be enrolled in the successor guardianship program effective January 1, 1998. This applies to both the cost neutrality and demonstration groups. Cases currently in successor guardianship status must be transitioned either to adoption or to subsidized guardianship.

This page intentionally left blank.

Section 302.405 Subsidized Guardianship

a) General Provisions

When return home and adoption have been ruled out as permanency goals for a child, subsidized guardianship is available to a child who is in a placement where the caregiver has consistently demonstrated the ability to meet the child's physical and emotional needs and where reunification with the birth parent(s) is unlikely because of one (1) of the following reasons:

- Parent(s) has not cooperated with services; or
- Parent(s) is deceased or their whereabouts are unknown; or
- Parent(s) is willing to consent to the transfer of guardianship.

The assessment of the appropriateness of a child for subsidized guardianship should be conducted from a family systems perspective; however, children are assigned to subsidized guardianship on a case-by-case basis. Subsidized guardianship does not have to be the goal for all the children in the home for one child to be assigned to the status. The court must grant guardianship to the caregiver and the subsidy agreement developed, approved and signed off on by all parties prior to the transfer of guardianship.

Subsidized guardianship involves the transfer of legal responsibility from the Department to a private caregiver who becomes the legal guardian of the child. Subsidized guardianship does not require the surrender or termination of parental rights. When parental rights are not surrendered or terminated, the parent(s) is still liable for the financial support of the child, but the rights of care, custody, and supervision of the child are assigned to the guardian. The guardian can exercise these rights until the child reaches the age of 18 or until the guardianship status is vacated by the court. The Department's assistance may continue until the child reaches 19 years of age if the child is still in high school or, at the Department's discretion, until the child reaches age 21.

The DCFS or POS worker completes the **CFS 1800-A-G Subsidized Guardianship Eligibility Form** to determine whether the child is eligible for subsidized guardianship.

b) Subsidized Guardianship Agreement

The types of assistance provided to a guardian who receives a subsidy shall be detailed in writing prior to the transfer of guardianship and are found in **CFS 1800-B-G Subsidized Guardianship Application** and **CFS 1800-C-G Subsidized Guardianship Agreement.** The child's assigned permanency worker (DCFS or POS) will have the prospective guardian complete the Application form (**CFS 1800-B-G**) and the worker will complete the Agreement (**CFS 1800-C-G**) and submit both forms along with supporting documentation to the prospective guardian's attorney for review, when the prospective guardian has retained an attorney for this purpose. The amounts of ongoing monthly payments under the subsidized guardianship program are subject to changes in State or Federal law regarding

adoption assistance payments. The prospective guardian may refuse any or all subsidy components. The child for whom guardianship is transferred will receive only those services and/or payments specified in the subsidized guardianship agreement.

c) Eligibility Criteria

Subsidized guardianship may be considered for a child when the conditions described in **Rule 302, Section 302.405 (c)**, have been met.

NOTE: A child who is randomly assigned to a control group is not eligible for subsidized guardianship.

The only times a child's assignment may be changed from the control group are as follows:

1) If a child originally assigned to the control group moves into a home with a demonstration group assignment, the recently moved siblings will be considered to be eligible after the child or the child's sibling has been living in the home for one year. After guardianship is legally established, the child will be assigned to the demonstration group.

2) If siblings have received two different assignments while living in different homes, and they move into the same new home where no children have previously received a group assignment, then all children will be eligible for a guardianship subsidy after they have been living in the home for one year. After guardianship is legally established, all of the children will be assigned to the demonstration group.

d) Determining Whether Subsidized Guardianship is in the Best Interests of the Child

The processes and documents described in this subsection will assist the worker, the supervisor and the current caregiver in determining whether subsidized guardianship is in the child's best interests.

1) A **CFS 483, Caseworker Permanency Planning Checklist,** must be completed for every child in the home who meets the eligibility criteria. The form should be completed and approved by the caseworker's supervisor prior to discussing subsidized guardianship with the caregiver. To ensure thorough completion of the **CFS 483,** the worker must:

A) Determine that the child is not in the control group by referencing ISD generated monthly reports and/or making inquiry into CYCIS Screen CM-24. A child who is in the control group will be identified by an AFDC/MANG number that contains "7XX" (X meaning a number from 1 to 9) and is not eligible for subsidized guardianship. An AFDC/MANG number that contains "6XX" will identify a child in the demonstration group. **Only children in the demonstration group are eligible for subsidized guardianship.** (For

example, if a child has an AFDC/MANG Number of 98**7****11**01T0049606, that child would be a member of the control group. A child with an AFDC/MANG Number of 98**612**01T0049607 would be a member of the demonstration group.) If an AFDC/MANG number other than "6XX" or "7XX" appears, it means that child does not meet the criteria for subsidized guardianship and has not been assigned to either the demonstration or control groups. The child will be assigned to one of the groups if he/she later meets one of the minimum criteria.

B) Request a CANTS/LEADS when the prior check is older than 6 months to ensure that the prospective guardian(s) has never been convicted of a felony offense. Any persons who have a criminal background must be reviewed and approved by the DCFS Office of Legal Services.

C) Contact the child's school to determine the level of the caregiver's cooperation, the child's medical provider(s) to ensure that the child is receiving appropriate medical care (i.e. being current with immunizations and well child examinations and specific health care needs are being met) and also review the case file regarding unusual incident reports.

D) Determine that the prospective guardian(s) is capable of meeting the child's unique needs including but not limited to medical, educational, nutritional, and emotional needs.

E) Contact the Department's Interstate Compact Office (217-785-2461) if subsidized guardianship is being considered for an out-of-state child to request concurrence from the child's state of residence.

2) **The CFS 483-1, Caregiver Permanency Planning Checklist** form should be completed for every child who meets the eligibility criteria for subsidized guardianship and for whom the appointment of a subsidized guardian is being considered. Completing the checklist with the caregiver will help determine whether the caregiver is appropriate to appoint as the subsidized guardian of eligible children in the home. The **CFS 483-1** must be approved by the caseworker's supervisor, the caregiver, the child if 14 years of age or older, and the adoption supervisor/coordinator prior to pursuing adoption, subsidized guardianship, or an alternative permanency goal for the child. Agencies with their own adoption/guardian specialists can use their own adoption/guardianship supervisors to sign off on the **CFS 483-1**. Agencies without adoption/guardianship specialists must use their DCFS regional adoption coordinator/supervisor outside Cook County, or the POS Adoption Unit Liaison in Cook County. To ensure thorough completion of the **CFS 483-1, Caregiver Permanency Planning Checklist,** the worker must:

A) Meet with the caregiver in person to discuss permanency goals such as subsidized guardianship, adoption, and ascertain the caregiver's understanding of the different permanency goals, and discuss with the caregiver his or her roles and responsibilities as guardian for the child. The worker must also discuss with the potential guardian financial assistance programs available to him or her or to the child. Whenever possible, it is important to include the biological parents and extended family members in permanency discussions;

B) Meet with the caregiver to complete the **CFS 483-1**form; and

C) Meet with the children for whom subsidized guardianship is being discussed to determine their permanency expectations and desires. Children who are 14 years of age and older have to consent to the subsidized guardianship arrangement and need to be a part of the planning process.

e) Types of Subsidized Guardianship Assistance

Prospective guardians who wish to apply for any of the services available under the subsidized guardianship program must complete the **CFS 1800-B-G, Subsidized Guardianship Application**. The prospective guardian may also refuse specific services and would do so by checking "I do not request this assistance" for each specific service component in Section II. By signing and dating Section III of the Application form the prospective guardian is rejecting all available services and will not be eligible to apply for them at a future date. When the prospective guardian has given the worker a completed application (**CFS 1800-B-G**) which requests specific subsidy services, the worker will prepare the assistance agreement (**CFS1800-C-G**) for review by the family's attorney, if one has been retained, prior to sign-off by all parties. The agreement may include any or all of the following subsidy services.

1) Nonrecurring Expenses

Nonrecurring expenses are one-time only expenses related to subsidy review that are directly related to the transfer of guardianship of a child, subject to the maximum set by the Department of $500 per child.

Selection of Attorneys

Guardian(s) may select an attorney of their choice who is licensed to practice law in Illinois. For the convenience of the guardian(s), the Department has established the Statewide Adoption Attorney Panel (SAAP). These attorneys are trained in the process of subsidy review. If the attorney is part of the SAAP, the nonrecurring legal expenses will be paid directly to the attorney after the court enters an order of guardianship. Guardian(s) may request the names of attorneys listed with SAAP by calling the DCFS Advocacy Office for Children and Families, 800-232-3798 or

check the DCFS Website at www.state.il.us/dcfs. DCFS staff are prohibited from distributing this list and from making recommendations about attorneys on the list. If the guardian(s) chooses an attorney not on the SAAP, he or she will be responsible for payment of the legal fees; however the guardian(s) will be eligible for reimbursement upon submission of an invoice from the attorney indicating that fees were paid in full and a copy of the "Letters of Office – Guardian of the Person" Order or "Private Guardianship" Order.

Attorneys who are on the SAAP are responsible for reviewing the Subsidized Guardianship Agreement (**CFS 1800-C-G**) prior to the prospective guardian(s) signing it. Upon attorney request, Department staff must supply needed documentation for the attorney to successfully review the subsidy. Such documentation would include anything that relates to the child's special needs (i.e. medical documents and records, psychological assessments, school reports, etc.). If the supporting documentation contains confidential information, such as the name or address of the birth parent, said information must be redacted from the document prior to forwarding to the attorney. Refer to Section IV of the **CFS 1800-C-G** for the specific detail concerning the child and family required to be a part of the subsidy agreement.

A) Approval shall not be given for any part of nonrecurring expenses that are covered through another state or federal program. The maximum that can be approved is $500 per child for whom guardianship will be transferred. The guardian(s) may refuse payment for nonrecurring expenses.

B) If the attorney is a member of the SAAP, the guardian(s) need to sign the **CFS 1800-D, Direct Payment to Attorney,** and the payment will be made directly to the attorney handling the guardianship after the court has entered an order of guardianship as specified below.

2) Ongoing Monthly Payments

The ongoing monthly payment will be negotiated with the guardian(s) when developing the components of the subsidized guardianship assistance agreement. The amount of the ongoing monthly payment will be contingent upon the approval of the Central Office Client Payment Unit by the worker faxing a **CFS 1800-P, Adoption/Guardianship Verification of Ongoing Monthly Subsidy Payment Amount** to the CPU and receiving a returned faxed response from CPU. The amount identified by the Client Payment Unit is the maximum allowable amount for the type of foster home that the child currently resides in. The monthly payment shall not exceed the amount DCFS pays for the type of foster family home care currently received by the child (or the payment which would be received if DCFS were directly funding the foster care) unless the child is in an unlicensed relative placement. In such a case, upon transfer of guardianship, the guardian family may receive up to the applicable DCFS licensed rate.

When negotiating the amount of the ongoing monthly payment, the Department and the family will determine the level of guardianship assistance required to integrate the child into the family without increasing or decreasing the family's standard of living. The circumstances of the guardian and the needs and age of the child for whom guardianship is being transferred should all be taken into consideration. Any ongoing monthly payment may be adjusted for any benefits (e.g., Social Security, Veteran's Benefits, etc.) that the child receives while in foster care which will continue after the transfer of guardianship. If it is determined that the child will continue to receive the benefit(s), the Department may deduct the benefit from the ongoing monthly payment. In this instance, the child would receive the negotiated ongoing monthly payment with part of the payment coming from the Department and part from the other benefit. SSI benefits are not considered when determining the ongoing guardianship assistance amount. However, when a child remains or becomes SSI eligible following the transfer of guardianship, the guardian(s) must tell the Social Security Administration the amount of the ongoing monthly guardianship assistance payment that they are receiving. The Social Security Administration may reduce the SSI payment dollar for dollar as the receipt of SSI is income-based.

NOTE: Most government benefits children receive terminate when the child's guardianship is transferred from DCFS to a private individual. If the benefit was received because of the child's condition or disability (rather than because of his or her biological parent(s)' death, condition, or disability), the guardian(s) may reapply and the child may be found eligible for continued benefits after the transfer of guardianship. The re-determination of eligibility for benefits may result in a gap in benefits for a period of a few weeks to a few months.

The ongoing monthly payment can only be issued to one custodial caretaker identified as payee in the Agreement for Assistance and this person will be the designated authority for the purpose of service provision**.** In the event that there is a change in the custodial status of the child, the Department must be notified. If a change in payee is necessary, notification must be sent to the Department in writing with the supporting legal documentation attached. When there is mutual agreement by both parties on a change in payee, a notarized statement is sufficient for legal documentation. When parties cannot agree, a court order will be necessary. A non-custodial parent may request notice in writing of periodic reviews or subsequent amendments to the guardianship assistance agreement regarding their child(ren).

Central Office may adjust the ongoing monthly payment due to the following reasons:

A) Cost of Living increases for traditional/regular foster family home care only;

B) Age changes for traditional/regular foster family come care only;

C) The review process described in subsection (n) below approves a request for an increase due to change of the child's needs and circumstances.

3) A Medicaid Card

The child maintains his/her Medicaid card, which he/she had while in foster care. Unlike foster care, a new card will be reissued **annually**. The Medicaid card is to be used only when health services would not be available for the child under the guardian's insurance or through other public resources, (i.e., Division of Specialized Care for Children, Easter Seals, etc.), and may be used for eligible services obtained through Medicaid enrolled providers.

A) When the child and family live in Illinois, medical benefits are provided under Title XIX of the Social Security Act (Medicaid). Medicaid pays for eligible services not covered by medical insurance (if the child has been added to a medical insurance policy). If there is not a Medicaid enrolled provider within 25 miles of the child's home, services may be obtained from a provider who does not participate in the Illinois Medicaid Program. The guardians(s) will be reimbursed for eligible health services at the Medicaid rate or at a rate negotiated by the Department of Children and Family Services.

B) When a family moves out of state and the new state will not provide Medicaid coverage, Illinois will reimburse the family for Medicaid eligible services at the Medicaid rate. In the event the family lives in another state and a medical provider participates in the Illinois Medicaid program, the provider will bill the Illinois Medicaid program for medical expenses.

NOTE: The Department cannot supplement payments made by Medicaid, health insurance or other sources. The Department cannot pay for deductibles or co-payments for medical services.

4) Needs Not Payable Through Other Sources

The Department will not pay for physical, emotional and mental health services for a pre-existing condition or risk factor unless the pre-existing condition, service or risk factor is included in the subsidized guardianship agreement and notification has been received in writing from the prospective service provider that the service will begin. Services or treatment being received for pre-existing physical, emotional and mental health needs or risk factors while in foster care may be continued once the guardianship is transferred, but any such services or treatment must be included in the guardianship agreement. The description of services or treatment will include treatment plan and goals, service duration, unit rate and estimated total cost. The Department must approve any new services or treatment prior to the start of the services or treatment. The prospective service provider must notify the Department

in writing that the service will begin and a contract must be executed prior to the start of the services or treatment when applicable. The Subsidy Unit will contact the appropriate Department Contract's Administrator to negotiate the contract. Reimbursement will be based on usual, customary and reasonable costs in the community as determined by the Contract's Administrator.

Direct payment for Medicaid eligible services to providers who are not enrolled in Medicaid will be made only when the service or treatment is not available through a Medicaid enrolled provider. Payment for Medicaid ineligible services will be made at the usual, customary and reasonable costs as determined by the appropriate Regional Contract's Administrator only after the receipt of an explanation of why Medicaid-eligible services cannot be used.

In addition, future medical and/or clinical needs or risk factors which may require services to a particular child may be specified in the subsidy agreement in the form of an attachment from a licensed medical professional or a qualified mental health practitioner (as defined by Medicaid) who has provided documentation in the attachment of a specific diagnosis and the need for a particular service or device related to the diagnosis. This documentation shall be noted in the subsidy agreement and attached to the agreement and incorporated into the agreement thereof. The Department maintains the right to review the request for the service or device at the point at which the requested service or device is to be provided.

Certain expenditures for pre-existing physical, emotional and mental health needs not payable through other sources are considered "extraordinary." Such expenditures include environmental modifications to a subsidized guardian's home, reimbursement for a Medicaid eligible service at a rate which is higher than that payable through the Illinois Department of Public Aid and transportation conveyance modifications. Only the Director or designee can approve such expenditures. The Director should be provided with written detail on why the item cannot be secured while the child remains in foster/relative care rather than waiting until guardianship is transferred, why the item is essential and why the item cannot be secured through community resources.

5) Therapeutic Day Care

Therapeutic day care provides services to children who cannot be served in traditional childcare settings or other childhood programs because of their inability to participate in such programs and because of the intensity of the services they require as a result of their physical, mental or emotional disabilities.

Payment will be made for therapeutic day care only for those children who are determined to have a disability which requires special educational services through a current, Individual Education Plan (IEP), Individual Family Service Plan (IFSP), or a 504 Educational Special Needs Plan updated on at least an annual basis, when such day care is not payable through another source. In order for payment to occur, DCFS

or POS staff must have a copy of the active IEP, IFSP, or 504 Educational Special Needs Plan.

Payment may be made only for specialized care that provides therapeutic intervention rather than regular childcare services. The day care must include treatment of a disability or a disease as an integral part of the programming (i.e., speech, physical or occupational therapy; behavior modification; psychological or psychiatric services). Approval of payment for therapeutic day care requires documentation of the child's specific physical, mental or emotional disability and the special training, licensing or credentialing of the individual providing the therapeutic day care. Payment for therapeutic day care cannot be made until the Department is notified in writing that the services will begin and has approved the requested services and a contract has been executed (when applicable). The written notification will include service goals, service duration, unit cost and estimated total cost. Reimbursement will be based on usual, customary and reasonable costs in the community as determined by the Regional Business Office.

6) Employment Related Day Care for Children Under Age Three

Payment may be made for day care for children under the age of three years when the guardian(s) is employed or in a training program which will lead to employment. Payment for such day care is available to single and two parent subsidized guardianship homes. Payment for day care services will end on the child's third birthday. This day care payment cannot be used in addition to therapeutic day care.

See **Procedures 359, Appendix G Employment-Related Day Care for Adoptive Families and Subsidized Guardians With Children Under 3 Years of Age** for procedures.

7) Care for Medically Fragile/Technology Dependent Children

DCFS may make payment for the type of care described below for a child with a pre- existing condition and for whom the Department determines to meet certain conditions. Such payment is not to exceed ten (10) days per state fiscal year. Unused days cannot be carried over to a new state fiscal year or donated to another family.

A) The following conditions must be met in order for payment to be made:

i. The child must meet the medical eligibility guidelines used by the Department of Public Aid (DPA) for the Home and Community Based Services (HCBS) Waiver program for Children who are Medically Fragile/Technology Dependent. The Division of Specialized Care for Children (DSCC) operates this program for DPA. DCFS regional nurses would assist in making this

determination of whether the child meets the eligibility criteria for the waiver program.

ii. The care must be provided by an authorized provider. An authorized provider must be licensed by the Department of Public Health as a children's respite care center under the Alternative Health Care Delivery Act and accept the Medicaid nursing hourly rate as the payment rate for the care. DCFS will select and contract directly with the authorized provider to pay for this service.

iii. The subsidized guardian(s) must not already be receiving care from another source.

B) In addition, the following processes must be followed:

i. For **existing** subsidized guardianship cases: If the guardian(s) agrees to apply, the guardian(s) should apply for the DSCC program. As part of this application process, medical eligibility and cost neutrality calculations would be determined. If determined eligible and the guardian(s) agrees to accept DSCC services, then the care would be provided through DSCC (if care were available as part of the service package resulting from these determinations and there is available capacity in the waiver program).

ii. For **new** subsidized guardianship cases, the guardian(s) **must** apply for the DSCC program. As part of this application process, medical eligibility and cost neutrality calculations would be determined. If determined eligible, the guardian(s) **must** agree to accept DSCC services, and the care would be provided through DSCC (if care were available as part of the service package resulting from these determinations and there is available capacity in the waiver program).

There are payments for services which children receive while in foster care which are not available once they move to subsidized guardianship. Those payments include, but are not limited to any type of day care for children over age three; non-employment related day care for children under the age of three; camp; camp fees; respite care; tutoring; mentors; WRAP services; books and school rental fees; school supplies; graduation expenses; recreational and artistic lessons; and membership fees and equipment.

Children who are moved to guardianship including subsidized guardianship are eligible to apply for Department college scholarships. See **Procedures 302, Subpart C, Appendix I Department Scholarship** for the procedures for applying for scholarships.

f) Responsibilities of the Subsidized Guardian

Guardianship allows the caregiver to make decisions regarding the care, custody, and supervision of the child. The caregiver can make most decisions; however, the parent does retain residual rights of visitation, consent to marriage, and the right to bury the child. These rights are contingent upon the Probate Act under which guardianship is appointed. To determine the residual rights of the legal parent and/or caregiver contact appropriate local regional counsel or the Subsidy Unit.

The guardian must notify the appropriate Subsidy Unit or ensure that the office is notified, in writing, no later than 30 days after:

1) The child is no longer the legal responsibility of the guardian(s);

2) The guardian(s) no longer financially supports the child;

3) The child graduates from high school or equivalent;

4) There is a change of residential address or mailing address of the guardian(s) or the child;

5) The child becomes an emancipated minor;

6) The child marries;

7) The child enlists in the military;

8) The mental or physical incapacity of the guardian prevents the guardian from discharging the responsibilities necessary to protect and care for the child;

9) The custodial status of the child changes;

10) The guardianship is vacated; or

11) The child dies.

g) Department Responsibilities

1) Preparing the Paperwork for Transfer of Guardianship

A) To proceed with subsidized guardianship, the child's permanency worker must complete the following forms and compile them into packets in order to refer the case for legal screening in Cook County and following legal screening and approval to proceed Downstate. All parties must sign the forms, and all forms must be typed.

i. The **CFS 1800-A-G, Subsidized Guardianship Eligibility Form, CFS 1800-B-G, Subsidized Guardianship Application, and CFS 1800-C-G, Subsidized Guardianship Agreement** and, when applicable, a **CFS 1800-D, Payment to Attorney**, which must be approved and signed by all parties before the guardianship transfer;

ii. A revised **CFS 497, Client Service Plan** form shall be completed, establishing subsidized guardianship as the new permanency goal and outlining the reasons why this goal was chosen, the tasks and objectives required to achieve the goal, and a description of the child's adjustment in the placement. When subsidized guardianship is assigned outside of a regularly scheduled Administrative Case Review, copies of the service plan shall be distributed in accordance with the requirements of **Rule 305, Section 305.50(c)**;

iii. **CFS 1420, Case Review** form must be submitted to revise the child's permanency goal to the permanency option of subsidized guardianship. The two digit code to be entered is "10". The **Date Goal Established** shall be the date that the caseworker amends that service plan and begins the transfer process and **Planned Achievement Date** shall be the estimated month/year that the court is going to transfer guardianship to the caregiver;

iv. **CFS 483, Caseworker Permanency Planning Checklist and CFS 483-1, Caregiver Permanency Planning Checklist,** forms that recommend Subsidized Guardianship as the permanency goal;

B) All sets of the subsidy packets require the original signature of the prospective guardian. The signed subsidy packets should be sent to the appropriate DCFS Regional adoption supervisor/coordinator for approval. In Cook County, private agencies should send the packets to the POS Adoption Unit Liaison for approval. Approval of the ongoing monthly payment will be contingent upon verification of the current ongoing monthly foster care payment by the Central Office Payment Unit via the **CFS 1800-P**.

C) Upon approval of the subsidy, Cook County permanency workers will complete five packets of the materials for distribution as follows:

i. The worker;

ii. As an attachment to the legal screening packet;

iii. The prospective subsidized guardian;

iv. The Subsidy Unit after the transfer of guardianship; and

v. When applicable, the POS Adoption Liaison.

D) Downstate permanency workers will complete four packets of the materials for distribution as follows:

i. The legal assistant and Regional Counsel;

ii. The state's attorney along with a cover letter and motion for termination of parental rights;

iii. The court liaison; and

iv. The Adoption Coordinator.

2) Legal Screening

A) Before a case is brought to court to request the appropriate order to transfer guardianship, it will be screened by the Department's Regional Counsel. Workers should contact the Paralegal or Regional Counsel in their region for a screening appointment. Prior to the scheduled screening appointment the worker must complete a **CFS 1427, Statewide Legal Screening Form**, and a **CFS 1427 A, Statewide Legal Screening Checklist**, and bring both along with an approved subsidy packet to the screening appointment.

B) The Paralegal and Regional Counsel will review the materials and meet with the worker to discuss whether the case is appropriate for court action or whether additional steps must be taken to prepare the case.

C) The procedures for what happens between legal screening and the actual court date vary across regions. Workers should consult their Regional Counsel for further information. Regional Counsels will file the motions to transfer guardianship.

3) Transferring the Case to the Subsidy Unit

The child's assigned permanency worker shall transfer the complete foster care case file to the Subsidy Unit and prepare the file in accordance with Sections 5.7 and 5.10 of **Administrative Procedures #5, Child Welfare Case Record Organization & Uniform Recording Requirements.** An original copy of the Subsidized Guardianship packet must be included in the submission. Downstate, the materials must be sent to the appropriate regional adoption supervisor/coordinator who will transmit the material to the appropriate office for coding within five days after receipt. In Cook County, a face-to-face meeting between DCFS or Private Agency

staff and Subsidy Unit Staff transmits the material. A transfer of guardianship requires completion of the following forms, which shall be included as part of the case file:

A) **CFS 1420, Case Review Form**, shall be revised to reflect the **Reason for Current Involvement** as guardianship assistance, "SG" and the **Evaluation of Progress** as achieved. The date for **Evaluation of Progress** and **Reason for Involvement** should be the date that the transfer of guardianship was finalized. Note: The process is different than the one that is followed for adoption and other case closings.

B) **CFS 1425, Change of Status Form**, shall be completed for transferring the case to the Subsidy Unit upon the transfer of guardianship. Family cases are closed only if no child case remains open. The reason for involvement code on the child's case should be changed to "SGH".

C) **CFS 906/906-1, Payment Authorization Form**, must be completed to initiate payment of the subsidy to the guardian. Refer to Procedure 359 for additional information. Note: The process is different than the one that is followed for adoption and other case closings.

D) **CFS 1800-S, Approved Subsidy Maintenance Form**, shall be completed for transferring the case to the Subsidy Unit when the adoption assistance/subsidized guardianship agreement **(CFS 1800-C)** has been signed and dated by all parties. This form provides summary information concerning the types of services that will be provided to the guardian for the child.

4) Amendments to the Subsidized Guardianship Assistance Agreement

Following the guardianship transfer, the agreement may be amended, suspended or terminated with the mutual agreement of the guardian(s). Amendments to the agreement must be completed on a **CFS 1800-F, Amendment to Agreement for Assistance**, and can only be completed by Subsidy Unit staff and approved by the appropriate DCFS Adoption Supervisor/Coordinator. When a new service is being requested for a pre-existing condition is included in e) above the Subsidy Unit worker can prepare a **CFS 1800–F, Amendment to Agreement for Assistance**, and secure the required signature to initiate the service. When the new service is not included in the subsidy service array detailed in e) above or the request is for an increase in the ongoing monthly payment, the request must be submitted to the Post Adoption/Guardianship Services Review Committee (PASGRC), see subsection n) below. The service can be added or the rate can be increased only when authorized by PASGRC.

If it becomes necessary to change a subsidy that has been signed by all parties prior to transfer of guardianship, a new agreement must be completed, approved and signed.

h) Reviews

The Department will conduct annual reviews to determine whether the guardian(s) remains legally and financially responsible for the child and to re-certify the child's eligibility for Medicaid benefits. The guardian(s) will receive a notice, the **CFS 1800-R, Continued Medicaid Eligibility,** along with a form that must be completed and returned to the Department, the **CFS 1800-Q, Adoption Assistance/Subsidized Guardianship Medicaid Information Form**. If no response is received to the initial **CFS 1800-R**, another **CFS 1800-R** will be sent as a final notice informing them that failure to respond to the request for information to determine whether they remain legally and financially responsible for the child and to re-certify the child's Medicaid eligibility may result in suspension of the Medicaid card and the subsidy.

i) Termination of Payments

The subsidized guardianship assistance agreement shall terminate and the guardian will be sent a **CFS 1800-H, Termination of Assistance** letter when the Department has determined that one of the following has occurred:

1) When the terms of the subsidized guardianship agreement are fulfilled;

2) The guardian(s) has requested that payment permanently stop;

3) The guardian(s) is no longer legally responsible for the child;

4) The guardian is no longer financially responsible for the child:

5) The child becomes an emancipated minor;

6) The child marries;

7) The child enlists in the military;

8) For children age 18 and over:

A) The child reaches age 18 and is not in high school or equivalent; or

B) The child 18 years of age graduates from high school or equivalent or reaches age 19, whichever occurs first; or

C) The child with a physical, mental or emotional disability which affects his/her major life activities, which existed prior to guardianship transfer and which was documented in the assistance agreement, reaches age 21; or

D) The child reaches age 21 who prior to the guardianship transfer, was determined to be at risk of developing a physical, mental or emotional disability due to environmental, genetic or hereditary factors, which subsequently manifested itself. The disability affects his/her life activities, and it is documented that it was developed prior to age 18.

9) The guardian(s) dies;

10) The guardianship is vacated; or

11) The child dies.

== **j) Title IV-E Waiver**

k) Appeal of Department Decisions

When the guardian(s) disagrees with any action taken by the Department with regard to subsidized guardianship eligibility, services provided or the payment amount, the guardian(s) may file an appeal. The Subsidy Unit should direct them to the Administrative Hearings Unit, 406 East Monroe Street, Station #15, Springfield, IL 62601-1495 (Cook County: 312-814-5540 and outside Cook County: 217-782-6655).

l) Demonstration Group

Please refer to the **Rule** and **Procedure 302.405 (c)**.

m) Requests for Additional Services or Increase in Monthly Payment Due to Changes in Child's Needs

1) When a guardian(s) requests additional services or an increase in monthly payment in their child's subsidy due to changes in the child's needs or circumstances, the following steps must be taken.

A) When the Subsidy Unit worker receives a request from a guardian for services not included in the current subsidized guardianship agreement, an assessment must be completed over the phone identifying the child's needs, services that are being requested, and a determination of what services may assist in meeting the child's needs.

B) The Subsidy Unit worker shall review the original subsidy and subsequent amendments to determine the child's pre-existing condition(s), the date the guardianship was transferred, the ongoing monthly payment rate and the services which were included in the subsidy.

C) Based on the worker's assessment and review of the subsidy, the worker will determine what services are available through the community to meet the child's needs (See **Procedures 309.170**). The Subsidy Unit worker shall discuss the services with the family and shall provide the family contact information for the service providers. Based on the child's pre-existing conditions the worker may amend the subsidy for eligible services allowed under these procedures.

D) When services that are available through the community or through the subsidized guardianship program do not/cannot meet the child's needs, and the child is not in a crisis situation which may lead to immediate out-of-home placement, the guardian(s) may request a further review of their subsidy by submitting the request in writing. The worker will send the guardian a **CFS 1800-I, Follow-up Letter,** a letter that informs the family that the request should identify what services have been attempted and what the family is specifically requesting. The written request must also include supporting documentation from a duly licensed or credentialed professional of the child's identified needs. The family will submit their request and supporting documentation to the Subsidy Unit staff. The worker will send the family a **CFS 1800-J, Letter of Acknowledgement,** acknowledging receipt of the materials. If any of the required information is missing, the worker will notify the family as to what information is still needed to process the request.

E) Once the worker has received the appropriate documentation, the worker completes the **CFS 1800-K**, **Post Adoption/Guardianship Services Review Committee (PASGRC): Request for Additional Services Cover Sheet,** and compiles a packet, appending the appropriate documentation, which will include a copy of the PR04 screen. This packet is then forwarded to the Post Adoption and Guardianship Services Review Committee at the following address:

Department of Children and Family Services
Post Adoption and Guardianship Subsidy Unit
Attn: PAGSRC
1921 S. Indiana 4th Floor
Chicago, IL 60616

As a result of the PAGSRC's findings, the committee may determine that additional assessment and/or services need to be attempted or adjustments made to the ongoing monthly-subsidized guardianship payment.

2) The following pertains to requests from guardians for crisis intervention and/or out-of-home placement based on the child's clinical needs:

A) The family is referred to the Adoption and Guardianship Preservation Services provider for assessment and the Regional Clinical Manager (RCM) is notified of the possible need for out of home placement and case coordination.

B) When the child's service needs are beyond the scope of the Adoption and Guardianship Preservation Services provider, the Adoption and Guardianship Preservation Services provider will forward the assessment information to the RCM for a staffing and case coordination.

C) The RCM will submit service recommendations to the Deputy Director of Clinical Services.

D) The Deputy Director of Clinical Services shall review the recommendations from the RCM and make a final recommendation to the Office of the Director. Decisions made by the Department will be sent in writing to the family and the Subsidy Unit worker via form letter **CFS 1800-L, Results of Review of Child's Change of Need or Circumstance.** Guardian(s) may appeal the Department's decision to change or terminate assistance in accordance with **Rule 337, Service Appeal Process**.

n) Payment Discontinuation for Youth 18 and Over

Guardianship Assistance shall stop on the youth's 18th birthday unless the youth is still in high school or equivalent or has a physical, mental or emotional disability which existed prior to the transfer of guardianship or for which the child had been determined to have been at risk of developing which affects the child's major life activities such as partial or total blindness, autism, mental retardation, cerebral palsy, hearing impairment, HIV, cystic fibrosis, epilepsy or diabetes. The Subsidy Unit will close the child's case when the child reaches age 18, unless the required documentation was received to continue the subsidy. Any subsidy payments for children who are over 18 years of age and who do not have a physical, mental or emotional disability are not eligible for federal reimbursement.

Two service codes identify children who are eligible for continuing payments after age 18:

- **Subsidized Guardian Subsidy Under 19 in School (0370)**
- **Subsidized Guardian Subsidy Under 21 with Disability (0375)**

Note: The school type service code 0370 should never be used if the child has a disability.

o) Requirements For Children Who are Going To Be 18 Years Old – Ongoing Process

The subsidy worker will send a **CFS 1800 M-1 letter (Notice of Intent to Discontinue Subsidy Payments on 18th Birthday)** to the guardian(s)/adoptive parent(s) of the child receiving a subsidy six (6) months prior to the child's 18th birthday. A copy should be retained in the case record at the same time. Reports are generated monthly that list children who will turn age 18 in six (6) months from the date of the report. This letter advises parents that the subsidy will be terminated on the child's 18th birthday unless they are eligible for an extension to 19 years or high school graduation or to 21 years based on a life long disability. This letter informs the parents that they must respond to the subsidy worker within 30 days to be considered for an extension of the subsidy to 19 or 21 years of age.

If the parent(s) do not respond to their subsidy worker regarding the **CFS1800 M-1** within 30 days, a second **CFS 1800 M-1** will be mailed to the parents providing another 30 day response period.

If documentation of a disability already exists in the case file or is received prior to the child's 18th birthday, the appropriate new type service code can be entered effective on the first day of the current month instead of waiting until a child's 18th birthday. If documentation of the child attending school is received prior to their 18th birthday, the new code can be entered on the first day of the current month instead of waiting until the child's 18th birthday.

Edits automatically stop subsidy payments when a child turns 18, 19 and 21, depending whether the child is still in school and/or has a disability. A payment will not be processed using an existing adoption service code after a child turns age 18. The case record should be closed with the **CFS 1425, Case Record Transfer/Closing Form** when payments have stopped.

When parents respond to the subsidy worker with information relevant to an extension of the subsidy to 19 or 21, the subsidy worker will determine whether it meets the criteria for one of these extensions. If additional documentation is required, the worker will send the **CFS 1800 M-1a** Response letter confirming that they have discussed the required documentation with the parent and detailing the documents to be submitted along with a deadline for submission of the documents. This form will be mailed to the parents no later than 3 months prior to the child's 18th birthday.

If a child is attending high school or equivalent, payments can continue until a child's 19th birthday or their graduation date, whichever comes first. Documentation for school attendance must include the child's graduation date. It is the subsidy worker's responsibility to discontinue the payment on the graduation date if it is prior to a child's 19th birthday. The system will automatically stop the payment on a child's 19th birthday if it has been documented that they were attending school. The new school service code (0350) would not be used if the child met the disability requirements.

Acceptable required documentation of school attendance or disability include:

- Letter from the school of child's attendance and expected graduation date;

- If the child turns 18 during the summer months and attended school for the entire previous school year, there should be documentation in the case record to support the school attendance. Once the new school year begins, a new letter from the school with the child's anticipated graduation date should be obtained and placed in the case record;

Disabilities beyond the age of 18 are defined in Administrative Procedure #5, Child Welfare Case Record Organization & Uniform Recording Requirements, as a physical or mental impairment that substantially limits one or more of an individual's major life's activities.

Acceptable required documentation of a disability include:

- A letter dated within 12 months prior to the child's 18th birthday from the Social Security Administration that the youth is eligible for SSI. The Subsidy Unit will determine whether the SSI eligibility is based upon a condition which the original subsidy shows was present prior to the finalization of the adoption; or

- Letter or report from a duly licensed or credentialed professional stating the mental or physical disability which continues to exist and which was present prior to the finalization of the adoption or for which the child, prior to the finalization of the adoption, had been determined to have been at risk of developing.

After determining the appropriate termination coding for each child approaching their 18th birthday, the subsidy worker will send the **CFS 1800 M-2 Final Notice of Intent to Discontinue Subsidy Payments** letter to parents 60 days prior to the child's 18th birthday.

This form will state the final termination date of the child's subsidy and will also include the workers contact information and appeal language so the parents are informed of their right to appeal this termination date.

p) Dissolution and Continued Eligibility for Guardianship Assistance

Guardianship can be dissolved because of the death or total incapacitation of the guardian. Total incapacitation in the context of subsidized guardianship means that the guardian is disabled to the extent that he/she is unable to provide for the child's health and safety and is unable to meet the child's daily care needs and such is documented by a duly licensed physician. A child who had been under the Department's legal responsibility whose guardianship was transferred and for whom subsidy was received continues to be subsidy eligible, if the guardianship is dissolved.

In order to receive assistance, the new prospective guardian(s) must complete the **CFS 1800-A-G, Subsidized Guardianship Eligibility Determination, CFS 1800-B-G, Subsidized Guardianship Application, and CFS 1800-C-G Subsidized Guardianship Agreement** forms previously described above in these procedures.

q) Deceased Subsidized Guardian - To a New Guardian or an Adoptive Parent(s)

The following procedures will assist in reviewing the care giving arrangements, ensuring the safety and well-being of the children and facilitating payments in the event of the death of a subsidized guardian. In most cases, a friend or family member steps forward or can be found who agrees to accept a guardianship appointment or adopt if the child is eligible for adoption. While the Department completes the guardianship transfer or adoption, the new caregiver may need financial assistance to care for the child. The process of requesting approval of the new subsidy and the issuance of an interim payment to the caregiver is outlined below.

1) The Subsidy Unit should stop the ongoing monthly payment when notified that a guardianship, which was subsidized, has been dissolved. The stop date is the date of the death of the guardian(s). The Subsidy Unit will enter "Deceased" in the individual name field on the PR-02 screen.

2) When the child is going to be adopted by a new caregiver or when the new caregiver is going to become the child's new guardian and the caregiver(s) needs monies prior to the adoption/guardianship, interim ongoing monthly payments may be made. A new guardianship assistance agreement must be drafted and signed by all parties prior to beginning any interim ongoing monthly payment. The payment amount is not to exceed the amount the previous guardian was receiving. The maximum amount of the ongoing monthly payment following the adoption/guardianship is the amount that was paid under the prior guardianship.

3) The Subsidy Unit will ensure that a CERAP, Background Check (CANTS/LEADS), and a permanency assessment are completed by regional child welfare services staff or the agency contracted with to handle dissolved guardianship situations.

Fingerprinting is required when a new caregiver who will be adopting the child is not related to the child. Fingerprinting is not required when a new caregiver will become the child's guardian.

4) After the CANTS/LEADS and CERAP are received, the Subsidy Unit shall:

A) Advise the prospective guardian(s)/adoptive parent(s) that they may obtain a copy of the Statewide Adoption Attorney Panel List from the DCFS Website at www.state.il.us/dcfs or the Advocacy Office at 800-232-3798.

B) Give a copy of the results of the CANTS/LEADS and CERAP to the agency/worker completing the home study/ investigative report for adoption or the permanency assessment for guardianship.

C) Send the Regional Counsel any positive CANT/LEADS results for a decision regarding continuing with the proposed guardianship/adoption.

5) The Subsidy Unit will complete the **CFS 1800-N, Dissolved Subsidized Adoption/ Guardianship Checklist**, append all of the documents referred to on the form and send all of the materials to the address listed below before the interim payment can start:

Department of Children & Family Services
Director's Office - DSAG
406 East Monroe St, Station #70
Springfield, IL 62701
Phone: 217-785-2509
Fax: 217-785-1052

6) The Director's Office will forward copies of the signed **CFS 1800-N**, to the Subsidy Unit and to the Central Office Client Payment Unit when interim payment has been approved. The Director's Office will forward a copy of the signed **CFS 1800-N** to the Subsidy Unit when interim payment has been denied.

7) The Central Office Client Payment Unit will initiate payment by using the out-of-home service codes payable through the board payment system. The interim payment will begin the date that the subsidy agreement is signed by all parties. The interim payment will be made for a maximum of 6 months only. The interim payment continuation during the maximum 6-month period is contingent upon the cooperation of the prospective guardian(s)/adoptive parent(s), which includes completing the adoption/guardianship within that 6 month time period. The interim payment will be terminated when the prospective guardian/adoptive parent(s) fails to cooperate to ensure that he/she secures guardianship/adoption within the 6 month time period or when he/she changes his/her mind about pursuing guardianship/adoption. The Subsidy Unit will send form **CFS 1800-O, Termination of Interim Adoption and Guardianship Assistance**.

8) Finalize the guardianship once the permanency assessment/home study/investigative report is complete.

NOTE: The interim payment must be stopped effective the start date of the new subsidy.

The process detailed above will ensure that the child's Medicaid card is sent to the prospective guardian(s)/adoptive parent(s) address.

r) Totally Incapacitated Subsidized Guardian To a New Guardian(s) or An Adoptive Parent(s)

Documentation must be provided from a duly licensed physician of the guardian's total incapacity. There will not be interim payments to a new prospective guardian(s) or adoptive parent(s) if payments are being made to the original subsidized guardian. Ongoing monthly payments will not begin until the transfer of guardianship or the finalization of an adoption. All the subparts of (r) above apply except for 5, 6 and 7.

s) Subsidized Guardian Who Wants to Adopt

When a current subsidized guardian wants to adopt a child for whom they have guardianship under the waiver program, the guardian should contact the appropriate Subsidy Unit. The Subsidy Unit worker will determine whether the biological parent(s) is deceased or has had parental rights terminated. If the biological parent(s) are not deceased or have not had parental rights terminated, the worker must determine whether the biological parent(s) will sign a consent which would enable the child's guardian to adopt the child.

The following items should be provided to the appropriate Regional Counsel:

- A one page memo summarizing the child's history.
- Status of the biological parent(s) in relation to death or termination of parental rights.
- Background check on the caregiver.
- Worker's recommendation.

When the Regional Counsel has approved proceeding to adoption, the worker provides the guardian with the Statewide Adoption Attorney Panel (SAAP) listing, completes the adoption assistance packet and proceeds with the adoption process.

This page intentionally left blank.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Policy Guide 2018.03

SECTION 302.410 SUBSIDIZED GUARDIANSHIP PROGRAM (KinGAP)

DATE: January 29, 2018

TO: All DCFS and Private Agency Permanency Workers and Supervisors, Adoption Coordinators and Adoption Staff

FROM: Beverly J. Walker, Acting Director

EFFECTIVE: Immediately

I. PURPOSE

Effective immediately, this Policy Guide rescinds and replaces Policy Guide 2017.12 which, in addition to the changes outlined below, changed the age of eligibility of Subsidized Guardianship children for employment related day care services from up to three years of age to up to age six. Section IV(e)(6) of this Policy Guide reverts the eligibility age for employment related day care services back to up to three years of age. DCFS has proposed amendments and revisions to **Rules** and **Procedures 302.410, Subsidized Guardianship Program (KinGAP).** In the interim, this Policy Guide will serve as procedures necessary for implementation.

Section IV (c), Eligibility Criteria was updated to include children who are 12 years of age and older and their younger siblings placed in the same home may now be eligible for the State Funded Option of Subsidized Guardianship

Additional changes were made in section IV (f) which outlines notification requirements to the Department by the subsidized guardian for children who were 16 years of age and older and the guardianship was awarded after July 1st, 2017.

Section IV (i), Termination of Payments includes the conditions under which the Subsidized Guardianship may continue until the child's 21st birthday, for children who were 16 years of age and older and the guardianship was awarded after July 1st, 2017.

II. PRIMARY USERS

The primary users of this Policy Guide are POS and DCFS permanency workers and supervisors, DCFS and POS adoption workers, coordinators, their supervisors and managers.

III. SPECIAL INSTRUCTIONS REGARDING SUCCESSORS OF GUARDIANSHIP

Prior to the completion of the subsidized guardianship agreement, the DCFS adoption worker or POS adoption/permanency worker must have a meeting (in person preferred) with the prospective guardian, identified successor of guardianship, and the prospective guardianship youth in care (if appropriate) to explain the successor of guardianship role and to confirm the acceptance of that role. Information on how to contact the Post Adoption unit must be provided and a copy of the Post Adoption and Guardianship services booklet must be provided to the identified successor of guardianship during the meeting if in person or by mail if meeting was by phone. Upon assuming care of the child, the successor guardian(s) shall contact the Department to inform the Department of changes to the child's living situation, to request a home study, background checks and to initiate the application process for a subsidy.

IV. SECTION 302.410 SUBSIDIZED GUARDIANSHIP PROGRAM (KinGAP)

a) General Provisions

The subsidized guardianship program (KinGAP) implements provisions of 42 USC 673 that allow the State to enter into guardianship agreements to provide assistance payments to grandparents and other relatives who have assumed the legal guardianship of children for whom they have cared as a licensed foster parent and for whom they have committed to care on a permanent basis. The program offers a subsidized private guardianship arrangement for children for whom the permanency goals of return home and adoption have been ruled out. Guardianship is governed by the Illinois Probate Act [755 ILCS 5] and the Illinois Juvenile Court Act [705 ILCS 405]. A licensed relative foster parent caring for a child determined to be eligible for the subsidized guardianship program shall be made aware of the availability of subsidized guardianship and the types of assistance available. The subsidized guardianship agreement must be signed prior to the transfer of guardianship.

The State funded option of subsidized guardianship provides subsidized guardianship for children for whom the Department has placement and care responsibility and who meet the special needs criteria as defined in section 302.310 (b)(2) of this part, but are not eligible for Title IV-E KinGAP as well as for children who age out of eligibility for Title IV-E KinGAP and continue in school up to the earliest of their nineteenth birthday or graduation from high school, or age 21 when the child meets specific requirements as outlined in this Part.

b) The Subsidized Guardianship Agreement

1) General Provisions

The type, amount and duration of subsidized guardianship shall be agreed to in writing by the Department and the subsidized guardian prior to the transfer of guardianship and shall be set forth in the subsidized guardianship agreement, which shall be binding on the parties to the agreement. It shall also be stipulated that the agreement shall remain in effect regardless of the state where the subsidized guardian resides currently or in the future and shall

contain provisions for the protection of the interests of the child in cases where the subsidized guardian and child move to another state while the agreement is in effect. The amounts of ongoing subsidized guardianship payments are subject to change based on changes in state or federal law regarding adoption assistance payments. Subsidized guardians may refuse any or all payments offered by the Department. The child for whom guardianship is transferred and for whom the guardian is receiving a subsidy shall receive only those services and/or payments specified in the subsidized guardianship agreement. The child may require services in the future that are not currently being provided for pre-existing physical, emotional or mental health needs or risk factors. Any pre-existing conditions must be described in the subsidized guardianship agreement to be eligible for assistance through the Subsidized Guardianship Program at a future date. Assistance cannot be granted for pre-existing conditions if the conditions are not listed in the subsidized guardianship agreement in accordance to sub-section (e)(4) of this section or cannot be documented as a pre-existing condition that was unknown at the time of the agreement by a medical provider. The subsidized guardianship agreement must be signed, and a copy of the signed agreement must be provided to the prospective guardian, prior to the transfer of guardianship.

2) Successor of guardianship

The subsidized guardianship agreement may not be transferred by the guardian(s) to any other party. However, in the event of the death or incapacity of the guardian(s), the child remains eligible for assistance if the guardian(s) has designated a successor guardian(s) in the agreement (or any amendment to the agreement. Upon assuming care of the child, the successor guardian(s) shall contact the Department to inform the Department of changes to the child's living situation, to request a home study, background checks and to initiate the application process for a subsidy.

c) Eligibility Criteria

1) Eligibility for Subsidized Guardianship under KinGAP

A) For a child to qualify for subsidized guardianship under KinGAP, the following criteria must be met:

i) the child must have been removed from his or her home pursuant to a voluntary placement agreement or as a result of a judicial determination to the effect that continuation in the home would be contrary to the welfare and the best interest of the child; and

ii) the child must be eligible for foster care maintenance payments while residing for at least 6 consecutive months in the home of a licensed prospective relative guardian immediately prior to the establishment of the guardianship; and

iii) the prospective relative guardian must have been a licensed foster parent for at least the consecutive 6 month period that the child has been in his/her home immediately prior to the establishment of the guardianship; and

iv) return home or adoption are not appropriate permanency options for the child; and

v) the child demonstrates a strong attachment to the prospective relative guardian and the relative guardian has a strong commitment to caring permanently for the child; and

vi) a child who has attained 14 years of age, the child has been consulted and the child has agreed to the guardianship arrangement.

B) A sibling of an eligible child, who is placed with the same relative as the eligible child under a kinship guardianship agreement, when DCFS and the relative guardian agree that the placement is appropriate, also qualifies for subsidized guardianship under KinGAP.

2) Eligibility for the State Funded Option of Subsidized Guardianship

A) The child does not qualify for subsidized guardianship under KinGAP; and

B) the child is 12 years of age or older; and

C) the child has lived with an unlicensed relative caregiver or licensed non-relative for at least the 6 consecutive month period prior to the establishment of the guardianship and meets the following:

i) the child received foster care maintenance payments while residing for at least 6 consecutive months in the unlicensed home of relative or licensed non-relative home immediately prior to establishing guardianship; and

ii) the prospective non-relative guardian has been a licensed foster parent for at least the consecutive 6 month period immediately prior to the establishment of the guardianship; and

iii) return home or adoption are not appropriate permanency options for the child; and

iv) the child demonstrates a strong attachment to the prospective guardian and the prospective guardian has a strong commitment to caring permanently for the child; and

v) the child has been consulted and has agreed to the guardianship arrangement.

D) A younger sibling of a child eligible for the State funded option of subsidized guardianship who is placed with the same unlicensed relative or licensed non-relative as the eligible child, when DCFS and the unlicensed relative or licensed non-relative guardian agree that the placement is appropriate, also qualifies for the State funded option of subsidized guardianship.

d) Determination Whether Subsidized Guardianship under the KinGAP Program is in the Best Interests of the Child

1) Prior to approving a subsidized guardianship arrangement for a child, the Department shall determine whether subsidized guardianship is in the best interests of the child. In making this determination, the Department shall consider all relevant factors, including but not limited to:

A) the wishes of the child's prospective subsidized guardian and the guardian's demonstrated ability to provide care that meets the special needs of the child, if any;

B) the wishes of the child under the age of 14 or the consent of the child, if over age 14;

C) the interaction and interrelationship between the child and the prospective subsidized guardian;

D) the child's adjustment to the present home, school and community;

E) the child's need for stability and continuity of relationship with the prospective subsidized guardian; and

F) the mental and physical health of all individuals involved.

2) The Department shall ensure that the subsidized guardianship arrangement is safe and suitable placement by means of a safety checks, which shall include a CANTS/SACWIS and LEADS check in accordance to Part 385, Background Checks.

e) Types of Assistance

A child meeting the eligibility criteria for subsidized guardianship is entitled to the following types of assistance:

1) Non-recurring Expenses

Payment for non-recurring expenses associated with obtaining legal guardianship for the child subject to the maximum of up to $2000 per child.

2) Ongoing Monthly Payments

A) An ongoing monthly payment to be determined through the discussion and negotiation process between the prospective guardian and the Department based on the needs of the child and the circumstances of the family. This payment should combine with the guardian's resources to cover the ordinary and special needs of the child. This payment shall not exceed the amount the child receives in his or her current foster family home upon transfer of guardianship. The ongoing monthly payment shall only be issued to one custodial caregiver identified as payee in the assistance agreement, and this person shall be the designated authority for the purpose of service provision. In the event that there is a change in the custodial status of the child, the Department shall be notified. If a change in payee is necessary, notification shall be sent to the Department in writing with the supporting legal documentation attached. The ongoing monthly payment may be adjusted for any benefits the child will continue to receive, such as Social Security, Veteran's benefits, railroad retirement or black lung benefits. Supplemental Security Income (SSI) benefits shall not be considered in determining the ongoing monthly payment amount. When the child is SSI-eligible following the transfer of guardianship, the guardian shall tell the Social Security Administration the amount of the ongoing monthly payment that they are receiving. The Social Security Administration may reduce the SSI payment dollar for dollar as the receipt of SSI is based on income.

B) Eligibility for a subsidy under the subsidized guardianship program shall be determined regardless of the financial circumstances of the prospective subsidized guardian. The types and amounts of assistance under each subsidized guardianship agreement shall be determined by the Department in the same manner as described for adoption assistance in Section 302.310(c).

3) A Medicaid card.

4) Needs Not Payable through Other Sources

A child meeting the eligibility criteria for subsidized guardianship entitled to the types of assistance outlined in subsections (e)(1), (2) and (3) may also apply for the following types of assistance:

A) Physical, emotional and mental health needs not payable through insurance or public resources (e.g., other State or community funded programs) that are associated with, or result from, a condition whose onset has been established as occurring prior to the transfer of guardianship. Payment shall not be made until the Department has been notified in writing that the services will begin and has approved the requested services, and a contract (when applicable) has been executed. The Department's reimbursement shall be limited to what is usual, customary and reasonable based on Medicaid-eligible service rates in the community as determined by the Department.

B) The Department will not pay for physical, emotional, medical, mental health or psychological services or treatment for a pre-existing condition or risk factors unless the pre-existing condition, service or risk factor is included in the subsidized guardianship agreement or can be documented as a pre-existing condition that was unknown at the time of the agreement by a medical provider.

5) Therapeutic Day Care

Therapeutic day care is available only for children who are determined to have a disability that requires special education services through an Individualized Education Plan (IEP), an Individual Family Service Plan (IFSP), or a 504 Educational Special Needs Plan and is not fundable through another source. Specific therapeutic interventions must be provided as an integral part of the day care programming. Payment for therapeutic day care shall not be made until the Department has been notified in writing that requested services have been approved**,** when services will begin, and a contract has been executed (when applicable).

6) Employment Related Day Care

Payment for day care for children under the age of three years may be made if the guardian is employed or in a training program that will lead to employment. Payment for day care services shall end on the child's third birthday. This day care payment cannot be used in addition to therapeutic day care.

7) College Scholarships and the Education and Training Voucher Program

Children who are receiving subsidized guardianship assistance may apply for a 4-year college scholarship awarded by the Department on a competitive basis. A limited number of scholarships are awarded by the Department each

year to high school or high school equivalent graduates. Youth who enter into subsidized guardianship from foster care after attaining age 16 are eligible to enter the Education and Training Voucher (ETV) Program.

f) Responsibilities of the Subsidized Guardian

Subsidized guardians are responsible for the following:

1) ensuring that parents have the opportunity to visit their children in accordance with the provisions/orders of the court; and

2) notifying the Department no later than 30 days after any one of the following occurrences:

A) the child is no longer the legal responsibility of the guardian;

B) the guardian no longer financially supports the child;

C) the child graduates from high school or equivalent;

D) there is a change of residential address or mailing address of the guardian or the child;

E) the child dies;

F) the child becomes an emancipated minor;

G) the child marries;

H) the child enlists in the military;

I) the mental or physical incapacity of the guardian prevents the guardian from discharging the responsibilities necessary to protect and care for the child;

J) the custodial status of the child changes; or

K) the guardianship is vacated;

L) the subsidized guardians are also required to notify the Department no later than 30 days after the child completes their secondary education or a program leading to an equivalent credential if the guardianship was awarded before July 1, 2017, or the child was younger than 16 years of age when guardianship was awarded on or after July 1, 2017;

M) On or after July 1, 2017, if the child was 16 years of age or older when guardianship was awarded, and the child reaches the age of 18, the subsidized guardian is also required to notify the Department no later than 30 days of the child's participation in any of the following:

i) is completing secondary education or a program leading to an equivalent credential;

ii) is enrolled in an institution which provides post-secondary education or a vocational program;

iii) is participating in a training program or activity designed to promote, or remove barriers, to employment;

iv) is employed at least 80 hours per month; or

v) is incapable of doing any of the above due to a medical condition.

g) Department Responsibilities

1) The Department shall ensure that members of sibling groups are placed together, unless there is an explicit determination that they should not be placed together for the reasons described in 89 Ill. Adm. Code 301 (Placement and Visitation Services).

2) The Department shall explain in the child's service plan the following:

A) the steps that the agency has taken to determine that it is not appropriate for the child to be returned home or adopted;

B) the reasons for the separation of any and all siblings during placement;

C) the reasons why a permanent placement with a fit and willing relative through a subsidized guardianship assistance arrangement is in the child's best interests;

D) the ways in which the child meets the eligibility requirements for a subsidized guardianship assistance payment;

E) the efforts the agency has made to discuss adoption with the child's relative foster parent as a more permanent alternative to legal guardianship and, in the case of a relative foster parent who has chosen not to pursue adoption, documentation of the reasons not to pursue; and

F) the efforts made by the Department to discuss with the child's parent or parents the subsidized guardianship assistance arrangement, or the reasons why the efforts were not made.

3) The Department shall offer short-term support services for foster care and relative home providers prior to and during subsidized guardianship. Services will include preliminary screening, assessment, assistance in applying for subsidized guardianship, and payment of one time only court costs and legal fees, if required.

4) The Department shall ensure that an orientation is provided to the caregiver's family to ensure that all family members understand the benefits and responsibilities of all the participants in the subsidized guardianship arrangement.

5) The Department shall ensure that each guardian has access to post-guardianship staff who will respond to requests for information and assistance.

6) The Department shall ensure that all guardians are aware of their right to appeal service decisions with which they may disagree under 89 Ill. Adm. Code 337 (Service Appeal Process) as summarized in subsection (j) below.

7) The Department shall accept custody of the child in accordance with the Abused and Neglected Child Reporting Act [325 ILCS 5] if the guardian does not care for the child to the extent the child's health or well-being is endangered.

h) Periodic Reviews

The Department shall mail annually a **CFS 1800-Q, Adoption Assistance/Subsidized Guardianship Medicaid Information** form, and the **Annual Notification Letter** to the guardian(s), which will facilitate the adoptive guardian's communication with the Department.

i) Termination of Payments

Payments for subsidized guardianship assistance shall terminate when the Department has determined that any one of the following has occurred:

1) when the terms of the subsidized guardianship agreement are fulfilled;

2) the guardian has requested that the payment permanently stop;

3) the guardian is no longer financially supporting the child;

4) the child becomes an emancipated minor;

5) the child marries;

6) the child enlists in the military;

7) If the guardianship was finalized before July 1, 2017, or the child was under the age of 16 when the guardianship was finalized on or after July 1, 2017, assistance will terminate when:

A) the child reaches age 18;

B) a child 18 years of age graduates from high school or equivalent or reaches age 19, whichever occurs first; or

C) a child who has a physical, mental or emotional disability associated with a condition or risk factor that existed prior to the finalization of the guardianship and that was documented prior to the youth's 18th birthday reaches age 21.

8) For children who were 16 years of age or older when the guardianship was awarded on or after July 1, 2017, the subsidy terminates at age 21. Between the ages of 18 and 21, the subsidy payments may stop and start based on the child's compliance with, and the guardian's confirmation of the requirements listed below (failure of the guardian to provide annual written confirmation will cause the subsidy payment to stop):

A) the child is completing secondary education or a program leading to an equivalent credential;

B) the child is enrolled in an institution which provides post-secondary education or a vocational program;

C) the child is participating in a training program or activity designed to promote, or remove barriers to employment;

D) the child is employed at least 80 hours per month; or

E) the child is incapable of doing any of the above due to a medical condition.

If the child later meets one of the requirements listed (A-E) above, the payment may be restarted following notification of the Department.

9) the guardian dies;

10) the guardianship is vacated; or

11) the child dies.

j) Appeal of Department Decisions

Guardians may appeal the following Department decisions in accordance with 89 Ill. Adm. Code 337, Service Appeal Process:

1) The Department failed to advise the potential guardian about the availability of a subsidy to children under the care of the Department;

2) The potential guardians disagree with the Department's determination that a child is ineligible for subsidized guardianship;

3) The Department's denial of Title IV-E subsidized guardianship eligibility to a child for whom it does not have placement and care responsibility;

4) Inaction on the part of the Department on a Title IV-E subsidized guardianship eligibility determination request;

5) Subsidized guardianship or a specific component of the subsidized guardianship was denied;

6) Relevant facts regarding the child were known by the Department and were not presented to the guardian prior to the transfer of guardianship;

7) The Department denies the guardian's request to modify the subsidized guardianship agreement; or

8) A subsidized guardianship agreement has been amended, suspended or terminated without the concurrence of the guardian.

V. REVISED FORMS

The following form has been revised and may be found on the "T" drive and D-net as usual;

- CFS 1800-B-G, Subsidized Guardianship Application;
- CFS 1800-C-G, Subsidized Guardianship Agreement; and
- CFS 1800-T-G, Subsidized Guardianship Case Record Checklist.

VI. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or e-mail to OCFP on Outlook. Persons and agencies not on Outlook can e-mail questions to cfpolicy@idcfs.state.il.us.

VII. FILING INSTRUCTIONS

Please remove Policy Guide 2017.12 found immediately following Rule Section 302.410 and replace with this Policy Guide. Please remove Policy Guide 2017.12 found immediately following Procedures 302.405 and replace with this Policy Guide.

Rod R. Blagojevich
Governor

Bryan Samuels
Director

DCFS

Illinois Department of Children & Family Services

Distribution: B, D, and Z

INFORMATION TRANSMITTAL

RELEASE DATE: October 31, 2005

TO: Rules and Procedures Bookholders, Department and Purchase of Service (POS) Agency Child Welfare Staff

FROM: Bryan Samuels, Director

SUBJECT: **THE SUBSIDIZED GUARDIANSHIP WAIVER EXTENSION: THE ENHANCED SUBSIDIZED GUARDIANSHIP and ADOPTION PROGRAM**

This Information Transmittal describes the extension of the standard subsidized guardianship program and effective July 1, 2005 the creation and implementation of the Enhanced Subsidized Guardianship and Adoption Program (ESGAP) for youth being served by region 1B, 4A or 6C. Also described in this transmittal are the eligibility requirements for the enhanced subsidized guardianship and adoption program, and additional documentation that DCFS and POS Permanency workers must include in the youth's Adoption or Guardianship packets prior to finalization.

Background

To address the permanency needs of children in long-term kinship and foster care, the DCFS submitted an application to the United States Department of Health and Human Services (HHS) in 1995. This application requested waiver authority to provide a subsidized guardianship program under Title IV-E of the Social Security Act, which paralleled the Title IV-E adoption subsidy program, to a randomized group of eligible children and youth as an alternative to long-term foster care.

HHS approved Illinois' subsidized guardianship waiver demonstration on September 22, 1996 for a five-year period. The program, which operates statewide, officially began in May 1997. Under the waiver, DCFS captures federal dollars from improved permanency performance and redirects the funds toward improving child welfare services and experimentally evaluating the efficacy of subsidized guardianship as a supplementary permanency option.

The original five-year Title IV-E waiver authorizing the Subsidized Guardianship Waiver Demonstration Program officially ended in the spring of 2002, however, HHS granted Illinois an extension of the Subsidized Guardianship Waiver Demonstration until December 31, 2008. The extension allows for an enhanced service package of transition services for children who are adopted or for whom a private guardian

is appointed at 14 years of age or older limited to the three original Subsidized Guardianship demonstration sites.

a) The Enhanced Service Package

The enhanced service package offers the following services that previously have been only available for youth who are being transitioned to independence from the foster care system:

- Youth in College (YIC);
- Youth in Employment (YIE);
- Life Skills Training; and
- Housing Cash Assistance.

Under the waiver, these programs will be available to youth who at age 14 or above are adopted or for whom guardianship has been transferred.

Currently, Education and Training Vouchers are available for youth who at age 16 or above are adopted or for whom guardianship has been transferred. Youth who qualify for the enhanced service package will have access to Education and Training vouchers if adopted or guardianship is transferred when the child is 14 years of age or older.

The enhanced service package does not include transitional or independent living placement programs.

b) Eligibility Requirements for the Enhanced Subsidized Guardianship and Adoption Program (ESGAP)

ESGAP will be available to youth being served by region 1B, 4A, or 6C who meet the following eligibility requirements as well as to youth who qualify under the sibling exception as described below:

1) Youth must be assigned to the standard subsidized guardianship waiver demonstration group and must meet the eligibility criteria for the standard subsidized guardianship or adoption assistance program at the time permanency is achieved; and

2) Youth must be assigned to the ESGAP demonstration group.

Sibling Exception

Children under the age of 14 qualify for ESGAP if their guardianship is transferred or adoption finalized at the same time as that of an older sibling living in the same home and they meet all criteria for the enhanced waiver and are assigned to the ESGAP demonstration group. The code for the underage child will not be changed until after permanency has been achieved, as well as the code for children who qualify because they have siblings 12 and older or who have been in the home for one year. If a caregiver does not assume guardianship or finalize the adoption before the younger sibling reaches the age of assignment, there is no guarantee that the child will be assigned to the ESGAP demonstration group.

c) Group Assignment

Assignment to the ESGAP control or demonstration groups occurs when a child:

1) is 14 years of age or older and not yet 18;

2) is assigned to the subsidized guardianship demonstration group;

3) is being served by region 1B, 4A, or 6C.

Youth assigned to the ESGAP control group continue to be eligible for the Subsidized Guardianship or Adoption Assistance programs, but will not have access to services offered to youth in the demonstration group through the enhanced service package. A child's eligibility can be found on CYCIS screen CM-24 as 'enhanced-eligible' or 'enhanced-not eligible'. For casework staff who do not have access to CYCIS, eligibility information may be obtained by contacting their APT liaisons or by referring to the quarterly reports which are mailed directly to private agencies. The quarterly reports indicate eligibility for both the standard (Adoption Assistance and Subsidized Guardianship) and the enhanced (ESGAP) components of the program.

d) Transfer of Guardianship/Finalization of Adoption and the Enhanced Subsidized Guardianship and Adoption Program

The transfer process as outlined in procedures 302.405, Subsidized Guardianship, or 302.310, Adoption Assistance, for children eligible and determined appropriate for Subsidized Guardianship or Adoption Assistance must be followed. If the child has been assigned to the ESGAP demonstration group and therefore eligible for the services offered through the Enhanced Service Package, the child's caseworker must complete the **CFS 969-1, Understanding of Future Eligibility for the Enhanced Subsidized Guardianship and Adoption Program** form. The **CFS 969-1**, must be typed and have original signatures and shall be included in the child's subsidy packet prior to the transfer of guardianship, or finalization of adoption.

e) Accessing Enhanced Services

The **CFS 969-1**, recognizes a youth's eligibility for ESGAP and provides the caregiver and/or youth with the telephone number to call when they wish to access services available through the Enhanced Service Package.

For a caregiver/and or youth to access enhanced services, they must contact the transition and education service manager at the regional office identified on their copy of the **CFS 969-1**. The transition service manager will verify the youth's eligibility for the program on the CM 24 screen on CYCIS. If eligible, the transition service manager will discuss program options and send a referral packet to the caller. The referral packet will include the **CFS 969-2**, **Application for Transitional Service Available in the Enhanced Subsidized Guardianship and Adoption Program** form, in addition to information pertinent to the services available to the youth under the Enhanced Service Packet at the time of the request.

The caregiver and youth are responsible for completing and submitting the **CFS 969-2** as instructed by the transition service manager. The transition service manager can assist the caregiver and youth if questions arise, but will not assume primary responsibility for the completion of the paperwork.

f) Questions

Questions regarding this Information Transmittal or about the Enhanced Subsidized Guardianship and Adoption Program should be directed to the Division of Education and Transition Services by calling (312) 814-5959.

g) Filing Instructions

File this Information Transmittal immediately following Procedures 302.405, Subsidized Guardianship.

h) Attachments

CFS 969-1, Understanding of Future Eligibility for the Enhanced Subsidized Guardianship and Adoption Program form.

CFS 969-2, Application for Transitional Service Available in the Enhanced Subsidized Guardianship and Adoption Program.

The above forms are also available in Spanish and may be ordered in the usual manner. Templates of the forms (Spanish and English) may be downloaded from the "T:" drive, or from the DCFS website by clicking on the "forms" link.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2002.02

APPROVING, CHANGING, AND AMENDING ADOPTION ASSISTANCE AND GUARDIANSHIP SUBSIDIES

See pages 1 and 2 of this Policy Guide filed after Procedures 302.310.

This page intentionally left blank.